



College of Natural  
& Applied Sciences

University of Guam | Unibetsedát Guahan

Cooperative Extension & Outreach  
UOG Station  
Mangilao, Guam 96923  
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**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:

## 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:

Coll. of Natural and Appl. Sc.

## 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:

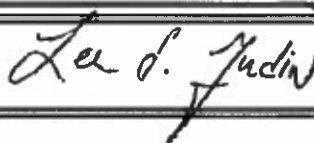
\* Title: Dean / Director

\* Telephone Number: 671-735-2000

Fax Number: 671-734-4600

\* Email: lyudin@triton.uog.edu

\* Signature of Authorized Representative:



\* Date Signed:

1/10/22