



GUAM STATE CLEARINGHOUSE (GSC)

Grant Project Application
Notification of Intent to Apply for Federal Assistance

Date received: _____

Received by: _____

SAI No.: _____

for Guam State Clearinghouse use only

DUNS Number

1) Applicant Department/Entity:

2) Division:

3) Applicant Address:

4) Contact Person, Phone Number, E-mail:

5) Due Date to Federal Agency:

6) Federal Funds:

- a. Grant \$
- b. Other \$

7) Non-Federal, Matching Funds:

8) Total Funds: \$

- a. Local \$
- b. In-Kind \$
- c. Other \$

9) Federal Program/ Project

10) Federal Domestic Catalog No., Public Law No. and Title:

11) Federal Agency Name:

12) Federal Agency Address:

13) Type of Application:

New Grant Continuing Grant* Supplemental Grant* Other (Specify) _____

**Proceed to Question 14. Question 14 only applicable to CONTINUING and SUPPLEMENTAL grants.*

14) If grant application is for a continuing or supplemental grant, please provide the following:

(a) Initial date of grant period _____

(b) Guam State Clearinghouse Application number _____

Also, what grant year of the program's effective funding period, does this application impact?

15) Has federal funding agency been notified? Yes No

16) During which Fiscal Year will this program be implemented? Fiscal Year

17) If project includes local funding, identify source and rationale (BE SPECIFIC):

18) Is this program: BUDGETED (please identify legal budget authority: _____)
NON-BUDGETED

19) Will this program require hiring of new employees? If YES, please provide number of employees (both existing and new) and justification. YES (Existing _____ New _____) NO

20) Funding Method:

YEAR	<u>FEDERAL</u>	<u>LOCAL</u>	<u>TOTAL</u>
First Year	_____ % _____	_____ % _____	_____
Second Year	_____ % _____	_____ % _____	_____
Third Year	_____ % _____	_____ % _____	_____
Fourth Year	_____ % _____	_____ % _____	_____
Fifth Year	_____ % _____	_____ % _____	_____

21) List of Departments or Agencies that would be affected directly or indirectly by this application:

22) Summary of Project (Attach Supporting Documents as Necessary):

23) Does this application require an Environmental Impact Study?

YES NO

24) Will this application conflict with any existing law?

YES NO

25) Is enabling legislation required?

YES NO

26) Will this program require maintenance of effort?

YES NO

27) Does the granting agency provide for in-kind services to offset the local matching requirement?

YES NO

28) Please provide the constant utilized to determine or calculate the allowable off-sets for amounts that may be claimed as in-kind.

29) Does the proposed program allow for pass through funding requiring services from sub-grantees or private contracts to accomplish its intended purpose? YES NO

30) Does the program require the grantee to negotiate an indirect cost plan?

YES (please provide Negotiated Indirect Cost Rate percentage _____%)

NO

31) Has the grantee estimated the indirect cost within the proposed grant budget?

YES NO

SUBMITTED AND APPROVED BY:

Signature of Authorized Representative: _____

Name of Authorized Representative: _____

Position/Title of Authorized Representative: _____

Date: _____