

Application for Federal Assistance SF-424		
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision
		* If Revision, select appropriate letter(s): *Other (Specify): _____
*3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:
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. Organizational DUNS: 7799081510000
d. Address:		
*Street 1: Agriculture and Life Sciences Building		
Street 2: 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: 1-671-686-5664		Fax Number:
*Email: aubreymoore@guam.net		

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Learning

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:

98-0032933

CFDA Title:

Forest Health Protection

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

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

Guam

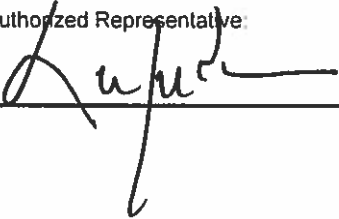
***15. Descriptive Title of Applicant's Project:**

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

Attach supporting documents as specified in agency instructions.

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16. Congressional Districts Of:		
*a. Applicant:		*b. Program/Project:
Attach an additional list of Program/Project Congressional Districts if needed.		
17. Proposed Project:		
*a. Start Date: June 1, 2020		*b. End Date: May 30, 2021
18. Estimated Funding (\$):		
*a. Federal	\$191,523	
*b. Applicant	\$	
*c. State	\$	
*d. Local	\$	
*e. Other	\$	
*f. Program Income	\$	
*g. TOTAL	\$191,523	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input checked="" type="checkbox"/> c. Program is not covered by E.O. 12372.		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If "Yes", provide explanation and attach.		
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 218, Section 1001)		
<input checked="" type="checkbox"/> ** 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: 1-671-735-2000		Fax Number: 1-671-734-4600
* Email: lyudin@triton.uog.edu		

<p>*Signature of Authorized Representative:</p> 	<p>*Date Signed</p> <p>5/12/2011</p>
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