



Speaker Won Pat <speaker@judiwonpat.com>

**Messages and Communications: Notice of Grant Application - Department of Agriculture - Coordination and Administration**

Speaker Won Pat <speaker@judiwonpat.com>

Tue, Sep 24, 2013 at 9:11 AM

To: Guam Legislature Clerks Office <clerks@guamlegislature.org>

9/24/20138/26/2013

Guam State Clearinghouse

Department of Agriculture Division of Aquatic and Wildlife Resources Grant T- 32-13-804 14-R-1 F12AS00102

2013 SEP 24 AM 9:26

----- Forwarded message -----

From: **Speaker Won Pat** <speaker@judiwonpat.com>

Date: Tue, Sep 24, 2013 at 8:13 AM

Subject: Fwd: Notice of Grant Application - Department of Agriculture - Coordination and Administration

To: Agnes Rumbaoa <faith@judiwonpat.com>, Ed Pocaigue <edpocaigue@judiwonpat.com>

32-13-804

This is messages and communications. Please transmit accordingly. Therese

Handwritten notes: 32-13-804, 9-24-13, P. Ilan, Received by

----- Forwarded message -----

From: **Austin Duenas** <austin.duenas@guam.gov>

Date: Mon, Sep 23, 2013 at 4:35 PM

Subject: Notice of Grant Application - Department of Agriculture - Coordination and Administration

To: Judith Won Pat <speaker@judiwonpat.com>

Hafa Adai,

The Guam State Clearinghouse has received a federal grant application from the Department of Agriculture, with designated SAI No. 16009131076Y. Attached is their application and notification letter.

Thank you

**AUSTIN J. DUENAS**

Grant Specialist · Guam State Clearinghouse  
OFFICE OF THE LIEUTENANT GOVERNOR  
P.O.Box 2950 Hagåtña, Guam 96932  
[W] (671) 475-9384  
[F] (671) 472-2007  
austin.duenas@guam.gov

**Ufisinan I Etmås Ge'helo'Gi Liheslaturan Guåhan**  
**Office of Speaker Judith T. Won Pat Ed.D.**

**Kumiten Idukasion yan Laibirihan Publeko**  
Committee on Education and Public Libraries & Women's Affairs

804



## GUAM STATE CLEARINGHOUSE

P.O. Box 2950 Hagåtña, Guam 96932

Tel: (671) 475-9380

Website: [www.gsc.guam.gov](http://www.gsc.guam.gov)

Email: [clearinghouse@guam.gov](mailto:clearinghouse@guam.gov)

**EDDIE BAZA CALVO**

*I Maga'låhen Guahan*

**RAYMOND S. TENORIO**

*I Segundu Na Maga'låhen Guahan*

**Kate G. Baltazar**

*Administrator*

*September 23, 2013*

**Honorable Judith T. Won Pat, Ed.D.**

Speaker

*I Mina'Trentai Dos Na Liheslaturan Guåhan*

155 Hesler Place

*Hagåtña, Guåhan 96910*

**Ref:** Department of Agriculture federal grant application submitted for intergovernmental review

*Hafa Adai* Speaker Won Pat:

This communication is to respectfully notify you the Guam State Clearinghouse (GSC) has received a federal grant application from the *Department of Agriculture*. The GSC has accepted the application, assigned State Application Identifier (SAI) number 16009131076Y, and has initiated the process for intergovernmental review. Information on the application is provided below:

**CFDA Number:** 15.634

**Grantor:** U.S. Fish and Wildlife Service, Region 1

**Grant Title:** Guam State Wildlife Grant

**Details:** The funds from this grant will be used to fund ground projects, including new hardened cages to support captive propagation, generators and housing to provide reliable power source for wildlife programs, gastropod surveys, identification of Guam's insect population Micronesian kingfisher supplemental feeding, Wildlife Lab renovations, and biosecurity of Coco's Island.

**Start Date:** 10/01/2013

**End Date:** 09/30/2014

**Federal Amount:** \$37,225.00

Deadline for comments is **October 8, 2013** and can be sent via email to [clearinghouse@guam.gov](mailto:clearinghouse@guam.gov). This is in an effort to reduce costs associated with the review process while maintaining efficiency. This notice is sent to you as part of the intergovernmental review of this application and may be referred to the appropriate overseeing committee of *I Liheslaturan Guåhan*. The GSC point of contact designated for this application is Austin J. Duenas and can be contacted via e-mail at [austin.duenas@guam.gov](mailto:austin.duenas@guam.gov). Please convey any instruction to GSC that may be incorporated in the review of this application.

*Dångkolo Na Si Yu'os Ma'åse'*

**Roe-Ann M. Cruz**

Acting Administrator

CC: File



**Department of Agriculture  
Dipattamenton Agrikottura**  
163 Dairy Road, Mangilao, Guam 96913



**Edward J.B. Calvo**  
Governor  
**Raymond S. Tenorio**  
Lt. Governor

<b>Director's Office</b>	<b>300-7966/64; Fax 734-6569</b>
<b>Agricultural Dev. Services</b>	<b>300-7973/300-7967</b>
<b>Animal Health</b>	<b>300-7965</b>
<b>Aquatic &amp; Wildlife Resources</b>	<b>735-3955/56; Fax 734-6570</b>
<b>Forestry &amp; Soil Resources</b>	<b>300-7976; Fax 300-3201</b>
<b>Plant Nursery</b>	<b>300-7974</b>
<b>Plant Inspection Facility</b>	<b>475-1426/27; Fax 477-9487</b>

**Mariquita F. Taitague**  
Director

**Manuel P. Duenas, II**  
Deputy Director

**August 26, 2013**

Ms. Roe-Ann Cruz  
Acting Administrator  
Guam State Clearinghouse  
P.O. Box 2950  
Hagatna, Guam 96932

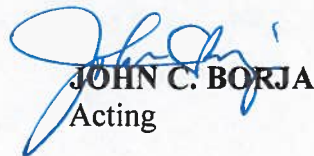
**Re: Department of Agriculture, Division of Aquatic & Wildlife Resources Grant  
T-14-R-1; FON F12AS00102**

Dear Ms. Cruz:

Hafa Adai! Please find attached copies of our application for U.S. Fish & Wildlife Service State Wildlife Grant funding for \$37,225.00. The projects contained in this application will be to the benefit of Guam's wildlife.

Thank you for your review and approval of our application.

Sincerely,

  
**JOHN C. BORJA**  
Acting

**Attachment(s):**

August 19, 2013

*8/22/13*  
*8/22/13*  
*8/23/13*

*Roc-Aan Cruz*  
Ms. ~~Kate Baltazar~~,  
Director *Acting Administrator*  
Guam State Clearinghouse  
P.O. Box 2950,  
Hagatna, Guam 96932

*pc/ky*

Re: Department of Agriculture, Division of Aquatic & Wildlife Resources  
Grant T-14-R-1; FON F12AS00102

Dear Ms. ~~Baltazar~~ *Cruz*:

Hafa Adai! Please find enclosed copies of our application for USFWS State Wildlife Grant funding for \$37,225.00. The projects contained in this application will be to the benefit of Guam's wildlife. Thank you very much for your review and approval of our application.

Sincerely,

MARIQUITA F. TAITAGUE

Enclosure (s):



# GUAM STATE CLEARINGHOUSE

P.O. Box 2950 Hagåtña, Guam 96932  
Tel: (671) 475-9380  
Website: www.guamclearinghouse.com  
Email: clearinghouse@guam.gov

**EDWARD J.B. CALVO**  
*I Maga'låhen Guahan*

**RAYMOND S. TENORIO**  
*I Segundu Na Maga'låhen Guahan*

**KATE G. BALTAZAR**  
*Administrator*

## Guam State Clearinghouse Grantee Agreement

Current Date 8/19/13

Name of Grant State Wildlife Grant

Agency Name Department of Agriculture

Division Name Aquatic & Wildlife Resources

SAI Number

Grant Award Number FON F12AS00102

Grantor Name US Fish & Wildlife Service

Grant Amount \$37,225.00

Grant Start Date 10/1/13

Grant End Date 9/30/14

### RECITALS:

This grant agreement is entered into by the Guam State Clearinghouse and the Agency mentioned above.

Whereas **I Maga'låhen Guahan** is the grantee of all federal grants.

Whereas the Guam State Clearinghouse is the Government of Guam's Single Point of Contact for all Federal aid programs, grants, loans, contracts, contributions, appropriations, advances, direct Federal development and other Federal funding sources for Guam.

The Agency whose name appears above agrees to the following terms:

- 1.) Adherence to the Guam State Clearinghouse's Standard Operating Procedures (SOP).
- 2.) Adherence to all reporting requirements stemming from the SOP and the grant terms and conditions.
- 3.) Ensure the funds subject to this Agreement are used in compliance with conditions, requirements and restrictions germane to local and Federal laws, and to the provisions of the grant award.
- 4.) Make records available to the Guam State Clearinghouse, the Public Auditor of Guam, federal agencies and other authorized governmental agencies for review, audit and investigation.

This agreement is entered into by the Guam State Clearinghouse and the Agency named above effective on the grant start date and terminates three (3) business days after the grant end date on:

10/4/14

Printed Name Mariquita F. Taitague

*for JOHN C. BORSA, ACTING DIR.*

Director of Agency or Authorized Representative

\*Authorized Representative indicated on the GSC Notice of Intent to Apply

*John Borsa 08/27/13*

Kate G. Baltazar, Administrator of the GSC



# GUAM STATE CLEARINGHOUSE

P.O. Box 2950 Hagåtña, Guam 96932  
Tel: (671) 475-9380  
Website: [www.guamclearinghouse.com](http://www.guamclearinghouse.com)  
Email: [clearinghouse@guam.gov](mailto:clearinghouse@guam.gov)

EDWARD J.B. CALVO  
*I Maga'låhen Guahan*

RAYMOND S. TENORIO  
*I Segundu Na Maga'låhen Guahan*

## Grant Project Application Notice of Intent to Apply for Federal Assistance GSC FORM REVISED 03/21/2012

### Guam State Clearinghouse Use Only

Date Received: \_\_\_\_\_  
Received By: \_\_\_\_\_  
SAI Number: \_\_\_\_\_

Type of Application  New Grant\*  Continuing Grant\*\*  Supplemental Grant\*\*  Other\* \_\_\_\_\_

A.) DUNS Number

B.) Date

C.) Applicant/Department Name

D.) Division

E.) Applicant Address

F.) Applicant/Department Point of Contact Information

Contact Person Name  Phone Number

E-mail Address

G.) Due Date to Federal Agency

H.) Federal Funds

a.) Grant

b.) Other

I.) Non-Federal, Matching Funds

a.) Local

b.) In-Kind

c.) Other

J.) TOTAL FUNDS

K.) CFDA/Federal Program Name

L.) Federal Agency Name

M.) Federal Agency Address

N.) For Continuing or Supplemental Grants, Please provide the following information:

a.) Initial Grant Period

b.) Guam State Clearinghouse SAI Number

c.) Grant Year This Application Impacts

O.) Has the Federal Funding Agency been notified?  YES  NO

P.) During which Fiscal Year will this program be implemented?

Q.) If the project requires local funding in addition to the federal funding requested, please specifically identify source and rationale:

R.) This program is:  Budgeted - Please identify legal budget authority

Non- Budgeted

S.) Will this program require the hiring of additional employees? Is YES, please provide the number of employees (both existing and new) and justification.  YES - Existing  New   NO

T.) List Departments and Agencies that would be affected directly or indirectly by this application

Department of Agriculture


U.) Please provide a Project Summary with supporting documents if needed.

Grant is attached

- V.) Please answer the following:
- a.) Does this application require an Environmental Impact Study?  YES  NO
  - b.) Will this application conflict with any existing law?  YES  NO
  - c.) Is enabling legislation required?  YES  NO
  - d.) Will the program require a maintenance of effort?  YES  NO
  - e.) Are in-kind services allowed for this program?  YES  NO
  - f.) Does this program allow an indirect cost rate to be applied?  YES  NO

SUBMITTED AND APPROVED BY:

Printed Name, Position/Title of Authorized Representative for JOHN C. BORJA, ACTING DIR.  
Mariquita F. Taitague, Director

SIGNATURE 

Date



**Department of Agriculture  
Dipattamenton Agrikottura**  
163 Dairy Road, Mangilao, Guam 96913



**Edward J.B. Calvo**  
Governor  
**Raymond S. Tenorio**  
Lt. Governor

<b>Director's Office</b>	<b>300-7966/64; Fax 734-6569</b>
<b>Agricultural Dev. Services</b>	<b>300-7973/300-7967</b>
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<b>Forestry &amp; Soil Resources</b>	<b>300-7976; Fax 300-3201</b>
<b>Plant Nursery</b>	<b>300-7974</b>
<b>Plant Inspection Facility</b>	<b>475-1426/27; Fax 477-9487</b>

**Mariquita F. Taitague**  
Director  
**Manuel P. Duenas, II**  
Deputy Director

**July 26, 2013**

Dr. Ruth Utzurrum / Mr. E. Flinn Curren  
Pacific Islands Federal Coordination Specialists  
U.S. Fish and Wildlife Service  
300 Ala Moana Blvd., Federal Aid Rm. 5-207  
P.O. Box 50167  
Honolulu, HI 96850

**Re: T-14-R-1 State Wildlife Grant Program FY2014, FON – F12AS00102**

Dear Dr. Utzurrum / Mr. Curren:

Hafa Adai! Please find attached the Project Narrative, Grant Agreement, Section 7, and NEPA documentation for State Wildlife Program Grant T-14-R-1 project obligating \$37,225.00 for FY14. T-14-R-1 includes the project entitled, "Coordination and Administration of Guam's CWCS Projects", SF424 and SF424a, are also included for your approval.

Thank you for your support and assistance. Should you have any questions, please feel free to contact Ms. Diane Vice, or Mr. Celestino Aguon, at (671) 735-3955/56.

Thank you for your assistance in this matter.

  
**MARIQUITA F. TAITAGUE**

**Attachment(s):**

cc: Region 1, Dr. Fred Caslick, USFWS



# STATE WILDLIFE GRANT PROGRAM

T-14-R-1 Project Narrative

FISCAL YEAR 2014

FON-F12AS00102

July 26, 2013

Division of Aquatic and Wildlife Resources  
Department of Agriculture  
Government of Guam  
(671) 735-3956/80  
(671) 734-6570 (FAX)

**GUAM STATE WILDLIFE GRANT PROGRAM: T-14-R-1**  
October 1, 2013-September 30, 2014

**PROJECT TITLE: Coordination and Administration of Guam's CWCS Projects**

**INTRODUCTION**

Projects funded by the State Wildlife Grant Program (SWGP) are administered within the Wildlife Section of the Guam Agriculture's Division of Aquatic and Wildlife Resources. Guam's Comprehensive Wildlife Conservation Strategy (CWCS) is the guiding document for projects funded under SWGP. The T-14-R-1 project provides for the coordination of the SWGP-funded projects and the revision of the CWCS. The total cost of T-14-R-1 is 37,225.

**NEED**

Guam's CWCS was completed in November 2006. Since the initial implementation of the CWCS much has been accomplished in support of species of greatest conservation need. State Wildlife grants have provided funds for new hardened cages to support captive propagation, generators and housing to provide reliable power source for the wildlife programs, gastropod surveys in northern Guam, identification of Guam's insect collection, Micronesian kingfisher supplemental feeding, Wildlife Lab renovations, and biosecurity for Cocos Island. As with most plans, coordination and administration of projects, as well as revisions, are necessary to provide guidance for State Wildlife Grant projects. The CWCS is due for revision by 2015 to ensure eligibility for future funding.

**PURPOSE**

The purpose of the project is to ensure timely completion of administrative tasks related to the coordination of projects funded under CWCS, including the revision of the CWCS.

**OBJECTIVES**

1. Coordinate CWCS project implementation and reporting during FY14.
2. Conduct a review of the CWCS during FY14 by conducting a series of public meetings (at least a meeting for the north, central and south Guam) to gain public input.
3. Incorporate where appropriate public, as well as, field expert comments regarding revisions of the CWCS.

**BENEFITS**

Coordination and administration of SWG projects will benefit Species of Greatest Conservation Need (SGCN) by providing funds to projects on the ground. A revised CWCS will provide up-to-date information and improved guidance for future projects

that benefit SGCN. The public involvement in the development of the revised CWCS may improve public awareness of issues facing Guam’s SGCN.

**APPROACH**

1. Coordinate through email, telephone and meetings with research groups and other cooperators to develop projects for obtaining baseline information on biology, distribution, and abundance of species of special concern, including their habitats.
2. Develop Third Party Agreements with cooperators and assist in developing grant and/or project proposals for implementation with State Wildlife Grant funds.
3. Complete administrative duties, such as tracking budgets/spending on SWG-funded projects, submitting reports, and liaison with Federal Aid personnel.
4. Coordinate public meetings/hearings from the northern, central, and southern districts to receive comments regarding Guam’s CWCS. Meetings will be held in different areas on Guam .
5. Modify CWCS as necessary and finalize the 2014 Comprehensive Wildlife Conservation Strategy, and make copies available to the public. Also, the document will be made available in the Division’s website.

Key Staff: 125 days; Diane Vice, Wildlife Biologist III and other staff as assigned.

**GEOGRAPHIC LOCATION**

Guam

**SCHEDULE**

	<u>FY</u>	<u>Cost</u>
Administration & Revision of Guam CWCS	14	\$ 37,225

Federal Cost: 100%

**BUDGET**

**Project 3 Salaries, Benefits & Indirect Costs Budget Summary**

Personnel	# Days/%FTE	Salaries	Benefits	Indirect (9.46% of sal)	Total
Biologist III (Diane V.)	125 days/35%	\$22,155	\$7,874	\$ 2,096	\$32,125

**Project 3 Budget Summary.**

Object Class		
Salaries	See above for details.	\$ 22,155
Benefits	See above for details.	\$ 7,874
Indirect Costs	See above for details	\$ 2,096
Supplies	Gas, office supplies	\$ 1,000
Contracts	Newspaper ads, notices, printing	\$ 4,100
<b>Total</b>		<b>\$37,225</b>

Table 4. CWCS update Time-line

Action	Period	Comments
1. DAWR/Dept Review of CWCS	October –December 2013	Amendments to CWCS
2. Public hearings or meetings	December –March 2014	Obtain comments
3. Incorporate changes to CWCS	June-July 2014	Updated draft CWCS 2014
4.	August –September 2014	Finalize Changes

# STATE WILDLIFE GRANT PROGRAM

T-14-R-1 Project Grant Agreement

FISCAL YEAR 2014

FON-F12AS00102

July 26, 2013

Division of Aquatic and Wildlife Resources  
Department of Agriculture  
Government of Guam  
(671) 735-3956/80  
(671) 734-6570 (FAX)

**GUAM STATE WILDLIFE GRANT PROGRAM: T-14-R-1**  
 October 1, 2013-September 30, 2014

**PROJECT TITLE: Coordination and Administration of Guam’s CWCS Projects**

**OBJECTIVES**

1. Coordinate CWCS project implementation and reporting during FY14.
2. Conduct a review of the CWCS during FY14 by conducting a series of public meetings (at least a meeting for the north, central and south Guam) to gain public input.
3. Incorporate where appropriate public, as well as, field expert comments regarding revisions of the CWCS.

Key Staff: 125 days; Diane Vice, Wildlife Biologist III and other staff as assigned.

**GEOGRAPHIC LOCATION**

Guam

**SCHEDULE**

	<u>FY</u>	<u>Cost</u>
Administration & Revision of Guam CWCS	14	\$ 37,225

Federal Cost: 100%

**BUDGET**

**Project 3 Salaries, Benefits & Indirect Costs Budget Summary**

Personnel	# Days/%FTE	Salaries	Benefits	Indirect (0% of sal)	Total
Biologist III (Diane V.)	125 days/35%	\$22,155	\$7,874	\$ 2,096	\$32,125

Project 3 Budget Summary.

Object Class		
Salaries	See above for details.	\$ 22,155
Benefits	See above for details.	\$ 7,874
Indirect Costs	See above for details	\$ 2,096
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<b>Total</b>		<b>\$37,225</b>

Table 4. CWCS update Time-line

Action	Period	Comments
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2. Public hearings or meetings	December –March 2014	Obtain comments
3. Incorporate changes to CWCS	June-July 2014	Updated draft CWCS 2014
4.	August –September 2014	Finalize Changes

**APPLICATION FOR FEDERAL ASSISTANCE**

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 07/01/2013	Applicant Identifier T14-R-1
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier F12AS00102
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

**5. APPLICANT INFORMATION**

<b>Legal Name:</b> Division of Aquatic and Wildlife Resources, Department of Agriculture		<b>Organizational Unit:</b> Department: Department of Agriculture	
<b>Organizational DUNS:</b> 855023235		Division: Aquatic and Wildlife Resources	
<b>Address:</b> Street: 163 Dairy Road		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>	
City: Mangilao		Prefix: Mr.	First Name: Celestino
County: USA		Middle Name F.	
State: Guam		Last Name Aguon	
Zip Code 96913	Suffix:		
Country: USA		Email: tino_aguon@yahoo.com	

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 98-0018947	Phone Number (give area code) (671) 735-3979	Fax Number (give area code) (671) 734-6570
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<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) Guam State Wildlife Grant	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) A. State Other (specify)
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<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Department of Interior, Fish and Wildlife Service
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<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): State Wildlife Grant 15-634	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Guam State Wildlife Grant
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<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Guam
--

<b>13. PROPOSED PROJECT</b> Start Date: 10/01/2013 Ending Date: 09/30/2014	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant Guam b. Project Guam
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<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>
a. Federal \$ 37,225.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/01/2012
b. Applicant \$ 0.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 0.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 0.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>
e. Other \$ 0.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ 0.00	
g. TOTAL \$ 37,225.00	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

<b>a. Authorized Representative</b>		
Prefix Mrs.	First Name Mariquita	Middle Name F.
Last Name Taitague		Suffix
b. Title Director	c. Telephone Number (give area code) (671) 735-3970	
d. Signature of Authorized Representative <i>[Signature]</i>		e. Date Signed 7/26/2013



**BUDGET INFORMATION - Non-Construction Programs**

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		Total (g)
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	
1. FON-F13AS00102	15.634	\$	0.00	\$ 37,225.00	0.00	\$ 37,225.00
2.						0.00
3.						0.00
4.						0.00
5. Totals		\$ 0.00	0.00	\$ 37,225.00	0.00	\$ 37,225.00
SECTION B - BUDGET CATEGORIES						
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY					
	(1) FON-F13AS00102	(2)	(3)	(4)	Total (5)	
a. Personnel	\$	22,155.00	\$	\$	\$ 22,155.00	
b. Fringe Benefits		7,874.00			7,874.00	
c. Travel		0.00			0.00	
d. Equipment		0.00			0.00	
e. Supplies		1,000.00			1,000.00	
f. Contractual		4,100.00			4,100.00	
g. Construction		0.00			0.00	
h. Other					0.00	
i. Total Direct Charges (sum of 6a-6h)		35,129.00	0.00	0.00	35,129.00	
j. Indirect Charges		2,096.00			2,096.00	
k. TOTALS (sum of 6i and 6j)	\$	37,225.00	0.00	\$ 0.00	\$ 0.00	\$ 37,225.00
7. Program Income		\$ 0.00	\$	\$	\$	

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. FON-F13AS00102	\$ 37,225.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 37,225.00
9.	0.00	0.00	0.00	0.00	0.00
10.	0.00	0.00	0.00	0.00	0.00
11.	0.00	0.00	0.00	0.00	0.00
12. TOTAL (sum of lines 8-11)	\$ 37,225.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 37,225.00

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
	13. Federal	\$ 37,225.00	\$ 37,225.00	\$	\$
14. Non-Federal	0.00				
15. TOTAL (sum of lines 13 and 14)	\$ 37,225.00	\$ 37,225.00	\$ 0.00	\$ 0.00	\$ 0.00

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (Years)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16. FON-F13AS00102	\$ 37,225.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
17.	0.00	0.00	0.00	0.00	0.00
18.					
19.					
20. TOTAL (sum of lines 16-19)	\$ 37,225.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges: \$35129	22. Indirect Charges: \$2,096
23. Remarks:	

# Federal Aid Section 7 Evaluation Form - PHASE 1

To be completed by Grantee

[Note: If more space is needed for responses, attach additional sheets, or set up this form to accommodate your responses.]

Originating Person: Celestino Aguon State/Agency: Guam Division of Aquatic & Wildlife Resources

Date: ~~June 14~~, 2013

July 26

1. Grant Number and Project Title: T-14 Coordination and Administration of Guam's CWCS Projects

Grant Start Date: October 1, 2013

Grant End Date: September 30, 2014

2. County project(s) will occur in: Guam

3. Section, township, and range (or latitude and longitude): \_\_\_\_\_

4. Listed/Proposed/Candidate species and critical habitat present and occurring within 1 mile of the project(s) area:

Guam rail (*Gallirallus owstoni*), Guam Micronesian kingfisher (*Halcyon cinnamomina*) and the Mariana crow (*Corvus kubaryi*) inhabited Guam and are federally listed as endangered; the Mariana fruit bat (*Pteropus marianus*) is listed as threatened on Guam. All individuals are held captive in Mangilao facilities. Candidate species that may occur include Eight spot butterfly (*Hypolimnas octocula marieanensis*) and *Partula radiolata*.

5. Describe the proposed project(s). Be as specific as possible. Attach additional pages as needed. Provide map of the project(s) location, and include species and critical habitat occurrences. Include responses to the following:

A. How many acres/miles does the project(s) encompass?

B. What week(s) or month(s) will project(s) occur?

C. How long will it take to complete the project(s)?

D. What machinery, if any, will be involved?

E. Will herbicides be used? If so, describe what herbicide, what it will be used for, and application rate.

F. By implementing the project(s), what will be accomplished?

G. If there are no field activities, what is the nature of the proposed project?

The project will mainly be conducted in the Mangilao Wildlife office with meetings held in various places throughout Guam. Only administrative activities will be conducted under this grant.

6. What is the estimated effect of the project(s) on each listed species and critical habitat? Evaluate each action on each species.

No direct impacts because this project only includes administrative and coordination activities

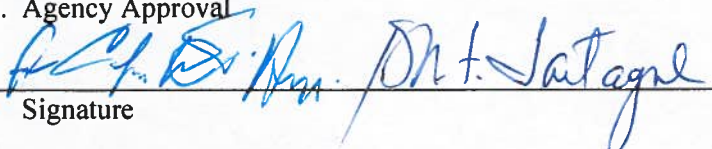
7. List any federal permits and/or biological opinions (and their permit/tracing numbers), exemptions under ESA Section 4(d), or other permit authorizations (e.g., state or Corps permits) that may apply to this project(s):

Guam DAWR has a Cooperative Agreement with the US Fish & Wildlife Service that was signed in March 7, 1980. The Cooperative Agreement is renewed annually through the submission of reports and a Memorandum of Law from the Guam Attorney General stating whether there have been any laws passed that would make Guam ineligible to be part of the agreement. USFWS will be notified of project scope to ensure compliance under Section 6 of ESA.

8. List the mitigation measures associated with the project(s) that will be taken to reduce adverse effects on listed, proposed, or candidate species and critical habitat:

N/A

9. Agency Approval

  
Signature

  
Date

Mariquita F. Taitague, Director

Printed Name and Title

**NEPA COMPLIANCE CHECKLIST**

State: **Guam** Federal Financial Assistance Grant/Agreement/Amendment Number: **T-14**  
 Grant/Project Name: **T-14 Coordination and Administration of Guam's CWCS Projects**

This proposal  **is**;  **is not** completely covered by categorical exclusion 1.4-B(8) in **516 DM 2, Appendix 1**; and/or **516 DM 6, Appendix** \_\_\_\_\_.  
 (check (✓) one) (Review proposed activities. An appropriate categorical exclusion must be identified before completing the remainder of the Checklist. If a categorical exclusion cannot be identified, or the proposal cannot meet the qualifying criteria in the categorical exclusion, or an extraordinary circumstance applies (see below), an EA must be prepared.)

**Extraordinary Circumstances:**

Will This Proposal (check (✓) yes or no for each item below):

- | <u>Yes</u>               | <u>No</u>                           |   |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1. Have significant adverse effects on public health or safety.   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Have significant adverse effects on such natural resources and unique geographic characteristics as historic or cultural resources; park, recreation or refuge lands; wilderness areas; wild or scenic rivers; national natural landmarks; sole or principal drinking water aquifers; prime farmlands; wetlands (Executive Order 11990); floodplains (Executive Order 11988); national monuments; migratory birds (Executive Order 13186); and other ecologically significant or critical areas under Federal ownership or jurisdiction. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Have highly controversial environmental effects or involve unresolved conflicts concerning alternative uses of available resources [NEPA Section 102(2)(E)].   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4. Have highly uncertain and potentially significant environmental effects or involve unique or unknown environmental risks.  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5. Have a precedent for future action or represent a decision in principle about future actions with potentially significant environmental effects.   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 6. Have a direct relationship to other actions with individually insignificant but cumulatively significant environmental effects.  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. Have significant adverse effects on properties listed or eligible for listing on the National Register of Historic Places as determined by either the bureau or office, the State Historic Preservation Officer, the Tribal Historic Preservation Officer, the Advisory Council on Historic Preservation, or a consulting party under 36 CFR 800.  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 8. Have significant adverse effects on species listed, or proposed to be listed, on the List of Endangered or Threatened Species, or have significant adverse effects on designated Critical Habitat for these species.   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Have the possibility of violating a Federal law, or a State, local, or tribal law or requirement imposed for the protection of the environment.  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 10. Have the possibility of a disproportionately high and adverse effect on low income or minority populations (Executive Order 12898).   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 11. Have the possibility to limit access to and ceremonial use of Indian sacred sites on Federal lands by Indian religious practitioners or significantly adversely affect the physical integrity of such sacred sites (Executive Order 13007).   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 12. Have the possibility to significantly contribute to the introduction, continued existence, or spread of noxious weeds or non-native invasive species known to occur in the area or actions that may promote the introduction, growth, or expansion of the range of such species (Federal Noxious Weed Control Act and Executive Order 13112).   |

(If any of the above extraordinary circumstances receive a "Yes" check (✓), an EA must be prepared.)

Yes  No This grant/project includes additional information supporting the Checklist.

**Concurrences/Approvals:**

Project Leader: *D. Vice* Date: ~~6/17/13~~ 7-26-13

State Authority Concurrence: *[Signature]* Date: ~~6/17/13~~ 7-26-13  
 (with financial assistance signature authority, if applicable)

*Within the spirit and intent of the Council of Environmental Quality's regulations for implementing the National Environmental Policy Act (NEPA) and other statutes, orders, and policies that protect fish and wildlife resources, I have established the following administrative record and have determined that the grant/agreement/amendment:*

- is a categorical exclusion as provided by **516 DM 6, Appendix 1 and/or 516 DM 2, Appendix 1**. No further NEPA documentation will therefore be made.
- is not completely covered by the categorical exclusion as provided by **516 DM 6, Appendix 1 and/or 516 DM 2, Appendix 1**. An EA must be prepared.

**Service signature approval:**

RO or WO Environmental Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_  
 Staff Specialist, Division of Federal Assistance: \_\_\_\_\_ Date: \_\_\_\_\_  
 (or authorized Service representative with financial assistance signature authority)

<b>Opportunity Title:</b>	R1 State Wildlife Grant Program
<b>Offering Agency:</b>	Fish and Wildlife Service
<b>CFDA Number:</b>	15.634
<b>CFDA Description:</b>	State Wildlife Grants
<b>Opportunity Number:</b>	F12AS00102
<b>Competition ID:</b>	
<b>Opportunity Open Date:</b>	10/01/2011
<b>Opportunity Close Date:</b>	08/31/2013
<b>Agency Contact:</b>	Kelly Sliger Fiscal Specialist E-mail: Kelly_Sliger@fws.gov Phone: 503-231-2067

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

\* Application Filing Name:

### Mandatory Documents

--

Move Form to Complete

Move Form to Delete

### Mandatory Documents for Submission

Application for Federal Assistance (SF-424)
Project Narrative Attachment Form
Budget Narrative Attachment Form

### Optional Documents

Budget Information for Non-Construction Program Assurances for Non-Construction Programs (SF-42)
Budget Information for Construction Programs (S Assurances for Construction Programs (SF-424D))

Move Form to Submission List

Move Form to Delete

### Optional Documents for Submission

Other Attachments Form

## Instructions

- 1** Enter a name for the application in the Application Filing Name field.

  - This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
  - You can save your application at any time by clicking the "Save" button at the top of your screen.
  - The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.
- 2** Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.

  - It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
  - The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
  - To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
  - All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.
- 3** Click the "Save & Submit" button to submit your application to Grants.gov.

  - Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
  - Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
  - The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
  - You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

**Application for Federal Assistance SF-424**

Version 02

<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> <input type="text"/> <b>* Other (Specify)</b> <input type="text"/>
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<b>* 3. Date Received:</b> Completed by Grants.gov upon submission.	<b>4. Applicant Identifier:</b> State Wildlife Grant -T-14-1
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<b>5a. Federal Entity Identifier:</b> T12	<b>* 5b. Federal Award Identifier:</b> T14-R-1
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**State Use Only:**

<b>6. Date Received by State:</b> <input type="text"/>	<b>7. State Application Identifier:</b> FON-F12AS00102
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**8. APPLICANT INFORMATION:**

<b>* a. Legal Name:</b> Guam Department of Agriculture		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 98-0018974	<b>* c. Organizational DUNS:</b> 855023235	

**d. Address:**

<b>* Street1:</b>	163 Dairy Road
<b>Street2:</b>	<input type="text"/>
<b>* City:</b>	Mangilao
<b>County:</b>	<input type="text"/>
<b>* State:</b>	GU: Guam
<b>Province:</b>	<input type="text"/>
<b>* Country:</b>	USA: UNITED STATES
<b>* Zip / Postal Code:</b>	96932

**e. Organizational Unit:**

<b>Department Name:</b> Government of Guam, Department	<b>Division Name:</b> Aquatic & Wildlife Resources
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**f. Name and contact information of person to be contacted on matters involving this application:**

<b>Prefix:</b> Mr.	<b>* First Name:</b> Celestino
<b>Middle Name:</b> F.	<input type="text"/>
<b>* Last Name:</b> Aguon	<input type="text"/>
<b>Suffix:</b>	<input type="text"/>
<b>Title:</b> Chief of DAWR	

**Organizational Affiliation:**  
Government of Guam, Department of Agriculture

<b>* Telephone Number:</b> 671-735-3955/6	<b>Fax Number:</b> 671-734-6570
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<b>* Email:</b> tino_aguon@yahoo.com
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**Application for Federal Assistance SF-424**

Version 02

**9. Type of Applicant 1: Select Applicant Type:**

A: State Government

**Type of Applicant 2: Select Applicant Type:**

F: U.S. Territory or Possession

**Type of Applicant 3: Select Applicant Type:**

\* Other (specify):

**\* 10. Name of Federal Agency:**

Fish and Wildlife Service

**11. Catalog of Federal Domestic Assistance Number:**

15.634

**CFDA Title:**

State Wildlife Grants

**\* 12. Funding Opportunity Number:**

F12AS00102

**\* Title:**

R1 State Wildlife Grant Program

**13. Competition Identification Number:**

**Title:**

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

Guam

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

State Wildlife Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

Version 02

**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="37,225.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="37,225.00"/>

**\* 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

**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:



**Application for Federal Assistance SF-424**

Version 02

**\* Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

## Project Narrative File(s)

---

\* Mandatory Project Narrative File Filename: T-14-R-1 Grant Narrative July 25-13.docx

Add Mandatory Project Narrative File

Delete Mandatory Project Narrative File

View Mandatory Project Narrative File

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To add more Project Narrative File attachments, please use the attachment buttons below.

Add Optional Project Narrative File

Delete Optional Project Narrative File

View Optional Project Narrative File

## Budget Narrative File(s)

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\* Mandatory Budget Narrative Filename:

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To add more Budget Narrative attachments, please use the attachment buttons below.

## Other Attachment File(s)

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\* Mandatory Other Attachment Filename:

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To add more "Other Attachment" attachments, please use the attachment buttons below.