

**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):****\*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 f 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

**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.

**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?**☐ 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.

**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)**

☒ \*\* 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

\*Signature of Authorized Representative:

\*Date Signed: