

**MODIFICATION OF GRANT OR AGREEMENT**PAGE
PAGES OF

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1. U.S. FOREST SERVICE GRANT/AGREEMENT
NUMBER:

20-DG-11052021-229

2. RECIPIENT/COOPERATOR GRANT or
AGREEMENT NUMBER, IF ANY:

30-2F-311142/3

3. MODIFICATION NUMBER:

003

4. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING
GRANT/AGREEMENT (unit name, street, city, state, and zip + 4):USDA Forest Service, State and Private Forestry
Pacific Southwest Region (Region 5)
1323 Club Drive
Vallejo, CA 94592-11105. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING
PROJECT/ACTIVITY (unit name, street, city, state, and zip + 4):

Same as Block #4

6. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip
+ 4, county):University of Guam (UOG)
College of Natural & Applied Sciences
Agriculture and Life Sciences Building
303 University Drive
Mangilao, GU 96913-18007. RECIPIENT/COOPERATOR'S HHS SUB ACCOUNT NUMBER (For HHS
payment use only):**8. PURPOSE OF MODIFICATION**CHECK ALL
THAT APPLY:This modification is issued pursuant to the modification provision in the grant/agreement
referenced in item no. 1, above.

CHANGE IN PERFORMANCE PERIOD: Extend Expiration Date to December 31, 2023



CHANGE IN FUNDING:



ADMINISTRATIVE CHANGES: Change USFS Program Manager from Sheri Smith to Stacy Hishinuma



OTHER (Specify type of modification):

Except as provided herein, all terms and conditions of the Grant/Agreement referenced in 1, above, remain unchanged and in full force and effect.

9. ADDITIONAL SPACE FOR DESCRIPTION OF MODIFICATION (add additional pages as needed):

10. ATTACHED DOCUMENTATION (Check all that apply):

Revised Scope of Work



Revised Financial Plan



Other: Cooperator Request Letter, SF 424, and Program Manager Change-attachment A

11. SIGNATURES**AUTHORIZED REPRESENTATIVE:** BY SIGNATURE BELOW, THE SIGNING PARTIES CERTIFY THAT THEY ARE THE OFFICIAL REPRESENTATIVES
OF THEIR RESPECTIVE PARTIES AND AUTHORIZED TO ACT IN THEIR RESPECTIVE AREAS FOR MATTERS RELATED TO THE ABOVE-
REFERENCED GRANT/AGREEMENT.

11.A. UNIVERSITY OF GUAM SIGNATURE

(Signature of Signatory Official)

11.B. DATE
SIGNED

12/13/22

11.C. USDA FOREST SERVICE SIGNATURE

(Signature of Signatory Official)

11.D. DATE
SIGNED

11.E. NAME (type or print): LEE S. YUDIN

11.F. NAME (type or print): SHERRY HAZELHURST

11.G. TITLE (type or print): Dean/Director, College of Natural
& Applied Sciences, University of Guam11.H. TITLE (type or print):
Director, State & Private Forestry, Region 5

**12. G&A REVIEW****12.A. The authority and format of this modification have been reviewed and approved for signature by:****CONSTANCE ZIPPERER** Digitally signed by CONSTANCE ZIPPERER
Date: 2022.12.09 15:24:22 -08'00'**CONSTANCE ZIPPERER**

USDA Forest Service Grants Management Specialist

**12.B. DATE
SIGNED****Burden Statement**

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ATTACHMENT A

PROVISION B. PRINCIPAL CONTACTS

Modify USFS Program Manager Contact:

Please Remove: Sheri Smith
Regional Entomologist
State & Private Forestry
1323 Club Drive
Vallejo, CA 94592
Telephone: (707) 562-8774
Email: sher.smith2@usda.gov

Replace with: Stacy Hishinuma
Regional Entomologist
State & Private Forestry
602 S Tippecanoe Ave
San Bernardino, CA 92408
Telephone: (909)-361-0241
Email: stacy.hishinuma@usda.gov



College of Natural
& Applied Sciences

University of Guam | Unibetsedát Guahan

Cooperative Extension & Outreach
UOG Station
Mangilao, Guam 96923
ph 671-735-2000 | fax 671-734-6842
www.uog.edu/cnas

Inafa'maolek

Doing our part to deliberately craft a more livable, lovable, luscious Guam.

November 30, 2022

Sherry Hazelhurst
Director – State and Private Forestry
USDA Forest Service, Region 5
1323 Club Drive
Vallejo, CA 94592

Dear Sherry,

I am requesting a no-cost extension for the Forest Health Grant 20-DG-11052021-229 entitled *Control of Little Fire Ant (LFA) and Coconut Rhinoceros Beetle (CRB) on Guam*. Progress on this project was been delayed by the COVID-19 pandemic and further delayed by problems which occurred during re-establishment of our CRB laboratory rearing colony.

Changing the grant expiration date to December 31, 2023 will ensure that we can complete the approved work plan. An updated SF424 form is attached.

Sincerely,

Aubrey Moore PhD
Entomologist
University of Guam

APPROVED BY

Lee S. Yudin
Dean/Director
College of Natural and Applied Sciences
University of Guam

CC:

Stacy Hishinuma, USFS, FHP Program Manager
Beverly Smith, USFS, Grants Manager

Application for Federal Assistance SF-424

* 1. Type of Submission:

- ☐ Preapplication
☐ Application
☒ Changed/Corrected Application

* 2. Type of Application:

- ☐ New
☐ Continuation
☒ Revision

* If Revision, select appropriate letter(s):

C: Increase Duration

* Other (Specify):

* 3. Date Received:

12/02/2022

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

20-DG-11052021-229

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: University of Guam College of Natural and Applied Sciences

* b. Employer/Taxpayer Identification Number (EIN/TIN):

98-0032933

* c. UEI:

YL62T9FVJXG3

d. Address:

* Street1: Agriculture and Life Sciences Building

Street2: 303 University Drive

* City: Mangilao

County/Parish: Guam

* State: GU: Guam

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 96923

e. Organizational Unit:

Department Name:

College of Natural and Applied Sciences

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Dr.

* First Name:

Aubrey

Middle Name:

* Last Name:

Moore

Suffix:

Title: Entomologist

Organizational Affiliation:

University of Guam

* Telephone Number: 671-686-5664

Fax Number:

* Email: aubreymoore@triton.uog.edu

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

*** 10. Name of Federal Agency:**

USDA Forest Service

11. Catalog of Federal Domestic Assistance Number:

10.680

CFDA Title:

Forest Health Protection

*** 12. Funding Opportunity Number:**

*** Title:**

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Control of Little Fire Ant (LFA) and Coconut Rhinoceros Beetle (CRB) on Guam

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424**16. Congressional Districts Of:**

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 06/17/2020

* b. End Date: 12/31/2023

18. Estimated Funding (\$):

* a. Federal 215941

* b. Applicant 0

* c. State 0

* d. Local 0

* e. Other 0

* f. Program Income 0

* g. TOTAL 215941

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**☐ a. This application was made available to the State under the Executive Order 12372 Process for review on☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☒ c. Program is not covered by E.O. 12372.*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**☐ Yes☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *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 18, 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: Dr.

* First Name: Lee

Middle Name: Stanton

* Last Name: Yudin

Suffix:

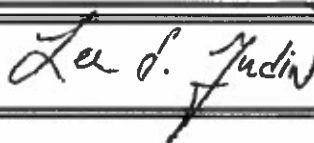
* Title: Dean / Director

* Telephone Number: 671-735-2000

Fax Number: 671-734-4600

* Email: lyudin@triton.uog.edu

* Signature of Authorized Representative:



* Date Signed:

1/10/22