



Speaker Won Pat <speaker@judiwonpat.com>

Messages and Communications: Intergovernmental Review for the Department of Agriculture

1 message

Speaker Won Pat <speaker@judiwonpat.com>

Tue, Jan 28, 2014 at 4:28 PM

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

1/28/2014 1/28/2014 Guam State Clearing House agreement, assigned the State Application 32-14-1215 Identifier (SA) 16001141112Y and has initiated for an intergovernmental review. \*emailed

Federal Grant application from Department of Agriculture Plant Inspection. The GSC has accepted the application and

Handwritten notes: 32-14-1215, Office of the Speaker Judith T. Won Pat, Ed. D., Date 1-28-14, Time 4:30 pm, Received by [signature]

Forwarded message

From: Anna Pangellinan <anna.pangellinan@guam.gov>
Date: Tue, Jan 28, 2014 at 3:56 PM
Subject: Intergovernmental Review for the Department of Agriculture
To: Speaker Won Pat <speaker@judiwonpat.com>

Hafa Adai, Madam Speaker:

Please see the attached letter with regards to the submission of a grant application to the Guam State Clearinghouse from the Department of Agriculture. This program is subject to the E.O. 12372 process and is being forwarded to you as a part of the review. In addition to the attached letter, you will find an electronic copy of the application package. We appreciate your time and look forward to any comments you can contribute.

For any questions, feel free to contact me at this address or through the telephone number listed below.

Si Yu'us Ma'ase,

Anna Marie T. Pangellinan
Staff Assistant - Grants Specialist
Guam State Clearinghouse
Ofisinan I Segundu Na Maga'láhen Guáhan
(671) 475-9384



PLEASE CONSIDER THE ENVIRONMENT BEFORE PRINTING THIS EMAIL

CONFIDENTIALITY NOTICE: This email and any files transmitted with it may be legally privileged and confidential and is intended solely for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any review, dissemination or copying of this email, or taking any action in reliance on the contents of this information is strictly prohibited. If you received this transmission in error, please notify us immediately by e-mail or telephone to arrange for the return of this email and any files to us or to verify it has been deleted from your system.

Ufisinan I Etmás Ge'helo'Gi Liheslaturan Guáhan
Office of Speaker Judith T. Won Pat Ed.D.
Kumiten Idukasion yan Laibirihan Publeko
Committee on Education and Public Libraries & Women's Affairs
155 Hesler Place, Suite 201, Hagatna, Guam 96910

www.guamlegislature.com / speaker@judiwonpat.com

Tel: (671) 472-3586 Fax: (671) 472-3589

2 attachments

- 2014-01-15 DoAG112Y.pdf 1416K
Courtesy letter SPKR.pdf 304K

Vertical stamp: 2014 JAN 28 PM 4:33

Handwritten signature

1215



## 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*

January 28, 2014

**HONORABLE JUDITH T. WON PAT, Ed. D.**

*Speaker gi I Mina'Trentai Dos Na Liheslaturan Guåhan*

155 Hesler Place

*Hagåtña, Guåhan 96910*

**Ref:** Department of Agriculture's Federal Grant Application for the Plant and Animal Disease Pest Control & Animal Care

*Hafa Adai Madam Speaker,*

This letter is to respectfully notify you the Guam State Clearinghouse (GSC) has received a federal grant application from the Department of Agriculture's Plant Inspection Division. The GSC has accepted the application and agreement, assigned the State Application Identifier (SAI) 16001141112Y and has initiated the process for an intergovernmental review. An abstract of the project is provided below.

**Grantor:** U. S. Department of Agriculture – Animal & Plant Health Inspection Service

**Grant Title:** Plant & Animal Disease Pest Control and Animal Care

**Project Title:** Continuation of Mariana Islands Pest Surveillance Infrastructure

**Details:** Funds from this grant program will be used towards a fraction of the operational costs to support the continuation of the Department of Agriculture's Mariana Islands Pest Surveillance Infrastructure Project. Contractual services for vehicle maintenance and mobile phones, as well as fuel costs and office supplies will be funded by this grant.

**Start Date:** 09/01/2014

**End Date:** 08/31/2015

**Federal**

**Grant:** \$3,688.00

GSC conducts intergovernmental reviews and solicits comments through electronic communication. Accordingly, a digital copy of the grant proposal is attached for your perusal as part of the review process. Please submit any comments pertaining to this application that you may have by **February 15, 2014** to the GSC point of contact, Anna Marie Pangelinan at [anna.pangelinan@guam.gov](mailto:anna.pangelinan@guam.gov).

*Dangkolo Na Si Yu'os Ma'åse',*

**Kate G. Baltazar**

Administrator



# 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 Guaahan

RAYMOND S. TENORIO  
I Segundu Na Maga'låhen Guaahan

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

Guam State Clearinghouse Use Only	
Date Received:	01/15/14
Received By:	ANNA
SAI Number:	1600114112Y



**GUAM STATE CLEARINGHOUSE**

JAN 15 2014

Notice: Receipt of this document "DOES NOT" imply that all submission requirements have been met.

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

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? 2014

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

No local funds required

R.) This program is:  Budgeted - Please identify legal budget authority Plant Protection Act, 7USC, 7701 et.seq (PPA)  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

None

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

Preparation and entering data into the NAPIS or IPHIS database and to coordinate pest detection efforts among all stakeholders in Guam and the CNMI.

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 MARIQUITA F. TAITAGUE, DIRECTOR

SIGNATURE

Date

1/13/14

### 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 type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify) _____
--	--	---

* 3. Date Received: _____	4. Applicant Identifier: Guam Department of Agriculture
------------------------------	--

5a. Federal Entity Identifier: USDA, APHIS, PPQ	* 5b. Federal Award Identifier: AGREEMENT #14-8515-1052-CA
--	---

**State Use Only:**

6. Date Received by State: _____	7. State Application Identifier: 0-0-00
----------------------------------	---

**8. APPLICANT INFORMATION:**

* a. Legal Name: GUAM DEPARTMENT OF AGRICULTURE	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 980018947	* c. Organizational DUNS: 778904292

**d. Address:**

* Street1: 163 Dairy Road
Street2: _____
* City: Mangilao
County: Guam
* State: _____
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 96913

**e. Organizational Unit:**

Department Name: Guam Department of Agriculture	Division Name: Plant Inspection Facility
---	--

**f. Name and contact information of person to be contacted on matters involving this application:**

Prefix: Dr.	* First Name: Russell
Middle Name: K.	
* Last Name: Campbell	
Suffix: _____	

Title: Entomologist
---------------------

Organizational Affiliation: _____
-----------------------------------

* Telephone Number: 671-477-7822	Fax Number: 671-477-9487
----------------------------------	--------------------------

* Email: guament@teleguam.net
-------------------------------

**Application for Federal Assistance SF-424**

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

U.S. Territory or Possession

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

USDA, APHIS, PPQ

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

10.025

CFDA Title:

Plant & Animal Disease Pest Control & Animal Care

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

\* Title:

Plant Protection Act (PPA)

**13. Competition Identification Number:**

Title:

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

Guam

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

Continuation of Mariana Islands Pest Surveillance Infrastructure

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:

\* b. End Date:

**18. Estimated Funding (\$):**

\* a. Federal 3,688

\* b. Applicant

\* c. State

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL 3,688

**\* 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.) Applicant Federal Debt Delinquency 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**

**\* 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.

[Empty text input area for Applicant Federal Debt Delinquency Explanation]



Item:	Entry:
1.	<p><b>Type of Submission:</b> (Required): Select one type of submission in accordance with agency instructions.</p> <ul style="list-style-type: none"> <li>• Pre-application</li> <li>• Application</li> <li>• Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date.</li> </ul>
2.	<p><b>Type of Application:</b> (Required) Select one type of application in accordance with agency instructions.</p> <ul style="list-style-type: none"> <li>• New – An application that is being submitted to an agency for the first time.</li> <li>• Continuation -An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals.</li> <li>• Revision -Any change in the Federal Government’s financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided.</li> </ul> <p style="margin-left: 40px;">A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify)</p>
3.	<p><b>Date Received:</b> Leave this field blank. This date will be assigned by the Federal agency.</p>
4.	<p><b>Applicant Identifier:</b> Enter the entity identifier assigned buy the Federal agency, if any, or the applicant’s control number if applicable.</p>
5a.	<p><b>Federal Entity Identifier:</b> Enter the number assigned to your organization by the Federal Agency, if any.</p>
5b.	<p><b>Federal Award Identifier:</b> For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.</p>
6.	<p><b>Date Received by State:</b> Leave this field blank. This date will be assigned by the State, if applicable.</p>
7.	<p><b>State Application Identifier:</b> Leave this field blank. This identifier will be assigned by the State, if applicable.</p>
8.	<p><b>Applicant Information:</b> Enter the following in accordance with agency instructions:</p> <ol style="list-style-type: none"> <li>a. <b>Legal Name:</b> (Required): Enter the legal name of applicant that will undertake the assistance activity. This is that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the <a href="http://Grants.gov">Grants.gov</a> website.</li> <li>b. <b>Employer/Taxpayer Number (EIN/TIN):</b> (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your</li> </ol>

	<p>organization is not in the US, enter 44-4444444.</p> <p>c. <b>Organizational DUNS:</b> (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website.</p> <p>d. <b>Address:</b> Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US).</p> <p>e. <b>Organizational Unit:</b> Enter the name of the primary organizational unit (and department or division, (if applicable) that will undertake the assistance activity, if applicable.</p> <p>f. <b>Name and contact information of person to be contacted on matters involving this applicant required),</b> organizational affiliation (if affiliated with an organization other on: Enter the name (First and last name than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.</p>
9.	<p><b>Type of Applicant:</b> (Required) Select up to three applicant type(s) in accordance with agency instructions.</p> <p>A. State Government</p> <p>B. County Government</p> <p>C. City or Township Government</p> <p>D. Special District Government</p> <p>E. Regional Organization</p> <p>F. U.S. Territory or Possession</p> <p>G. Independent School District</p> <p>H. Public/State Controlled Institution of Higher Education</p> <p>I. Indian/Native American Tribal Government (Federally Recognized)</p> <p>J. Indian/Native American Tribal Government (Other than Federally Recognized)</p> <p>K. Indian/Native American Tribally Designated Organization</p> <p>L. Public/Indian Housing Authority</p> <p>M. Nonprofit</p> <p>N. Nonprofit</p> <p>O. Private Institution of Higher Education</p> <p>P. Individual</p> <p>Q. For-Profit Organization (Other than Small Business)</p> <p>R. Small Business</p> <p>S. Hispanic-serving Institution</p> <p>T. Historically Black Colleges and Universities (HBCUs)</p> <p>U. Tribally Controlled Colleges and Universities (TCCUs)</p> <p>V. Alaska Native and Native Hawaiian Serving Institutions</p> <p>W. Non-domestic (non-US) Entity</p> <p>X. Other (specify)</p>
10.	<p><b>Name Of Federal Agency:</b> (Required) Enter the name of the Federal agency from which assistance is being requested with this application.</p>
11.	<p><b>Catalog Of Federal Domestic Assistance Number/Title:</b> Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.</p>
12.	<p><b>Funding Opportunity Number/Title:</b> (Required) Enter the Funding Opportunity Number and</p>

	title of the opportunity under which assistance is requested, as found in the program announcement.
13.	<b>Competition Identification Number/Title:</b> Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable. C. Increase Duration D. Decrease Duration E. Other (specify)
14.	<b>Areas Affected By Project:</b> List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.
15.	<b>Descriptive Title of Applicant's Project:</b> (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For pre-applications, attach a summary description of the project.
16.	<b>Congressional Districts Of:</b> (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5th district, CA012 for California 12th district, NC-103 for North Carolina's 103rd district. • If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. • If nationwide, i.e. all districts within all states are affected, enter US-all. • If the program/project is outside the US, enter 00-000.
17.	<b>Proposed Project Start and End Dates:</b> (Required) Enter the proposed start date and end date of the project.
18.	<b>Estimated Funding:</b> (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.
19.	<b>Is Application Subject to Review by State Under Executive Order 12372 Process?</b> Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State.
20.	<b>Is the Applicant Delinquent on any Federal Debt?</b> (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include: But may not be limited to; delinquent audit disallowances, loans and taxes. If yes, include an explanation in an attachment.
21.	<b>Authorized Representative:</b> (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)

## APPENDIX A

Farm Bill Section 1619 has been codified at 7 USC §8791 (b)(2)(A).

### SEC. 1619. INFORMATION GATHERING.

(a) **GEOSPATIAL SYSTEMS.**—The Secretary shall ensure that all the geospatial data of the agencies of the Department of Agriculture are portable and standardized.

#### (b) **LIMITATION ON DISCLOSURES.**—

(1) **DEFINITION OF AGRICULTURAL OPERATION.**—In this subsection, the term “agricultural operation” includes the production and marketing of agricultural commodities and livestock.

(2) **PROHIBITION.**—Except as provided in paragraphs (3) and (4), the Secretary, any officer or employee of the Department of Agriculture, or any contractor or cooperator of the Department, shall not disclose—

(A) information provided by an agricultural producer or owner of agricultural land concerning the agricultural operation, farming or conservation practices, or the land itself, in order to participate in programs of the Department; or

(B) geospatial information otherwise maintained by the Secretary about agricultural land or operations for which information described in subparagraph (A) is provided.

#### (3) **AUTHORIZED DISCLOSURES.**—

(A) **LIMITED RELEASE OF INFORMATION.**—If the Secretary determines that the information described in paragraph (2) will not be subsequently disclosed except in accordance with paragraph (4), the Secretary may release or disclose the information to a person or Federal, State, local, or tribal agency working in cooperation with the Secretary in any Department program—

(i) when providing technical or financial assistance with respect to the agricultural operation, agricultural land, or farming or conservation practices; or

(ii) when responding to a disease or pest threat to agricultural operations, if the Secretary determines that a threat to agricultural operations exists and the disclosure of information to a person or cooperating government entity is necessary to assist the Secretary in responding to the disease or pest threat as authorized by law.

#### (4) **EXCEPTIONS.**—Nothing in this subsection affects—

(A) the disclosure of payment information (including payment information and the names and addresses of recipients of payments) under any Department program that is otherwise authorized by law;

(B) the disclosure of information described in paragraph (2) if the information has been transformed into a statistical or aggregate form without naming any—

(i) individual owner, operator, or producer; or

(ii) specific data gathering site; or 2

(C) the disclosure of information described in paragraph (2) pursuant to the consent of the agricultural producer or owner of agricultural land.

(5) **CONDITION OF OTHER PROGRAMS.**—The participation of the agricultural producer or owner of agricultural land in, or receipt of any benefit under, any program administered by the Secretary may not be conditioned on the consent of the agricultural producer or owner of agricultural land under paragraph (4)(C).

(6) **WAIVER OF PRIVILEGE OR PROTECTION.**—The disclosure of information under paragraph (2) shall not constitute a waiver of any applicable privilege or protection

**Limited Scope Administrative and Financial Review Questionnaire for  
APHIS Cooperative Agreement Desk Reviews**



The following information serves as a guide for cooperators involved in a Cooperative Agreement with the United States Department of Agriculture, Animal and Plant Health Inspection Service. The purpose of this document is to provide a summary of the information that may be requested as part of the Financial Management Division, Review and Analysis Branch reviews of Cooperative Agreements. The questionnaire asks about your organization's administrative and financial policies and procedures. **Note: you don't have to return this to APHIS's Review and Analysis Branch nor provide copies of policies and procedures at this moment. In the future, we will contact you to schedule a review.**

Cooperator Name:	Guam Department of Agriculture
Agreement Title:	Continuation to the Notice of Cooperative Agreement Award between Guam Department of Agriculture and the USDA, APHIS, PPQ
Agreement Number:	14-8515-1052-CA
Program:	Continuation of Mariana Islands Pest Surveillance Infrastructure Project

**Accounting and Financial Management**

1. Who in your organization is responsible for reviewing, approving and signing APHIS cooperative agreement applications, awards and amendments?
2. Who in your organization is responsible for monitoring, administering and overseeing cooperative agreements once received from APHIS?
3. Does your organization's financial management system track revenues and expenditures and provide financial results separately for each APHIS cooperative agreement project or program?
4. Does your financial management system report and allow a comparison of outlays to budgeted amounts for each cooperative agreement award?
5. Does your organization have written procedures for receiving funds and issuing payments to sub-recipients?
6. Does your organization monitor and provide project, program, and financial performance reports to APHIS?
7. Does your organization have procedures for preparing and submitting Interim/Final Financial Status Reports (SF-425) as required at least annually by APHIS?
8. Were you required to have an audit in accordance with OMB Circular A-133?

**Payroll**

9. Does your organization have written payroll policies and procedures including policies for fringe benefits paid to personnel?
10. Does your organization require all employees to fill out timesheets at least monthly that coincide with one or more pay periods?

**Payroll (continue)**

11. Does your organization apply salaries, wages, and benefits consistently to both federally and non-federally funded projects for the same labor categories?
12. Do you have methods in place to account for the time that cooperator's employees work in other activities in addition to this cooperative agreement?

**Travel**

13. Does your organization have written travel policies and procedures?

**Equipment**

14. Does your organization have written procedures concerning property management and inventory control for items purchased with Federal funds?
15. Does your organization take a physical inventory of equipment and compare records at least once every two years? When was the last inventory?
16. Does your organization keep records of all equipment?

**Procurement**

17. Does your organization have written procurement policies and procedures?
18. Has your organization awarded contracts or sub-agreements under any of your current APHIS cooperative agreements?
19. Did your organization check the Excluded Party List System (<http://epls.gov>) to ensure the sub-recipient is not suspended or debarred from Federal contracting or receiving Federal funds?
20. Was APHIS review and approval required for the contract or agreement prior to your awarding it or did APHIS provide written comments on the award?
21. Has your organization awarded contracts to consultants under any of your current APHIS cooperative agreements?
22. Do your consulting agreements specify the services to be provided, duration and pay rates that include base rate, fringe benefits, and overhead?
23. Does your organization have any agreements, sub-agreements or loans that involve federally funded construction, alteration or repair contracts over \$2,000 that require compliance with the Davis-Bacon Act?
24. Did the contract or agreement contain the required clauses for complying with Davis-Bacon Act (DBA) wage rates, reporting requirements and include a wage rate determination from the Department of Labor at <http://www.wdol.gov/>?
25. Did your organization conduct labor interviews per DOL form SF-1445 (or equivalent) and/or require sub-recipients to do so for DBA projects?

**Disadvantaged Business Enterprises (DBE)**

26. Does your organization have procedures to make good faith efforts to solicit and use Small Businesses, Minority Owned Firms, Women's Business Enterprises, and Labor Surplus Areas when procuring construction, equipment, services and supplies?

**Recipient Match**

27. Does your organization have procedures for identifying, valuing, documenting and reporting cost sharing, matching, and third party contributions for APHIS projects?

**Program Income**

28. How is the program income being generated and reported, and how does your organization account for the program income in financial records?

29. How is the program income applied to the cooperative agreement?

**Drug-Free Workplace**

30. Does your organization publish a drug-free workplace statement for their employees?

31. Does your organization publish a drug-free awareness program for their employees?

**Transaction Testing**

Based on the SF-425, Reimbursement Requests SF-270 will be requested as part of the transaction testing.



## SUPPLEMENTAL COOPERATOR INFORMATION SHEET

### Additional information needed to fulfill FFATA requirements

Cooperator Name: Guam Department of Agriculture		Agreement Number: 14-8515-1052-CA
Parent DUNS Number: 778904292	Primary Performance Street Address: Plant Inspection Facility	
Primary Performance City: Mangilao		Primary Performance State: Guam
Primary Performance Zip plus 4: 96913	County of Primary Performance: GUAM	Primary Performance Country: U.S.A.
Performance in Multiple States: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Performance in Multiple Counties: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Comments:		

Detailed Financial Plan

Project Title: Continuation of Mariana Islands Pest Surveillance Infrastructure Project

Cooperator Name: Guam Department of Agriculture

Agreement Number: 14-8515-1052-CA

Dates of the Agreement: September 1, 2014 – August 31, 2015

(Financial plan must match the SF-424A, Section B, Budget Categories – rounded to the nearest dollar.)

ITEM	APHIS FUNDS	COOPERATOR FUNDS	TOTAL
<b>PERSONNEL:</b>			
<b>Subtotal</b>			
<b>FRINGE BENEFITS:</b>			
<b>Subtotal</b>			
<b>TRAVEL:</b>			
<b>Subtotal</b>			
<b>EQUIPMENT:</b>			
<b>Subtotal</b>			
<b>SUPPLIES:</b>			
Vehicle fuel	1,000		1,000
Office supplies	300		300
<b>Subtotal</b>	<b>1,300</b>		<b>1,300</b>
<b>CONTRACTUAL:</b>			
Vehicle maintenance and repair	888		888
Cellular telephone service	1,500		1,500
<b>Subtotal</b>	<b>2,388</b>		<b>2,388</b>
<b>OTHER:</b>			
<b>Subtotal</b>			

<b>TOTAL DIRECT COSTS:</b>	<b>\$3,688</b>		<b>\$3,688</b>
<b>INDIRECT COSTS (x% on Total Direct Costs):</b>			
<b>TOTAL:</b>	<b>\$3,688</b>		<b>\$3,688</b>
<b>Cost Share Information</b>	100%	0%	

## APPENDIX A

Farm Bill Section 1619 has been codified at 7 USC §8791 (b)(2)(A).

### SEC. 1619. INFORMATION GATHERING.

(a) **GEOSPATIAL SYSTEMS.**—The Secretary shall ensure that all the geospatial data of the agencies of the Department of Agriculture are portable and standardized.

#### (b) **LIMITATION ON DISCLOSURES.**—

(1) **DEFINITION OF AGRICULTURAL OPERATION.**—In this subsection, the term "agricultural operation" includes the production and marketing of agricultural commodities and livestock.

(2) **PROHIBITION.**—Except as provided in paragraphs (3) and (4), the Secretary, any officer or employee of the Department of Agriculture, or any contractor or cooperators of the Department, shall not disclose—

(A) information provided by an agricultural producer or owner of agricultural land concerning the agricultural operation, farming or conservation practices, or the land itself, in order to participate in programs of the Department; or

(B) geospatial information otherwise maintained by the Secretary about agricultural land or operations for which information described in subparagraph (A) is provided.

#### (3) **AUTHORIZED DISCLOSURES.**—

(A) **LIMITED RELEASE OF INFORMATION.**—If the Secretary determines that the information described in paragraph (2) will not be subsequently disclosed except in accordance with paragraph (4), the Secretary may release or disclose the information to a person or Federal, State, local, or tribal agency working in cooperation with the Secretary in any Department program—

(i) when providing technical or financial assistance with respect to the agricultural operation, agricultural land, or farming or conservation practices; or

(ii) when responding to a disease or pest threat to agricultural operations, if the Secretary determines that a threat to agricultural operations exists and the disclosure of information to a person or cooperating government entity is necessary to assist the Secretary in responding to the disease or pest threat as authorized by law.

#### (4) **EXCEPTIONS.**—Nothing in this subsection affects—

(A) the disclosure of payment information (including payment information and the names and addresses of recipients of payments) under any Department program that is otherwise authorized by law;

(B) the disclosure of information described in paragraph (2) if the information has been transformed into a statistical or aggregate form without naming any—

(i) individual owner, operator, or producer; or

(ii) specific data gathering site; or 2

(C) the disclosure of information described in paragraph (2) pursuant to the consent of the agricultural producer or owner of agricultural land.

(5) **CONDITION OF OTHER PROGRAMS.**—The participation of the agricultural producer or owner of agricultural land in, or receipt of any benefit under, any program administered by the Secretary may not be conditioned on the consent of the agricultural producer or owner of agricultural land under paragraph (4)(C).

(6) **WAIVER OF PRIVILEGE OR PROTECTION.**—The disclosure of information under paragraph (2) shall not constitute a waiver of any applicable privilege or protection

## CAPS Infrastructure Work Plan Fiscal Year 2014

<b>Cooperator:</b>	Guam Department of Agriculture		
<b>State:</b>	Guam		
<b>Project:</b>	Continuation of Mariana Islands Pest Surveillance Infrastructure Project		
<b>Project funding source:</b>	Infrastructure <input checked="" type="checkbox"/>		
<b>Project Coordinator:</b>	Russell K. Campbell, Ph.D.		
<b>Agreement Number</b>	14-8515-1052-CA		
<b>Contact Information:</b>	<b>Address:</b>	USDA/Guam Plant Inspection Facility 17-3306 Neptune Avenue Barrigada, GU 96913	
	<b>Phone:</b>	671-477-7822	<b>Fax:</b> 671-477-9487
	<b>Email Address:</b>	guament@teleguam.net	

This Work Plan reflects a cooperative relationship between the Guam Department of Agriculture (the Cooperator) and the United States Department of Agriculture (USDA), Animal and Plant Health Inspection Service (APHIS), Plant Protection and Quarantine (PPQ). It outlines the mission-related goals, objectives, and anticipated accomplishments as well as the approach for conducting a Cooperative Agricultural Pest Survey infrastructure project for Guam and the Northern Mariana Islands (CNMI) and the related roles and responsibilities of the parties [e.g., mutual roles, APHIS role(s), Cooperator role(s)] as negotiated.

### I) OBJECTIVES AND NEED FOR ASSISTANCE

What relevant need or problem within the cooperator's mission area requires a solution in carrying out a public purpose of support or stimulation authorized by a law of the United States? How does the need or problem align with the mission area and strategic goals of APHIS?

Objective 1. Prepare and enter data for Guam and the CNMI into the NAPIS or IPHIS database.

This project will serve to check and enter both historical and new pest occurrence data into NAPIS or IPHIS.

Objective 2. Coordinate pest detection efforts among all stakeholders in Guam and the CNMI.

Providing awareness training and coordinating detection efforts among regulatory, extension and research personnel, other government agencies, the commercial nursery industry, and farmers will greatly improve the timeliness of detecting new exotic pests thus improving the chances of containment or eradication.

## II) RESULTS OR BENEFITS EXPECTED

**The Cooperator seeks to conduct a program which is expected to result in:**

- A. What results or benefits will be derived from the cooperative effort? Use of bulleted Statements is acceptable.

Up-to-date pest presence and survey data is essential for control, eradication and containment programs. Having this data in the NAPIS or IPHIS will also assist in future export market development efforts. Increased coordination will improve detection ability by including education and awareness programs for stakeholders and improving communication.

## III) APPROACH

**What is the plan of action or approach to the work?**

**Objective 1.** All data from the surveys will be entered into the NAPIS or IPHIS database. Historical records will be entered into the NAPIS or IPHIS database as time permits.

**Objective 2.** Project Director will maintain close communication with extension and research entomologists and plant pathologists of the University of Guam and the Northern Marianas College who may first become aware of the existence of new exotic pest problems. Project Director will also meet with farmers and members of the Guam Nurseryman's Association and the Guam Orchid Society to provide awareness education and enlist their active participation in the detection of new pest problems. Project Director also interacts with the National Plant Diagnostic Network's First Detector program and serves as the initial point of contact for any new invasive species detection in Guam.

**A. The Cooperator and APHIS Mutually Agree to/that:**

- Maintain a State Cooperative Agricultural Pest Survey (CAPS) Committee that will meet at least once a year to discuss potential proposals and be updated with current guidelines.
- Utilize Cooperator funds (if any) and APHIS program funding, as outlined in the Financial Plan, to support CAPS objectives.
- Any data obtained will be shared by the Cooperator and APHIS.

**1. What is the quantitative projection of accomplishments to be achieved?**

- a. By activity or function, what are the anticipated accomplishments by month, quarter, or other specified intervals?

NAPIS or IPHIS data will be input as required. Meetings with other agencies and cooperators will be scheduled as needed.

- b. What criteria will be used to evaluate the project? What are the anticipated results and successes?

---

New pests discovered during the course of this project will be documented into NAPIS or IPHIS in a timely manner. Good communication and cooperation between agencies and cooperators will be deemed an ongoing success.

c. What methodology will be used to determine if:

1. Identified needs are met

The Project Director will work with cooperators who submit data for NAPIS or IPHIS.

2. Results and benefits are achieved

The Project Director will be responsible for overseeing data collection, verification and entry into the NAPIS or IPHIS.

2. What type of data will be collected and how will it be maintained?

a. Address timelines for collection and recording of data.

Data will be collected as specified. Data will be recorded in a database and that data requiring entry into the NAPIS or IPHIS will be so entered.

b. How will APHIS be provided access to the data?

Data will be added to the NAPIS or IPHIS database.

**B. The Cooperator will:**

1. By function, what work is to be accomplished?

Record keeping and data entry.

2. What resources are required to perform the work?

Computer, office equipment, vehicle, cellular telephone, etc.

3. What numbers and types of personnel will be needed and what will they be doing? Tie these needs back to the activities outlined in III.A

One project director (R. Campbell) will coordinate all aspects of the database management.

4. What equipment will be needed to perform the work? Include major items of equipment with a value of \$5,000 or more.

a. What equipment will be provided by the cooperator?

Vehicle

b. What equipment will be provided by APHIS? None

c. What equipment will be purchased in whole or in part with APHIS funds? None

d. How will the equipment be used? For transportation to meet with cooperators.



e. What is the proposed method of disposition of the equipment upon termination of the agreement/project? Equipment will be retained by Guam Department of Agriculture.

- 5. Identify information technology equipment, e.g., computers, and their ancillary components.** All information technology supplies (e.g., small items of equipment, connectivity through air cards or high speed internet access, GPS units, radios for emergency operations etc.) should be specifically identified.

One computer and monitor and one laptop computer and ancillary equipment.

- 6. What supplies will be needed to perform the work?** Identify individual supplies with a cumulative value of \$5,000 or more as a separate item. \*\*All information technology supplies (e.g., small items of equipment, connectivity through air cards or high speed internet access, GPS units, radios for emergency operations) should be specifically identified above.

- a. What supplies will be provided by the Cooperator? None
- b. What supplies will be provided by APHIS? None
- c. What supplies will be purchased in whole or in part with APHIS funds? Vehicle necessities, office supplies (paper, toner, etc.)
- d. How will the supplies be used? To maintain vehicle and the office supplies will be used for printing and other administrative functions.
- e. What is the proposed method of disposition of the supplies with a cumulative value over \$5,000 upon termination of the agreement/project?  
N/A

- 7. What procurements will be made in support of the funded project and what is the method of procurement (e.g., lease, purchase)?**  
(Cooperator procurements shall be in accordance with OMB Circulars A-102 or A110, as applicable.) Purchase

- 8. What are the travel needs for the project?**

- a. Is there any local travel to daily work sites? Who is the approving official? What are the methods of payment? Indicate rates and total costs in the Financial Plan.

Local travel to meet with other agencies. Vehicles will be provided by the Guam Department of Agriculture. Funds are being requested for fuel and vehicle maintenance and repair. Approval for local travel is granted by the Project Director.

- b. What extended or overnight travel will be performed (number of trips, their purpose, and approximate dates). Who is the approving official? What is the method of payment? Indicate rates and total cost in the Financial Plan.  
None

**9. Reports:**

- a. Submit all reports to the APHIS Authorized Department Officer's Designated Representative (ADODR). Reports include:
  1. Narrative accomplishment reports in the frequency and time frame specified in the Notice of Award, Article 4.
  2. Federal Financial Reports, SF-425 (replaces SF-269 October 1, 2009) in the frequency and time frame specified in the Notice of Award, Article 4.

**10. Are there any other contributing parties who will be working on the project?**

- a. List Participating Agency/Institution: None
- b. List all who will work on the project: N/A
- c. Describe the nature of their effort: N/A
- d. Contribution: N/A

**C. APHIS Will:**

**1. Outline the Agency's (USDA APHIS PPQ) substantial involvement.**

**1. (a) Include any significant Agency collaboration and participation.**

- Provide funds to the cooperator to cover costs as outlined in the financial plan.
- Provide additional guidance and/or technical assistance to the project coordinator, as requested.
- Assist in clarifying survey methods and detection, as well as, identification resources, as needed.
- Support the work and financial plan development by the cooperator.
- Ensure that cooperator receives survey supplies, as provided by the program.
- Assist with training and outreach.

**1. (b) Project oversight and performance management**

- Notify the project coordinator of reporting deadlines.
- Provide guidance in the compilation and submitting of reports and other administrative matters.
- Maintain data spreadsheets showing due dates for reports, requests for allocation, forms submitted, tracked by the survey specialist.
- Provide general oversight and quality assurance of the program.

**2. What equipment will be needed to perform the work? Include major items of equipment with a value of \$5,000 or more.**

a. Will Equipment be loaned or provided by APHIS?  Yes  No (If Yes, please list:

b. How will the equipment be used?

V.) SIGNATURES

M. Taitague 7/17/13  
Mariquita Taitague, ROAR Date

\_\_\_\_\_  
Vernon Harrington, ADODR Date

## GUAM CAPS COMMITTEE

Russell K. Campbell, Ph.D., Entomologist, CAPS State Survey Coordinator, Biosecurity  
Division, Guam Department of Agriculture  
Ross H. Miller, Ph.D., Professor of Entomology, College of Natural and Applied Sciences,  
Agricultural Experiment Station, University of Guam  
Michael T. Brown, Acting Port Director, Guam and CNMI, USDA-APHIS-PPQ  
Vernon Harrington, State Plant Health Director, Hawaii, USDA-APHIS-PPQ  
Yolisa Ishibashi, Pest Survey Specialist, Hawaii, USDA-APHIS-PPQ

## GUAM'S PEST LIST

### Pests from the National Concern List:

<i>Candidatus Liberibacter asiaticus</i>	Citrus Greening (Asian Strain)
<i>Ceroplastes destructor</i>	Soft Wax Scale
<i>Ceroplastes japonicus</i>	Japanese Wax Scale
<i>Paratachardina lobata lobata</i>	Lobate Lac Scale
<i>Scirtothrips dorsalis</i>	Chili Thrips
<i>Anoplophora chinensis</i>	Rough Shouldered Longhorned Beetle
<i>Anoplophora glabripennis</i>	Asian Longhorned Beetle (ALB)
<i>Epiphyas postvittana</i>	Light Brown Apple Moth
<i>Lymantria dispar</i> (Asian strain)	Asian Gypsy Moth
<i>Lymantria mathura</i>	Pink Gypsy Moth
<i>Autographa gamma</i>	Silver Y Moth
<i>Eutetranychus orientalis</i>	Citrus Brown Mite

### Pests from the State Concern List:

<i>Chilo suppressalis</i>	Asiatic Rice Borer
<i>Darna pallivitta</i>	Nettle Caterpillar
<i>Palmicultor lumpurensis</i>	Bamboo Mealybug
<i>Raoiella indica</i>	Red Palm Mite
<i>Stenchaetothrips biformis</i>	Rice Thrips
<i>Toxoptera odinae</i>	Mango Aphid

### Pests from Neither List which are of Concern to Guam and the CNMI:

<i>Homalodisca vitripennis</i>	Glassy-winged Sharpshooter
<i>Palmicultor palmarum</i>	Palm Mealybug
<i>Apis mellifera scutellata</i>	Africanized Honeybee
<i>Ceratitis capitata</i>	Mediterranean Fruit Fly
<i>Bactrocera</i> spp.	Various Fruit Flies
<i>Wasmannia auropunctata</i>	Little Fire Ant
<i>Tetranychus kanzawai</i>	Kanzawa Spider Mite

---

## List of authorities CFRs, USC, and other source information that is included in the Notice of Cooperative Agreement Awards

### Plant Protection Act

[http://www.aphis.usda.gov/plant\\_health/plant\\_pest\\_info/weeds/downloads/PPAText.pdf](http://www.aphis.usda.gov/plant_health/plant_pest_info/weeds/downloads/PPAText.pdf)

### 2 CFR 417, Subpart C Non-procurement Debarment & Suspension

<http://www.gpo.gov/fdsys/pkg/CFR-2011-title2-vol1/pdf/CFR-2011-title2-vol1-part417.pdf>

### 7 CFR 3018.110, Certification and Disclosure

<http://www.gpo.gov/fdsys/pkg/CFR-2004-title7-vol15/xml/CFR-2004-title7-vol15-sec3018-110.xml>

### USDA Departmental Manual (DM) 3515 Privacy Requirements

<http://www.ocio.usda.gov/sites/default/files/docs/2012/DM3515-000.pdf>

### USDA Departmental Manual (DM) 3525 Internet and Email Security

<http://www.ocio.usda.gov/sites/default/files/docs/2012/DM3525-000.pdf>

### NIST SP 800-37, Guide for the Security Certification and Accreditation of Federal Information Systems

<http://csrc.nist.gov/publications/nistpubs/800-37-rev1/sp800-37-rev1-final.pdf>

### NIST SP 800-53, Recommended Security Controls for Federal Information Systems

<http://csrc.nist.gov/publications/PubsSPs.html>

### OMB Circular A-16 Coordination of Geographic Information and Related Spatial Data Activities

[http://www.whitehouse.gov/omb/circulars\\_a016\\_rev/](http://www.whitehouse.gov/omb/circulars_a016_rev/)

### 31 USC 3706, Money and Finance

<http://uscode.house.gov/download/pls/31C37.txt>

### 7 CFR 3.10-3.21, Debt Management

[http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title07/7cfr3\\_main\\_02.tpl](http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title07/7cfr3_main_02.tpl)

### 4 CFR, Chapter II Federal Claims Collection Standards

<http://www.gpo.gov/fdsys/pkg/CFR-2000-title4-vol1/pdf/CFR-2000-title4-vol1-chapII.pdf>

### 31 USC, Chapter 37 Claims

<http://uscode.house.gov/download/pls/31C37.txt>

### Freedom of Information Act 5 USC 552

---

<http://www.gpo.gov/fdsys/pkg/USCODE-2010-title5/pdf/USCODE-2010-title5-partI-chap5-subchapII-sec552.pdf>

**7 CFR 3015.205 General provisions for grants and cooperative agreements with institutions of higher education, other nonprofit organizations, and hospitals**

[http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&SID=90a5fc34bf31b3957389e6a7cb4cd329&tpl=/ecfrbrowse/Title07/7cfr3015\\_main\\_02.tpl](http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&SID=90a5fc34bf31b3957389e6a7cb4cd329&tpl=/ecfrbrowse/Title07/7cfr3015_main_02.tpl)

**Federal Leadership on Reducing Text Messaging While Driving**

[http://www.whitehouse.gov/the\\_press\\_office/Executive-Order-Federal-Leadership-on-Reducing-Text-Messaging-while-Driving](http://www.whitehouse.gov/the_press_office/Executive-Order-Federal-Leadership-on-Reducing-Text-Messaging-while-Driving)

**Related Agencies Appropriations Act, 2012, P.L. No. 112-55**

<http://www.gpo.gov/fdsys/pkg/PLAW-112publ55/pdf/PLAW-112publ55.pdf>

**Section 1619 of the Food, Conservation, and Energy Act of 2008, 7 USC 8791**

<http://www.gpo.gov/fdsys/pkg/PLAW-110publ246/pdf/PLAW-110publ246.pdf>

**Privacy Act of 1974**

<http://www.justice.gov/opcl/privstat.htm>

**Title 2 CFR Part 25, Financial Assistance Use of Universal Identifier and Central Contractor Registration**

<http://www.gpo.gov/fdsys/pkg/FR-2010-09-14/pdf/2010-22706.pdf>

<http://www.sam.gov>

<http://fedgov.dnb.com/webform>

**7 CFR 3019--UNIFORM ADMINISTRATIVE REQUIREMENTS FOR GRANTS AND AGREEMENTS WITH INSTITUTIONS OF HIGHER EDUCATION, HOSPITALS, AND OTHER NON-PROFIT ORGANIZATIONS**

[http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title07/7cfr3019\\_main\\_02.tpl](http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title07/7cfr3019_main_02.tpl)

**OMB Circular A-133, Audits of States, Local Governments and Non-Profit Organizations**

[http://www.whitehouse.gov/sites/default/files/omb/assets/a133/a133\\_revised\\_2007.pdf](http://www.whitehouse.gov/sites/default/files/omb/assets/a133/a133_revised_2007.pdf)

**2 CFR Part 170.320, Requirements for Federal Funding Accountability and Transparency Act Implementation**

<http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&SID=625c0dc0460572ffab8cd9271d819f16&rgn=div5&view=text&node=2:1.1.1.8.10&idno=2>

**American Recovery and Reinvestment act of 2009, Publ L. 111-5**

<http://www.gpo.gov/fdsys/pkg/BILLS-111hr1enr/pdf/BILLS-111hr1enr.pdf>

**The Federal Funding Accountability and Transparency Act**

---

<https://www.fsrs.gov/>

**Securities Exchange Act of 1934**

<http://www.sec.gov/about/laws/sea34.pdf>

**System for Award Management (formerly Central Contractor Registry www.CCR.gov)**

<https://www.sam.gov/portal/public/SAM/>

**2 CFR PART 25--UNIVERSAL IDENTIFIER AND CENTRAL CONTRACTOR REGISTRATION**

[http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title02/2cfr25\\_main\\_02.tpl](http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title02/2cfr25_main_02.tpl)

**17 CFR 229.402(C)(2), Executive Compensation**

<http://www.cgsh.com/cgsh/SECDeterminationofNamedExecutiveOfficers.pdf>

**Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R)**

<http://www.fasb.org/summary/stsum123r.shtml>

**41 USC 22, Interest of Member of Congress**

<http://www.gpo.gov/fdsys/pkg/USCODE-2009-title41/pdf/USCODE-2009-title41-chap1-sec22.pdf>

**7 CFR 3015, USDA's Uniform Federal Assistance Regulations**

[http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title07/7cfr3015\\_main\\_02.tpl](http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title07/7cfr3015_main_02.tpl)

**7 CFR 3021, Governmentwide Requirements for Drug-Free Workplace**

[http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title07/7cfr3021\\_main\\_02.tpl](http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title07/7cfr3021_main_02.tpl)

**7 CFR 3018, New Restrictions on Lobbying**

<http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&sid=0a1a748744d1976267440165ef3dec1b&rgn=div5&view=text&node=7:15.1.8.2.5&idno=7>

**5 CFR 1320, Controlling Paperwork Burdens on the Public**

[http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title05/5cfr1320\\_main\\_02.tpl](http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title05/5cfr1320_main_02.tpl)

**Trafficking Victims Protection Act of 2000, as amended (22 USC 7104g)**

<http://www.law.cornell.edu/uscode/text/22/7104>

**Definition of an Indian Tribe**

<http://www.gpo.gov/fdsys/pkg/CFR-2012-title2-vol1/pdf/CFR-2012-title2-vol1-sec175-25.pdf>

**22 USC 7102—FOREIGN RELATIONS AND INTERCOURSE**

<http://www.gpo.gov/fdsys/pkg/USCODE-2010-title22/pdf/USCODE-2010-title22-chap78-sec7102.pdf>

**International Air Transportation Fair Competitive Practices Act of 1974, 49 USC 1517 (Fly American Act)**

<http://www.med.upenn.edu/orss/docs/FlyAmericaAct.pdf> and

**Use of United States Flag Air Carriers**

<http://www.gsa.gov/portal/ext/public/site/FTR/file/Chapter301p010.html/category/21868/>

**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. Plant & Animal Disease	10.025	\$ 0.00	\$ 0.00	\$ 3,688	\$ 0.00	\$ 3,688
2.						
3.						
4.						
5. Totals		\$ 0.00	\$ 0.00	\$ 3,688	\$ 0.00	\$ 3,688

**SECTION B - BUDGET CATEGORIES**

Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
a. Personnel	\$	0.00	\$	\$	0.00
b. Fringe Benefits		0.00			0.00
c. Travel		0.00			0.00
d. Equipment		0.00			0.00
e. Supplies		1,300			1,300
f. Contractual		2,388			2,388
g. Construction		0.00			0.00
h. Other		0.00			0.00
i. Total Direct Charges (sum of 6a-6h)		3,688			3,688
j. Indirect Charges		0.00			0.00
k. TOTALS (sum of 6i and 6j)	\$	3,688	\$	\$	3,688

7. Program Income	\$	0.00	\$	\$	0.00
-------------------	----	------	----	----	------

Authorized for Local Reproduction



**SECTION C - NON-FEDERAL RESOURCES**

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.	\$	0.00 \$		\$ 0.00
9.				
10.				
11.				
12. TOTAL (sum of lines 8-11)	\$	0.00 \$		\$ 0.00

**SECTION D - FORECASTED CASH NEEDS**

Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
\$ 3,688	922 \$	922 \$	922 \$	922 \$
14. Non-Federal	0.00	0.00	0.00	0.00
15. TOTAL (sum of lines 13 and 14)	\$ 3,688	922 \$	922 \$	922 \$

**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.	\$ 0.00	0.00 \$	0.00 \$	0.00 \$
17.				
18.				
19.				
20. TOTAL (sum of lines 16-19)	\$	0.00 \$	0.00 \$	0.00 \$

**SECTION F - OTHER BUDGET INFORMATION**

21. Direct Charges: 3,688	22. Indirect Charges: 0.00
23. Remarks:	

## INSTRUCTIONS FOR THE SF-424A

Public reporting burden for this collection of information is estimated to average 180 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0044), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET.  
SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

### General Instructions

This form is designed so that application can be made for funds from one or more grant programs. In preparing the budget, adhere to any existing Federal grantor agency guidelines which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. For some programs, grantor agencies may require budgets to be separately shown by function or activity. For other programs, grantor agencies may require a breakdown by function or activity. Sections A, B, C, and D should include budget estimates for the whole project except when applying for assistance which requires Federal authorization in annual or other funding period increments. In the latter case, Sections A, B, C, and D should provide the budget for the first budget period (usually a year) and Section E should present the need for Federal assistance in the subsequent budget periods. All applications should contain a breakdown by the object class categories shown in Lines a-k of Section B.

### Section A. Budget Summary Lines 1-4 Columns (a) and (b)

For applications pertaining to a *single* Federal grant program (Federal Domestic Assistance Catalog number) and *not requiring* a functional or activity breakdown, enter on Line 1 under Column (a) the Catalog program title and the Catalog number in Column (b).

For applications pertaining to a *single* program *requiring* budget amounts by multiple functions or activities, enter the name of each activity or function on each line in Column (a), and enter the Catalog number in Column (b). For applications pertaining to multiple programs where none of the programs require a breakdown by function or activity, enter the Catalog program title on each line in Column (a) and the respective Catalog number on each line in Column (b).

For applications pertaining to *multiple* programs where one or more programs *require* a breakdown by function or activity, prepare a separate sheet for each program requiring the breakdown. Additional sheets should be used when one form does not provide adequate space for all breakdown of data required. However, when more than one sheet is used, the first page should provide the summary totals by programs.

### Lines 1-4, Columns (c) through (g)

For *new applications*, leave Column (c) and (d) blank. For each line entry in Columns (a) and (b), enter in Columns (e), (f), and (g) the appropriate amounts of funds needed to support the project for the first funding period (usually a year).

For *continuing grant program applications*, submit these forms before the end of each funding period as required by the grantor agency. Enter in Columns (c) and (d) the estimated amounts of funds which will remain unobligated at the end of the grant funding period only if the Federal grantor agency instructions provide for this. Otherwise, leave these columns blank. Enter in columns (e) and (f) the amounts of funds needed for the upcoming period. The amount(s) in Column (g) should be the sum of amounts in Columns (e) and (f).

For *supplemental grants and changes* to existing grants, do not use Columns (c) and (d). Enter in Column (e) the amount of the increase or decrease of Federal funds and enter in Column (f) the amount of the increase or decrease of non-Federal funds. In Column (g) enter the new total budgeted amount (Federal and non-Federal) which includes the total previous authorized budgeted amounts plus or minus, as appropriate, the amounts shown in Columns (e) and (f). The amount(s) in Column (g) should not equal the sum of amounts in Columns (e) and (f).

Line 5 - Show the totals for all columns used.

### Section B Budget Categories

In the column headings (1) through (4), enter the titles of the same programs, functions, and activities shown on Lines 1-4, Column (a), Section A. When additional sheets are prepared for Section A, provide similar column headings on each sheet. For each program, function or activity, fill in the total requirements for funds (both Federal and non-Federal) by object class categories.

Line 6a-i - Show the totals of Lines 6a to 6h in each column.

Line 6j - Show the amount of indirect cost.

Line 6k - Enter the total of amounts on Lines 6i and 6j. For all applications for new grants and continuation grants the total amount in column (5), Line 6k, should be the same as the total amount shown in Section A, Column (g), Line 5. For supplemental grants and changes to grants, the total amount of the increase or decrease as shown in Columns (1)-(4), Line 6k should be the same as the sum of the amounts in Section A, Columns (e) and (f) on Line 5.

Line 7 - Enter the estimated amount of income, if any, expected to be generated from this project. Do not add or subtract this amount from the total project amount. Show under the program

## INSTRUCTIONS FOR THE SF-424A (continued)

narrative statement the nature and source of income. The estimated amount of program income may be considered by the Federal grantor agency in determining the total amount of the grant.

### Section C. Non-Federal Resources

**Lines 8-11** Enter amounts of non-Federal resources that will be used on the grant. If in-kind contributions are included, provide a brief explanation on a separate sheet.

**Column (a)** - Enter the program titles identical to Column (a), Section A. A breakdown by function or activity is not necessary.

**Column (b)** - Enter the contribution to be made by the applicant.

**Column (c)** - Enter the amount of the State's cash and in-kind contribution if the applicant is not a State or State agency. Applicants which are a State or State agencies should leave this column blank.

**Column (d)** - Enter the amount of cash and in-kind contributions to be made from all other sources.

**Column (e)** - Enter totals of Columns (b), (c), and (d).

**Line 12** - Enter the total for each of Columns (b)-(e). The amount in Column (e) should be equal to the amount on Line 5, Column (f), Section A.

### Section D. Forecasted Cash Needs

**Line 13** - Enter the amount of cash needed by quarter from the grantor agency during the first year.

**Line 14** - Enter the amount of cash from all other sources needed by quarter during the first year.

**Line 15** - Enter the totals of amounts on Lines 13 and 14.

### Section E. Budget Estimates of Federal Funds Needed for Balance of the Project

**Lines 16-19** - Enter in Column (a) the same grant program titles shown in Column (a), Section A. A breakdown by function or activity is not necessary. For new applications and continuation grant applications, enter in the proper columns amounts of Federal funds which will be needed to complete the program or project over the succeeding funding periods (usually in years). This section need not be completed for revisions (amendments, changes, or supplements) to funds for the current year of existing grants.

If more than four lines are needed to list the program titles, submit additional schedules as necessary.

**Line 20** - Enter the total for each of the Columns (b)-(e). When additional schedules are prepared for this Section, annotate accordingly and show the overall totals on this line.

### Section F. Other Budget Information

**Line 21** - Use this space to explain amounts for individual direct object class cost categories that may appear to be out of the ordinary or to explain the details as required by the Federal grantor agency.

**Line 22** - Enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period, the estimated amount of the base to which the rate is applied, and the total indirect expense.

**Line 23** - Provide any other explanations or comments deemed necessary.

**ASSURANCES - NON-CONSTRUCTION PROGRAMS**

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.


**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

**NOTE:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE  DIRECTOR
APPLICANT ORGANIZATION Guam Department of Agriculture	DATE SUBMITTED  1/13/14



Eddie Baza Calvo  
Governor

Raymond S. Tenorio  
Lieutenant Governor

# Department of Agriculture Dipårtamenton Agrikottura

163 Dairy Road, Mangilao, Guam 96913

Director's Office  
Agricultural Development Services  
Plant Nursery  
Aquatic & Wildlife Resources  
Forestry & Soil Resources  
Plant Inspection Station

300-7964, 65, 66; Fax 734-6569  
300-7967, 71  
300-7972  
735-3955/56; Fax: 734-6570  
300-7975,76; Fax: 734-0111  
475-1426/27; FAX: 477-9487



Mariquita F. Taitague  
Director

Deputy Director

Addendum to Cooperative Agreement - Article 4 (a)

### DESIGNATION OF THE RECIPIENT GUAM ORGANIZATION AUTHORIZED REPRESENTATIVE (ROAR)

Designated below is the authorized representative who shall be responsible for collaboratively administering the activities conducted under this Agreement.

Name: Dr. Russell K. Campbell

Title: Entomologist

Address: 163 Dairy Road  
Mangilao, Guam 96913

Telephone: 671-477-7822

Designated below is the individual responsible for certifying the Federal Financial Report (FFR) Standard Form 425, and the Request for Advance or Reimbursement, Standard Form 270.

Name: Mariquita F. Taitague

Title: Director, Guam Department of Agriculture

Address: 163 Dairy Road  
Mangilao, Guam 96913

Telephone: 671-300-7964/7965/7966

\_\_\_\_\_  
Director                      1/13/14  
Date