

Opportunity Title:	Congressionally Directed
Offering Agency:	Institute of Museum and Library Services
CFDA Number:	45.312
CFDA Description:	National Leadership Grants
Opportunity Number:	CD-FY09
Competition ID:	
Opportunity Open Date:	04/20/2009
Opportunity Close Date:	07/01/2009
Agency Contact:	For Museums: Steve Schwartzman Senior Program Officer Phone: 202/653-4641 E-mail: sshwartzman@imls.gov

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

* Application Filing Name:

Mandatory Documents

Move Form to Complete

Move Form to Delete

Mandatory Documents for Submission

Project Abstract

Attachments

Application for Federal Domestic Assistance-Sho...

Optional Documents

Move Form to Submission List

Move Form to Delete

Optional Documents for Submission

Other Attachments Form

Instructions

1 Enter a name for the application in the Application Filing Name field.

- This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
- You can save your application at any time by clicking the "Save" button at the top of your screen.
- The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.

2 Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.

- It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
- The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
- To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
- All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.

3 Click the "Save & Submit" button to submit your application to Grants.gov.

- Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
- Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
- The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
- You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational Version 01

*** 1. NAME OF FEDERAL AGENCY:**
 Institute of Museum and Library Services

2. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 45.312

CFDA TITLE:
 National Leadership Grants

*** 3. DATE RECEIVED:** 08/04/2009 **SYSTEM USE ONLY**

*** 4. FUNDING OPPORTUNITY NUMBER:**
 CD-FY09

*** TITLE:**
 Congressionally Directed

5. APPLICANT INFORMATION

*** a. Legal Name:**
 GUAM PUBLIC LIBRARY SYSTEM

b. Address:

*** Street1:** 254 MARTYR STREET **Street2:**

*** City:** AGANA **County:**

*** State:** GU: Guam **Province:**

*** Country:** USA: UNITED STATES *** Zip/Postal Code:** 96910-5141

c. Web Address:
 http:// gpls.guam.gov

*** d. Type of Applicant: Select Applicant Type Code(s):**
 F: U.S. Territory or Possession

Type of Applicant:
*** e. Employer/Taxpayer Identification Number (EIN/TIN):** 980018947

Type of Applicant:
*** f. Organizational DUNS:** 778904292

*** Other (specify):**
*** g. Congressional District of Applicant:** GUAM

6. PROJECT INFORMATION

*** a. Project Title:**
 CONTINUED IMPROVEMENT OF THE GUAM PUBLIC LIBRARY SYSTEM LIBRARY LITERACY PROGRAMS, LIBRARY SERVICES & FACILITIES

*** b. Project Description:**
 Provide the Guam Public Library System (GPLS) staff with the necessary tools, supplies and equipment needed to effectively improve its literacy programs and patron library services and adequately run its library facilities in Hagåtña, Guam (Main Library) and its five library branches in Agat, Barrigada, Dededo, Merizo and Yona, including the Bookmobile within the goals and objectives in the current GPLS Five-Year Plan.

c. Proposed Project: * Start Date: 09/01/2009 *** End Date:** 08/31/2010

APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational Version 01

7. PROJECT DIRECTOR

Social Security Number (SSN) - Optional:

000-00-

Disclosure of SSN is voluntary. Please see the application package instructions for the agency's authority and routine uses of the data.

Prefix: <input type="text" value="Mrs."/>	* First Name: <input type="text" value="SANDRA"/>	Middle Name: <input type="text" value="M."/>
* Last Name: <input type="text" value="STANLEY"/>		Suffix: <input type="text"/>
* Title: <input type="text" value="ACTING TERRITORIAL LIBRARIAN/DIRECTOR"/>		* Email: <input type="text" value="sandra.stanley@gpls.guam.gov"/>
* Telephone Number: <input type="text" value="(671) 475-4753/54"/>		Fax Number: <input type="text" value="(671) 477-9777"/>
* Street1: <input type="text" value="254 MARTYR STREET"/>		Street2: <input type="text"/>
* City: <input type="text" value="AGANA"/>		County: <input type="text"/>
* State: <input type="text" value="GU: Guam"/>		Province: <input type="text"/>
* Country: <input type="text" value="USA: UNITED STATES"/>		* Zip/Postal Code: <input type="text" value="96910-5141"/>

8. PRIMARY CONTACT/GRANTS ADMINISTRATOR

<input checked="" type="checkbox"/> Same as Project Director (skip to item 9):	Social Security Number (SSN) - Optional: 000-00- <input type="text"/> Disclosure of SSN is voluntary. Please see the application package instructions for the agency's authority and routine uses of the data.	
Prefix: <input type="text" value="Mrs."/>	* First Name: <input type="text" value="SANDRA"/>	Middle Name: <input type="text" value="M."/>
* Last Name: <input type="text" value="STANLEY"/>		Suffix: <input type="text"/>
* Title: <input type="text" value="ACTING TERRITORIAL LIBRARIAN/DIRECTOR"/>		* Email: <input type="text" value="sandra.stanley@gpls.guam.gov"/>
* Telephone Number: <input type="text" value="(671) 475-4753/54"/>		Fax Number: <input type="text" value="(671) 477-9777"/>
* Street1: <input type="text" value="254 MARTYR STREET"/>		Street2: <input type="text"/>
* City: <input type="text" value="AGANA"/>		County: <input type="text"/>
* State: <input type="text" value="GU: Guam"/>		Province: <input type="text"/>
* Country: <input type="text" value="USA: UNITED STATES"/>		* Zip/Postal Code: <input type="text" value="96910-5141"/>

APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational

Version 01

9. * By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties (U.S. Code, Title 218, Section 1001)

** I Agree

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

AUTHORIZED REPRESENTATIVE		
Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="FELIX"/>	Middle Name: <input type="text" value="P."/>
* Last Name: <input type="text" value="CAMACHO"/>	Suffix: <input type="text"/>	
* Title: <input type="text" value="GOVERNOR OF GUAM"/>	* Email: <input type="text" value="governor@guam.gov"/>	
* Telephone Number: <input type="text" value="(671) 472-8931/6"/>	Fax Number: <input type="text" value="(671) 477-4826"/>	
* Signature of Authorized Representative: <input type="text" value="Sandra Stanley"/>	* Date Signed: <input type="text" value="08/04/2009"/>	

Authorized for Local Reproduction

Standard Form 424 Organization Short (04-2005)
Prescribed by OMB Circular A-102

ATTACHMENTS FORM

Instructions: On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

Important: Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

1) Please attach Attachment 1	Program Information FINAL.pdf	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	2nd FINAL NARRATIVE \$190K Gr	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	2nd FINAL DETAILED BUDGET FOR	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4		Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5		Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6	FINAL SUMMARY BUDGET \$190K G	Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7	2nd FINAL BUDGET JUSTIFICATIO	Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8	2nd FINAL COMPLETION SCHEDULE	Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9		Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10		Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11	FINAL KEY PROJECT PERSONNEL S	Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12	FINAL PURPOSE-MISSION-HISTORY	Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13		Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14		Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15	FINAL GRANT ACTIVITIES ORG CH	Add Attachment	Delete Attachment	View Attachment

Project Abstract

The Project Abstract must not exceed one page and must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This Abstract must not include any proprietary/confidential information.

* Please click the add attachment button to complete this entry.

Add Attachment

Delete Attachment

View Attachment

2nd FINAL ABSTRACT \$190K Grant 8-4-09

Other Attachment File(s)

* Mandatory Other Attachment Filename:

To add more "Other Attachment" attachments, please use the attachment buttons below.

Attached at least one Optional Other Attachment?: