APPLICATION FOR FEDER	AL ASSISTANCE SF-4	24 - MAND	ATORY	
1.a. Type of Submission: Application	1.b. Frequency: Annual Quarterly Other		1.d. Version: Initial Resubmission 2. Date Received: 7/7/2017	Revision Update STATE USE ONLY: 5. Date Received by State:
Other Other (specify):	Other (specify):		3. Applicant Identifier: 4a. Federal Entity Identifier:	6. State Application Identifier:
1.c. Consolidated Application/Plan Yes No X Explans 7. APPLICANT INFORMATION:			4b. Federal Award Identifier:	
a. Legal Name:				
College of Natural and App		ity of Gua	n	
b. Employer/Taxpayer Identificati			c. Organizational DUNS:	
98-00329	33		779908151	
d. Address:				
Street1: 303 Campus Drive			Street2	
City:			County / Parish:	
Mangilao				
State:			Province:	
GU: Guam				
Country			Zip / Postal Code:	
USA: UNITED STATES			96923	
a Commissional Unit:				
e. Organizational Unit: Department Name:			Division Name:	
f Name and contact information	of person to be contacted of	on matters in	volving this submission:	
f. Name and contact information of person to be contacted on matters in Prefix: Dr. Aubrey		Middle Name:		
Last Name:			Suffix:	
Moore				
Title: Entomologist				
Organizational Affiliation:	2/14 0-1	valen of C	nam.	
College of Natural and Applied Sciences, University of Guam Telephone Number: Fax Number:				
Telephone Number: 1-671-68	6-5664		T 6x (valide).	
Email: aubreymoore@guam.n	et			

8a. TYPE OF APPLICANT:	
H: Public/State Controlled Institution of Higher Edu	ucation
Other (specify):	
o. Additional Description:	
9. Name of Federal Agency:	
Department of the Interior	
10. Catalog of Federal Domestic Assistance Number:	
OFFIA Title	
CFDA Title:	
11. Descriptive Title of Applicant's Project:	
Biological Control of Coconut Rhinoceros Beetle Bio	ctype G in Micronesia
	ì
12. Areas Affected by Funding:	
Guam, Republic of Palau	
13. CONGRESSIONAL DISTRICTS OF:	h December (Decimal)
a. Applicant:	b. Program/Project:
Guam	
Attach an additional list of Program/Project Congressional Districts if Add Attachment De	elete Attachment View Attachment
Add Attachment	Here Altacument
14. FUNDING PERIOD:	
a. Start Date:	b. End Date:
Sep 1, 2017	Oct 31, 2019
15. ESTIMATED FUNDING:	
a. Federal (\$):	b. Match (\$):
\$176,553	\$0
16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EX	XECUTIVE ORDER 12372 PROCESS?
a. This submission was made available to the State under the Exc	
b. Program is subject to E.O. 12372 but has not been selected by	
C. Program is not covered by E.O. 12372.	

APPLICATION FOR FEDER	AL ASSISTANCE SF-424 - MANDATORY	_
17. is The Applicant Delinquent C	n Any Federal Debt?	
Yes No X Exp	planation	
are true, complete and accurate t	certify (1) to the statements contained in the list of certifications** and (2) that the statements herein to the best of my knowledge. I also provide the required assurances** and agree to comply with any rd. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to benalties. (U.S. Code, Title 218, Section 1001)	
** I Agree		- 1
** This list of certifications and assuinstructions.	rances, or an internet site where you may obtain this list, is contained in the announcement or agency specific	
Authorized Representative:		
Prefix:	First Name	,
Dr.	Lee	
Middle Name:		
Last Name:		
Yudin		-
Suffix:	Title:	
	Dean / Director	
Organizational Affiliation:		
	plied Sciences, University of Guam	
Telephone Number:		
(671) 735-2001		
Fax Number:		
Email:		
lyudin@triton.uog.edu		
Signature of Authorized Refresen	ative	
Parkey		
Date Signed:		
July 6, 2017		
Attach supporting documents as s	specified in agency instructions.	
Add Attachments Delete A	Attachments View Attachments	