



the 2025 Family Preservation and Reunification Center grant to support children and families and are encouraging eligible applicants to apply.

Family Preservation and Reunification Center
On behalf of the Office of the Governor Lourdes A. Leon Guerrero and L.T. Governor Joshua F. Tenorio,
the Department of Public Health and Social Services (DPHSS) and
the Guam Economic Development Authority (GEDA) have established

2025 Family Preservation and Reunification Center Grant Application

APPLICATION NO.:

To be filled out by GEDA case manager

SUBMISSION DATE:

Grant application period is as followed: (**We will not accept applications after the listed date and time**)

Start Date: JULY 15, 2025, at 8:00 a.m.

End Date: AUGUST 5, 2025, at 5:00 p.m.

Applications will be accepted via email to caps2024@investguam.com or hand delivered to the GEDA office located on the 5th floor of the International Trade Center (ITC) building **Monday through Friday from 8 a.m. to 4 p.m.**

Required documents needed for application to be complete will be the following:

- Completed Application Form
- Letter of Intent
- S.O.P/EPP
- Sanitary Permit
- Valid Business License/Certificate 501c
- Current and Proposed Staffing pattern
- Grant Proposal

Please review the grant FACT SHEET for further information.

SECTION I: APPLICANT INFORMATION

Organization Name:

Physical Address Street Number & Name City State Zip

Mailing Address Street/P.O. Box City State Zip

Telephone No. Email Address Website

Funding Request Amount EIN # Government of Guam Vendor # UEI#

President/Director Name President/Director Email

I have read and acknowledged that all information on this page is accurate and truthful.

Print and Sign:

Date:

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SECTION II: PROGRAM AND BUDGET PROPOSAL

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SECTION III: USE OF FUNDS		
DETAILED PROGRAM BUDGET (please be as detailed as possible)		
CATEGORY	DESCRIPTION	COST
Personnel Costs: <ul style="list-style-type: none"> Wages and benefits are only for personnel operating the family preservation and reunification center. 		
	SUBTOTAL	
Rent, Utilities, Facilities Maintenance: <ul style="list-style-type: none"> No more than 10% of the total budget shall be utilized for this category. 		
	SUBTOTAL	
Sanitation, and Other Health & Safety Requirements:		
	SUBTOTAL	
Equipment & Supplies: <ul style="list-style-type: none"> Purchases or equipment upgrades and supplies that enhances program services and outcomes. 		
	SUBTOTAL	
Goods & Services:		
	SUBTOTAL	
TOTAL PROGRAM BUDGET		

For further information on what is allowable please refer to the **FACT SHEET**.

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SECTION IV: SELF CERTIFICATION

Initial next to each statement to confirm you read, understand and agree to each.

	I agree to use the funds only for the allowable costs associated with this program that have not been funded by any other grant received/awarded. Furthermore, I understand and agree to provide notice to and seek approval of DPHSS in writing should any movement, transfer or changes to the budget or program proposals.
	I understand that it is my responsibility to maintain records and other documents to support the use of funds I receive, as well as to document my compliance with all terms & conditions, rules & regulations, and guidelines.
	I agree to submit to an audit by any auditor of DPHSS' choosing. I will grant access to and the right to examine and copy any records, data, or papers relevant to this subgrant until seven (7) years have passed since the final payment pursuant to this subgrant.
	The Grantee further certifies that the information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material respects. The Grantee understands that any misleading or false statements or any false written or oral representation, may result in the Grantor rescinding the grant by written notice to the Grantee. In such event the Grantee agrees to and shall, within five (5) days following the receipt of such notice, return to the Grantor, an amount equal to Grant payments received plus interest at the prime rate set forth in the Wall Street Journal in effect on the date of such notice. The Grantee agrees to pay the Grantor's attorney fees and actual costs incurred in the collection of Grant funds.
	I agree to a financial and programmatic assessment upon conclusion of the grant and if it is found that I have misused or abused funds received from this grant, I will reimburse DPHSS for the full amount misused or abused.
	I acknowledge that I will not engage in the sale of any assets acquired through the utilization of this Grant funding, unless approved by DPHSS, Division of Children's Wellness.
	I acknowledge that each item purchased through this Grant funding is designated solely for the purposes of the Family Preservation and Reunification Center.
	I acknowledge that I, the authorized representative, will be personally responsible for all documents, correspondence, and financial reports regarding the 2025 Family Preservation and Reunification Center Grant Program.
Authorized Representative (Print Name)	
DATE:	
Authorized Representative (Signature)	