



Speaker Won Pat <speaker@judiwonpat.com>

Notice of Grant Application: Department of Agriculture - Guam Coconut Rhinoceros Beetle Management Program

Speaker Won Pat <speaker@judiwonpat.com>

Tue, Jul 8, 2014 at 5:17 PM

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

July 7, 2014
5:14 P.M.

Hafa adai Clerks:

Disregard earlier Messages and Communications this should be 13-14-1802

7/8/2014 7/7/2014

Guam State Clearing House

Federal grant application from the Department of Agriculture, Plant Inspection Facility. The GSC has accepted the application, assigned State Application Identifier (SAI) number 16007141138Y 32-14-1802

[Quoted text hidden]

32-14-1802

Handwritten notes and signature: 21814, 2:50pm, and a signature.

2014 JUL -8 PM 5:27

1802



GUAM STATE CLEARINGHOUSE

P.O. Box 2950 Hagåtña, Guam 96932

Tel: (671) 475-9380

Website: www.gsc.guam.gov

Email: clearinghouse@guam.gov

EDDIE BAZA CALVO

I Maga'låhen Guahan

RAYMOND S. TENORIO

I Segundu Na Maga'låhen Guahan

Kate G. Baltazar

Administrator

July 7, 2014

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 **expedited** 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, Plant Inspection Facility*. The GSC has accepted the application, assigned State Application Identifier (SAI) number 16007141138Y, and has initiated the process for expedited intergovernmental review. Information on the application is provided below:

CFDA Number: 10.025

Grantor: U.S. Department of Agriculture, Animal & Plant Health Inspection Service, Plant Protection Quarantine

Grant Title: Guam Coconut Rhinoceros Beetle Management Program

Details: The funds from this grant will be used to help reduce the transport of the coconut rhinoceros beetle to other areas in the region or to the U.S. mainland, reduce the damage to coconut trees and other host plants in Guam, and to further develop more efficient trapping and surveillance methods for the local coconut rhinoceros beetle population.

Start Date: 09/01/2014

End Date: 08/31/2015

Federal Amount: \$180,000.00

Deadline for comments is **July 16, 2014** and can be sent via email to 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 Roe-Ann M. Cruz and can be contacted via e-mail at roeann.cruz@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',

Kate G. Baltazar

Administrator

CC: File



Eddie Baza Calvo
Governor

Raymond S. Tenorio
Lieutenant Governor

Department of Agriculture
Dipattamenton 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



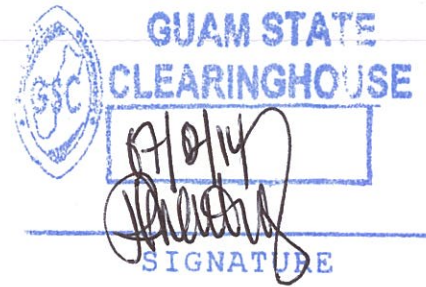
Mariquita F. Taitague
Director

Matthew L.G. Sablan
Deputy Director

July 02, 2014

MEMORANDUM

TO: The Honorable Eddie Baza Calvo, Governor of Guam
From: Executive Director, Guam State Clearing House
From: Director, Department of Agriculture
Subject: Concurrent Review Urgent Request



The Department is submitting for review the Coconut Rhinoceros Beetle Management Program grant application documents with the USDA, APHIS, PPQ Services. This is with 100% federal fund in the amount \$180,000 to help prevent this major invasive pest from spreading in the region and to seek to prevent the destruction that is happening on Guam and from spreading throughout the region currently affected by the CRB.

Additionally, we are requesting your assistance in expediting this process as federal grantor requires approval from the State due by 25 July 2014, so they may proceed with their processes to obligate the funding to meet the program's start date of September 01, 2014.

M. F. Taitague
MARIQUITA F. TAITAGUE

Attachments



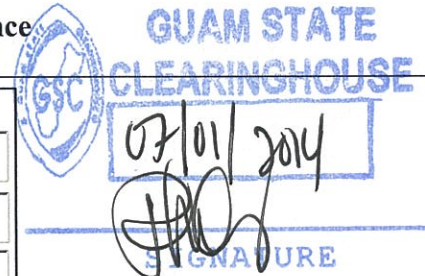
GUAM STATE CLEARINGHOUSE

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

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



Guam State Clearinghouse Use Only	
Date Received:	July 01, 2014
Received By:	Rose Ann Cruz
SAI Number:	16007411384

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:

No local funds required

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

One (1) Field Crew Leader - Oversee field program daily operations
Four (4) Field Staff - perform sanitation of infested sites, trap checking, trap fabrication and maintenance, data entry, pesticide and biological control applications, etc.

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.

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

6/20/14

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 checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify) _____
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* 3. Date Received: _____	4. Applicant Identifier: Guam Department of Agriculture
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5a. Federal Entity Identifier: USDA, APHIS, PPQ	* 5b. Federal Award Identifier: _____
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State Use Only:

6. Date Received by State: _____	7. State Application Identifier: 0-0-00
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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: _____
* State: Guam
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 96913

e. Organizational Unit:

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

Guam Coconut Rhinoceros Beetle Management Program

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 \$180,000

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL \$180,000

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) 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>Type of Submission: (Required): Select one type of submission in accordance with agency instructions.</p> <ul style="list-style-type: none"> • Pre-application • Application • 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.
2.	<p>Type of Application: (Required) Select one type of application in accordance with agency instructions.</p> <ul style="list-style-type: none"> • New – An application that is being submitted to an agency for the first time. • Continuation -An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • 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. <p style="margin-left: 40px;">A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify)</p>
3.	<p>Date Received: Leave this field blank. This date will be assigned by the Federal agency.</p>
4.	<p>Applicant Identifier: Enter the entity identifier assigned buy the Federal agency, if any, or the applicant’s control number if applicable.</p>
5a.	<p>Federal Entity Identifier: Enter the number assigned to your organization by the Federal Agency, if any.</p>
5b.	<p>Federal Award Identifier: 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>Date Received by State: Leave this field blank. This date will be assigned by the State, if applicable.</p>
7.	<p>State Application Identifier: Leave this field blank. This identifier will be assigned by the State, if applicable.</p>
8.	<p>Applicant Information: Enter the following in accordance with agency instructions:</p> <ol style="list-style-type: none"> a. Legal Name: (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 Grants.gov website. b. Employer/Taxpayer Number (EIN/TIN): (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your

	<p>organization is not in the US, enter 44-4444444.</p> <p>c. Organizational DUNS: (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. Address: 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. Organizational Unit: 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. Name and contact information of person to be contacted on matters involving this applicant required), 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>Type of Applicant: (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>Name Of Federal Agency: (Required) Enter the name of the Federal agency from which assistance is being requested with this application.</p>
11.	<p>Catalog Of Federal Domestic Assistance Number/Title: 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>Funding Opportunity Number/Title: (Required) Enter the Funding Opportunity Number and</p>

	title of the opportunity under which assistance is requested, as found in the program announcement.
13.	Competition Identification Number/Title: 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.	Areas Affected By Project: 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.	Descriptive Title of Applicant's Project: (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.	Congressional Districts Of: (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.	Proposed Project Start and End Dates: (Required) Enter the proposed start date and end date of the project.
18.	Estimated Funding: (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.	Is Application Subject to Review by State Under Executive Order 12372 Process? 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.	Is the Applicant Delinquent on any Federal Debt? (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.	Authorized Representative: (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.)

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 0348-0044

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	\$ 180,000	\$ 0.00	\$ 180,000
2.						
3.						
4.						
5. Totals		\$	\$	\$ 180,000	\$ 0.00	\$ 180,000

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY					Total (5)
	(1)	(2)	(3)	(4)	(5)	
a. Personnel	\$ 120,000	\$	\$	\$	\$	\$ 120,000
b. Fringe Benefits	28,800					28,800
c. Travel	0.00					0.00
d. Equipment	8,200					8,200
e. Supplies	20,000					20,000
f. Contractual	3,000					3,000
g. Construction	0.00					0.00
h. Other						
i. Total Direct Charges (sum of 6a-6h)	180,000					180,000
j. Indirect Charges						
k. TOTALS (sum of 6i and 6j)	\$ 180,000	\$	\$	\$	\$	\$ 180,000
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.	\$	\$	\$	\$
9.				
10.				
11.				
12. TOTAL (sum of lines 8-11)	\$	\$	\$	\$

SECTION D - FORECASTED CASH NEEDS

	SECTION D - FORECASTED CASH NEEDS				
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 180,000	\$ 45,000	\$ 45,000	\$ 45,000	\$ 45,000
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)	\$ 180,000	\$ 45,000	\$ 45,000	\$ 45,000	\$ 45,000

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	\$ 0.00

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges: 180,000	22. Indirect Charges: 0.00
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23. Remarks:

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.

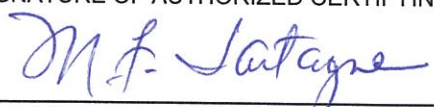
PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

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 6/19/14

INSTRUCTIONS

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in Item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in Item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in Item 4 or 5.
10.
 - (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in Item 4 to influence the covered Federal action.
 - (b) Enter the full names of the individual(s) performing services, and include full address if different from 10 9a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (Item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box(es). Check all boxes that apply. In other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the 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 this 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 (0348-0046), Washington, DC 20503.



Eddie Baza Calvo
Governor

Raymond S. Tenorio
Lieutenant Governor

Department of Agriculture Dipattamenton Agrikottura

163 Dairy Road, Mangilao, Guam 96913

Director's Office 300-7964, 65, 66; Fax 734-6569
Agricultural Development Services 300-7967, 71
Plant Nursery 300-7972
Aquatic & Wildlife Resources 735-3955/56; Fax: 734-6570
Forestry & Soil Resources 300-7975,76; Fax: 734-0111
Plant Inspection Station 475-1426/27; FAX: 477-9487



Mariquita F. Taitague
Director

Matthew L.G. Sablan
Deputy Director

LOBBYING CERTIFICATION

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

GUAM DEPARTMENT OF AGRICULTURE
 Organization Name

MARIQUITA F. TAITAGUE, DIRECTOR
 Name of Authorized Official

M. F. Taitague
 Signature

6/18/14
 Date



Eddie Baza Calvo
Governor

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475-1426/27; FAX: 477-9487



Mariquita F. Taitague
Director

Matthew L.G. Sablan
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 authorized 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

 6/18/14
Cooperator's Signature and Title Date

SUPPLEMENTAL COOPERATOR INFORMATION SHEET**Additional information needed to fulfill FFATA requirements**

Cooperator Name: Guam Department of Agriculture		Agreement Number:
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:		

Farm Bill Survey Work Plan - Fiscal Year 2014

Cooperator:	Guam Department of Agriculture		
State:	Guam		
Project:	Guam Coconut Rhinoceros Beetle Management Program		
Project funding source:	Farm Bill Survey <input checked="" type="checkbox"/>		
Project Coordinator:	Russell K. Campbell		
Agreement Number			
Contact Information:	Address:	17-3306 Neptune Avenue Barrigada, GU 96913	
	Phone:	671-477-7822	Fax: 671-477-9487
	Email Address:	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 management program for the Coconut Rhinoceros Beetle (CRB) and the related roles and responsibilities of the parties [e.g., mutual roles, APHIS role(s), and Cooperator role(s)] as negotiated.

I) OBJECTIVES AND NEED FOR ASSISTANCE

A continued Guam CRB management effort is critical to help prevent this major invasive pest from spreading in the region. The coconut tree is not only a major food staple in much of the Micronesian Region, but also has many other uses in island societies. This program will seek to prevent the destruction that is happening on Guam from spreading throughout the region currently unaffected by the CRB. This region extends primarily to the east of Guam and includes most of Micronesia, the Hawaiian Islands, and southern California, Mexico, Central America, etc. While the CRB does currently exist in American Samoa and other parts of Polynesia and Melanesia, and has recently made an incursion into part of Hawaii, the risk of its movement to the other areas mentioned above has never been greater. This is due to Guam's preeminent position as a transportation hub in the Western Pacific with substantial cargo container and aircraft movements eastward to places such as Hawaii and the American West Coast. This will only be magnified with the proposed military build-up in Guam. As population levels of the CRB increase in Guam, risks of hitchhiking CRB adults moving to uninfested areas will also increase. This program will put in place measures to lower and mitigate this increased risk.

II) RESULTS OR BENEFITS EXPECTED

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

- A.** Reduction in risk of transport of CRB to other areas in the region or to the U.S. mainland.
- B.** Reduction in damage to coconut trees and other host plants in Guam.
- C.** Further development of more efficient trapping and surveillance methods for CRB populations.

III) APPROACH

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

The Guam Coconut Rhinoceros Beetle (CRB) Program will be continued to maintain population suppression measures in Guam through the use of the program's well established sanitation procedures, targeted use of the pyrethroid pesticide cypermethrin or an insect growth regulator (pyriproxyfen), and the distribution of CRB pathogens. The program will continue pheromone trapping with the existing trap network of bucket and barrel traps. In addition, a new trapping network will be established in strategic locations on or near Guam's ports, using the newly developed barrel traps, which exhibit an approximately ten fold increase in trap attractancy. These new traps will help to prevent movement of adult CRB into sensitive cargo loading areas, where they could become a greater danger for transport off of Guam to other islands in Micronesia, Hawaii or to the U.S. mainland. The program will consult with port and commercial cargo loading operations to develop and encourage procedures that minimize the risk of CRB making their way into export cargo, shipping containers or passenger baggage streams.

Surveillance by sanitation and trapping scouts will be performed on a regular basis to locate any new or increasing CRB population concentrations so that these areas can be targeted for suppression procedures.

A close cooperative relationship will be maintained with the University of Guam cooperators who will be conducting research and extension efforts to improve the overall effectiveness of the CRB management program, help to minimize CRB damage to coconuts, other palm trees and other important plant species, and convey management recommendations to affected stakeholders. Trap improvements will continue to be implemented as they become available and the program will participate in public outreach on a daily basis while interacting with affected stakeholders. The program may also be able to distribute more effective viral CRB pathogens in the future as they become available.

The program will maintain the program's established georeferenced, online database; a great asset for fine tuning management approaches to assist Guam's stakeholders and to prevent movement of the CRB to other "at risk" jurisdictions.

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

- Utilize Cooperator funds (if any) and APHIS program funding, as outlined in the Financial Plan, to support the Farm Bill 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?

- Traps will be checked biweekly and data entered daily
- Improved trap trial data will be collected and reported quarterly
- Scouting will be conducted daily with acres reported quarterly
- Sanitation will be conducted daily with acres reported quarterly
- Pesticide applications will be conducted weekly with area applied reported quarterly

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

- Tracking trap catches over time using developed database
- Observed CRB incidence in designated high risk areas
- Develop and improve CRB management tools inclusive of biologicals and pesticides
- Protect the region from further spread of the CRB
- Protecting food security as the coconut is a major food source on most Micronesian Region islands
- Economic and cultural benefits as the coconut and other palms are predominant trees in hotel and residential landscapes. The cost to replace full grown coconut or other ornamental palm trees can cost several thousands of dollars each.

c. What methodology will be used to determine if:

1. Identified needs are met
 - Numbers of CRB caught in traps show a reduction
 - Coconut tree populations show signs of recovery
 - Public reports of CRB decline
2. Results and benefits are achieved
 - CRB trap effectiveness increases while coconut tree damage and mortality decrease
 - Tree mortality is reduced in documented heavily infested areas

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

- a.** Address timelines for collection and recording of data.
- Traps will be checked biweekly and data entered daily

- Improved trap trial data will be collected and reported quarterly
- Scouting will be conducted daily with acres reported quarterly
- Sanitation will be conducted daily with acres reported quarterly
- Pesticide applications will be conducted weekly with area applied reported quarterly

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

Data will be collected daily and uploaded to an open website maintained by the CRB program at <http://www.guaminsects.net/anr> to include:

- Daily trap catches
- Sanitized areas
- CRB developmental stages observed during sanitation and numbers
- Pesticide treatments and amount applied
- Site and amount of GMF applied
- Discovered GMF auto dissemination and virus killed CRB
- Project command personnel including APHIS will have access to database.

B. The Cooperator will:

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

(Cite program standards, action plans, or other program guidelines as a standard for conducting the particular functions for this program, as applicable.)

Database will be used to measure temporal/spacial dynamics of the infestation using data from traps, surveys for damage and breeding sites. All data will be summarized on a monthly basis and reported quarterly to assess operation methodology and progress:

2. What resources are required to perform the work?

- Personnel
- Vehicles
- Chainsaws and hand held tools
- Uniforms
- Personal Protective Equipment
- Heavy equipment
- Fuel and oil
- GPS units
- Computers

- Cameras
- Public outreach and education materials
- Traps
- Lures
- Binoculars

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

- Six (6) Field Staff – perform sanitation of infested sites, trap checking, trap fabrication and maintenance, data entry, pesticide and biological control applications, etc.

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?

- Vehicles

b. What equipment will be provided by APHIS?

- Sprayer

c. What equipment will be purchased in whole or in part with APHIS funds?

- None

c. How will the equipment be used?

- To transport personnel to work sites
- To spray pesticides for CRB control

e. What is the proposed method of disposition of the equipment upon termination of the agreement/project?

- Vehicle equipment will remain with Government of Guam for continued surveys.
- Sprayer will remain with APHIS.

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.

- computers
- GPS units

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? Chainsaws, bushcutters, wood chipper, shovels, tools, traps, chainsaw chains, wire, plastic sheeting, pesticides, vehicle and equipment fuel and oil, lures, batteries, markers, tape, etc.
- d. How will the supplies be used? For daily operations.
- e. What is the proposed method of disposition of the supplies with a cumulative value over \$5,000 upon termination of the agreement/project? It is expected that these items will be used up or remain with the Government of Guam.

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.) Government of Guam procurement procedures will be followed.

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. N/A
- b. What extended or overnight travel will be performed (number of trips, their purpose, and approximate dates). Who is the approving official? N/A
- c. What is the method of payment? Indicate rates and total cost in the Financial Plan. N/A

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:
- b. List all who will work on the project:

- c. Describe the nature of their effort:
- d. Contribution:

Agency/Organization	Personnel	Contribution
University of Guam	Dr. Aubrey Moore	Entomology Research
University of Guam	Roland Quitugua	Biosecurity Extension

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:
 sprayer
- b. How will the equipment be used?
 To spray pesticides for CRB control.

IV) GEOGRAPHIC LOCATION OF PROJECT

- A. Is the project statewide or in specific counties, townships, and/or national or state parks? (List the names of all counties, townships, and/or national or state parks, and tribal areas that apply) Territory of Guam

- B. What type of terrain (e.g., cropland, rangeland, woodland) will be involved in the project? Urban, rural and forested areas.
- C. Are there any unusual features which may have an impact on the project or activity such as rivers, lakes, wild life sanctuaries, commercial beekeepers, etc? (list all that apply)
 - Coastline areas and wetlands.
- D. Identify the kind of data to be collected:
 - CRB trap catches
 - Sanitized areas
 - CRB developmental stages and numbers observed during sanitation
 - Pesticide treatments and amounts applied
 - Sites and amounts of biological control agents applied
 - Discovered CRB mortalities from biological control agents
- E. Establish criteria to evaluate the results and successes of the project:
 1. Results: Develop better CRB management tools.
 2. Successes: Reduce risks of CRB spreading to other jurisdictions in the region.
- F. Methodology used to determine if the results and benefits are achieved:
 1. Identified needs are met: Data supporting improved management tools shows CRB at ports of departure on downward trend.
 2. Results and benefits are achieved: CRB not allowed to leave Guam and tree mortality reduced.

V) DATA COLLECTION AND MAINTENANCE

All survey data from cooperative agreements involving pest surveys will be entered into the NAPIS database.

- i) First record for the State and/or County will be entered within **48 hours** of confirmation of identification by a qualified identifier.
- ii) All other required records, both positive and negative survey data, must be entered **within two weeks** of confirmation.
- iii) All records are to be entered into the NAPIS database by **the end of the cooperative agreement** so these data can be included in Farm Bill reports.

VI) TAXONOMIC SUPPORT

- A. Person or Institution that will screen targets (Name & Contact Information)
Dr. Aubrey Moore, University of Guam
- OR
- B. Request for taxonomic support.

VII) SIGNATURES

M. F. Sartagne 6/20/14
ROAR Date

Vernon Harrington, ADODR Date

Detailed Survey Financial Plan (submit with Work Plan)COOPERATOR NAME: Guam Department of AgricultureTIME PERIOD: September 1, 2014 – August 31, 2015

Financial Plan must match the SF-424A, Section B, Budget Categories

ITEM	APHIS FUNDS	COOPERATOR FUNDS (Show even if zero)
PERSONNEL:		
Field Staff Crew (6): 2000 hrs. @ \$10.00/hr.=	\$120,000	
Subtotal	\$120,000	
FRINGE BENEFITS:		
24% of salary of Field Staff employees	\$ 28,800	
Subtotal	\$ 28,800	
TRAVEL:		
Subtotal		
EQUIPMENT		
(1) Small wood chipper	\$1,200	
(4) Chainsaws @ \$500 ea.	2,000	
(2) Bushcutters @ \$700 ea.	1,400	
Personal protective equipment	1,700	
Electrical tools (grinder, jigsaw, etc.)	1,000	
Hand tools (shovels, hammers, etc.)	900	
Subtotal	\$8,200	
SUPPLIES		
Chainsaw chains and parts, other equipment parts	\$ 1,000	
Wire, plastic sheeting and mesh, gloves, etc.	3,000	
Vehicle and equipment fuel (1022 gal. @ \$4.89/gal)	5,000	
Vehicle and equipment parts and supplies	1,000	
Lures and pesticides	10,000	
Subtotal	\$ 20,000	
CONTRACTUAL		
Vehicle and equipment maintenance and repair	\$3,000	
Subtotal	\$3,000	
OTHER		
Subtotal		
TOTAL DIRECT COSTS	\$180,000	
INDIRECT COSTS		
TOTAL	\$ 180,000	
Cost Share Information	100%	