

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): _____
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* 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:
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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:

Improving Coconut Rhinoceros Beetle Breeding Site Detection Using Harmonic Radar

13. Competition Identification Number:

Title:

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

Guam

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

Improving Coconut Rhinoceros Beetle Breeding Site Detection Using Harmonic Radar

Attach supporting documents as specified in agency instructions.

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 \$23,000

*b. Applicant \$

*c. State \$

*d. Local \$

*e. Other \$

*f. Program Income \$

*g. TOTAL \$23,000

***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: