


**MASSACHUSETTS DEPARTMENT OF ELEMENTARY & SECONDARY EDUCATION  
STANDARD CONTRACT FORM AND APPLICATION FOR PROGRAM GRANTS**

**PART I - GENERAL**

<b>A. APPLICANT</b>	<b>District Name:</b>	Lowell Collegiate Charter School (District) ▼	<b>District Code:</b>	<b>3503</b>
Carl Nystrom	<b>Contact Name</b>	<u>cnystrom@sabis.net</u>	<b>Contact email</b>	
<b>Address:</b>	<b>1857 Middlesex Street</b>			
	<b>Lowell</b>	<b>01854</b>		
<b>Contact Telephone:</b>	<b>978-458-1399</b>			

<b>B. APPLICATION FOR PROGRAM FUNDING</b>				
Fund Code	Program Name	PROJECT DURATION		Entitlement Amount
		FROM	TO	
240	Individuals with Disabilities Education Act (IDEA) Federal Entitlement Grant	Upon Approval	6/30/2019	\$ 177,745
<b>TOTAL AMOUNT REQUESTED:</b>			<b>\$</b>	<b>177,745</b>

**C. I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT AND COMPLETE; THAT THE APPLICANT AGENCY HAS AUTHORIZED ME, AS ITS REPRESENTATIVE, TO FILE THIS APPLICATION; AND THAT I UNDERSTAND THAT FOR ANY FUNDS RECEIVED THROUGH THIS APPLICATION THE AGENCY AGREES TO COMPLY WITH ALL APPLICATION STATE AND FEDERAL GRANT REQUIREMENTS COVERING BOTH THE PROGRAMMATIC AND FISCAL ADMINISTRATION OF GRANT FUNDS.**

<b>AUTHORIZED SIGNATORY:</b>		<b>TITLE:</b>	Director
<b>TYPED NAME:</b>	Laurie Hodgdon, Ed.D.	<b>DATE:</b>	8/30/2018

**This form must have original signature of the Superintendent/Executive Director  
and must be "attached to the EdGrants applicaion**