

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:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

AP19PPOS&T00C168

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

University of Guam

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

* c. Organizational DUNS:

779908151

d. Address:

* Street 1:

303 Campus Drive

Street 2:

College of Applied and Natural Sciences

* City:

Mangilao

County/Parish:

* State:

GU: Guam

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

96923

e. Organizational Unit:

Department Name:

University of Guam

Division Name:

College of Natural and Applied Science

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 College of Natural and Applied Sciences

* Telephone Number:

(671) 686-5664

Fax Number:

* Email:

aubrey.moore@guam.net

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9. Type of Applicant I - 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:

Animal and Plant Health Inspection Service

11. Catalog of Federal Domestic Assistance Number:

10.025

CFDA Title:

* 12. Funding Opportunity Number:

AP19PPO&T00G168

* Title:

Biological Control for Coconut Rhinoceros Beetle Biotype G on Guam

13. Competition Identification Number:

Title:

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

Add Attachments

Delete Attachments

View Attachments

* 15. Descriptive Title of Applicant's Project:

Biological Control for Coconut Rhinoceros Beetle Biotype G 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.

17. Proposed Project:* a. Start Date: * b. End Date: **18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="\$200,000.00"/>
* b. Applicant	<input type="text" value="0"/>
* c. State	<input type="text" value="0"/>
* d. Local	<input type="text" value="0"/>
* e. Other	<input type="text" value="0"/>
* f. Program Income	<input type="text" value="0"/>
* g. TOTAL	<input type="text" value="\$0.00"/>

*** 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.

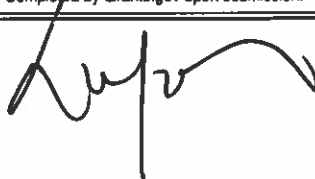
*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**☐ Yes ☒ No

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: * First Name: Middle Name: * Last Name: Suffix: * Title: * Telephone Number: Fax Number: * Email: * Signature of Authorized Representative: * Date Signed:  5/2/2020