



**Gypsy Moth Slow the Spread Foundation  
State Application For Assistance  
(Non-Construction)**

Applicant Identifier
Federal Identifier

<b>1. APPLICANT INFORMATION</b>																												
Legal Name:	Organizational Unit:																											
Organizational DUNS:																												
Address (give city, county, state, and zip code):	Name and telephone number of the person to be contacted on matters involving this application (give area code)  _____																											
<b>2. EMPLOYER IDENTIFICATION NUMBER (EIN):</b>  <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>														<b>3. TYPE OF APPLICANT:</b> (enter appropriate letter in box) <input type="checkbox"/>  <table border="0"> <tr> <td>A. State</td> <td>H. Independent School Dist.</td> </tr> <tr> <td>B. County</td> <td>I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>C. Municipal</td> <td>J. Private University</td> </tr> <tr> <td>D. Township</td> <td>K. Indian Tribe</td> </tr> <tr> <td>E. Interstate</td> <td>L. Individual</td> </tr> <tr> <td>F. Intermunicipal</td> <td>M. Profit Organization</td> </tr> <tr> <td>G. Special District</td> <td>N. Other (Specify):</td> </tr> </table>	A. State	H. Independent School Dist.	B. County	I. State Controlled Institution of Higher Learning	C. Municipal	J. Private University	D. Township	K. Indian Tribe	E. Interstate	L. Individual	F. Intermunicipal	M. Profit Organization	G. Special District	N. Other (Specify):
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F. Intermunicipal	M. Profit Organization																											
G. Special District	N. Other (Specify):																											
<b>4. TYPE OF APPLICATION</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision  <b>If Revision, check appropriate box (es):</b> <input type="checkbox"/> Increase Award <input type="checkbox"/> Decrease Award <input type="checkbox"/> Increase Duration <input type="checkbox"/> Decrease Duration <input type="checkbox"/> Other (specify): _____	<b>5. Descriptive Title of Applicant's Project:</b>  _____																											
<b>6. AREAS AFFECTED BY PROJECT (Cities, counties, states, etc.):</b>  _____																												
<b>7. PROPOSED PROJECT:</b> Start Date      Ending Date	<b>8. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant      b. Project																											
<b>9. ESTIMATED FUNDING:</b>	<b>10. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>																											
a. Federal      \$      .00	a. <input checked="" type="checkbox"/> YES      THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE _____																											
b. Applicant      \$      .00	b. <input type="checkbox"/> NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372																											
c. State      \$      .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																											
d. Local      \$      .00																												
e. Other      \$      .00																												
f. Program Income      \$      .00	<b>11. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>																											
g. TOTAL      \$      .00	<input type="checkbox"/> Yes      If "Yes," attach an explanation. <input type="checkbox"/> No																											
<b>12. TO THE BEST OF MY KNOWLEDGE AND BELIF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED</b>																												
a. Typed Name of Authorized Representative	b. Title	c. Telephone number																										
d. Signature of Authorized Representative	e. Date Signed																											