Print Form

GUAM STATE CLEARINGHOUSE

P.O. Box 2950 Hagåtna, Guam 96932
Tel: (671) 475-9380
Website: www.guamclearinghouse.com
Email: clearinghouse@guam.gov

EDWARD J.B. CALVO
I Maga'låhen Guahan

RAYMOND S. TENORIO
I Segundu Na Maga'låhen Guahan

Grant Project Application
Notice of Intent to Apply for Federal Assistance

GSC FORM REVISED 03/21/2012

Guam State Clearinghouse Use Only

Date Received:

Received By:

SAI Number:

Type of Application ☐ New Grant* ☐ Continuing Grant** ☐ Supplemental Grant** ☐ Other*

A.) DUNS Number

B.) Date

C.) Applicant/Department Name

D.) Division

E.) Applicant Address

F.) Applicant/Department Point of Contact Information

Contact Person Name

Phone Number

E-mail Address

G.) Due Date to Federal Agency

H.) Federal Funds

a.) Grant

b.) Other

I.) Non-Federal, Matching Funds

a.) Local

b.) In-Kind

c.) Other

J.) TOTAL FUNDS

K.) CFDA/Federal Program Name

L.) Federal Agency Name

M.) Federal Agency Address

** Proceed to Question Section O.*
***Proceed to Section N - ONLY APPLICABLE TO CONTINUING AND SUPPLEMENTAL GRANTS.*

N.) For Continuing or Supplemental Grants, Please provide the following information:

a.) Initial Grant Period

b.) Guam State Clearinghouse SAI Number

c.) Grant Year This Application Impacts

O.) Has the Federal Funding Agency been notified? ☐ YES ☐ NO

P.) During which Fiscal Year will this program be implemented?

Q.) If the project requires local funding in addition to the federal funding requested, please specifically identify source and rationale:

R.) This program is: ☐ Budgeted - Please identify legal budget authority

☐ Non- Budgeted

S.) Will this program require the hiring of additional employees? Is YES, please provide the number of employees (both existing and new) and justification. ☐ YES - Esixting New ☐ NO

T.) List Departments and Agencies that would be affected directly or indirectly by this application

U.) Please provide a Project Summary with supporting documents if needed.

V.) Please answer the following:

a.) Does this application require an Environmental Impact Study? ☐ YES ☐ NO

b.) Will this application conflict with any existing law? ☐ YES ☐ NO

c.) Is enabling legislation required? ☐ YES ☐ NO

d.) Will the program require a maintenance of effort? ☐ YES ☐ NO

e.) Are in-kind services allowed for this program? ☐ YES ☐ NO

f.) Does this program allow an indirect cost rate to be applied? ☐ YES ☐ NO

SUBMITTED AND APPROVED BY:

Printed Name, Position/Title of Authorized Representative

SIGNATURE

Date