



Speaker Won Pat <speaker@judiwonpat.com>

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

Speaker Won Pat <speaker@judiwonpat.com> Fri, Jul 18, 2014 at 3:27 PM  
To: Guam Legislature Clerks Office <clerks@guamlegislature.org>

7/18/2014 7/18/2014 Guam State Clearing House

Ref. Department of Agriculture federal grant application submitted for intergovernmental review 32-14-1857  
State Application Identifier (SAI) number 16007141139Y,

[Quoted text hidden]

*Ufisanan I Etmâs Ge'helo'Gi Liheslaturan Guåhan*  
**Office of Speaker Judith T. Won Pat Ed.D.**  
*Kumiten Idukasion yan Laibirihan Publeko*  
Committee on Education and Public Libraries & Women's Affairs  
155 Hesler Place, Suite 201, Hagatna, Guam 96910  
(671) 472-3589  
www.guamlegislature.com / speaker@judiwonpat.com

Tel: (671) 472-3586 Fax:

**2 attachments**

- 16007141139Y Notice Speaker.pdf 311K
- 16007141139Y.pdf 3567K

2014 JUL 18 PM 3:31

32-14-1857  
Office of the Speaker  
Judith T. Won Pat Ed.D.  
Date: 7/18/14  
TIME: 6:28 PM  
RECEIVED BY: CHARLENE [Signature]

1857



# 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*

July 18, 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 intergovernmental review

*Hafa Adai* Speaker Won Pat:

This communication is to respectfully notify you the Guam State Clearinghouse (GSC) has received a federal grant application from the *Department of Agriculture*. The GSC has accepted the application, assigned State Application Identifier (SAI) number 16007141139Y, and has initiated the process for intergovernmental review. Information on the application is provided below:

**CFDA Number:** 10.025  
**Grantor:** U.S Dept. of Agriculture, Animal and Plant Health Inspection Service, Plant Protection and Quarantine  
**Grant Title:** Animal Disease Pest Control and Animal Care  
**Details:** The funds from this grant will be used to increase eradication efforts of the Guam department of Agriculture against the fruit fly. Guam is currently infested with only one species of fruit fly through the cooperative efforts of the U.S and Guam department of Agriculture. Guam remains however under great threat of new introductions of fruit fly pests, since the island is surrounded by other jurisdictions with members of the oriental fruit fly complex (Taiwan, East and South East Asia, the Philippines, Palau, Hawaii.) the Mediterranean fruit fly ( Hawaii) , or other pestiferous fruit flies ( Palau,the federated states of Micronesia, Hawaii.)  
**Start Date:** 09/01/2014  
**End Date:** 07/31/2015  
**Federal Amount:** \$13,943.00

Deadline for comments is **Aug 3, 2014** and can be sent via email to [clearinghouse@guam.gov](mailto:clearinghouse@guam.gov). This is in an effort to reduce costs associated with the review process while maintaining efficiency. This notice is sent to you as part of the intergovernmental review of this application and may be referred to the appropriate overseeing committee of *I Liheslaturan Guåhan*. The GSC point of contact designated for this application is Roe-Ann M. Cruz and can be contacted via e-mail at [roeann.cruz@guam.gov](mailto:roeann.cruz@guam.gov). Please convey any instruction to GSC that may be incorporated in the review of this application.

*Dangkolo Na Si Yu'os Ma'åse',*

**Kate G. Baltazar**

Administrator

CC: File



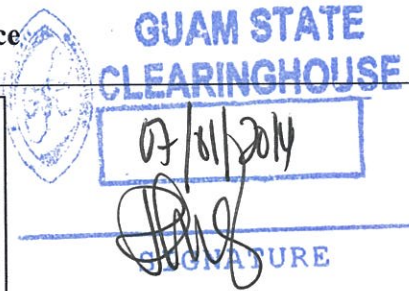
# GUAM STATE CLEARINGHOUSE

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:	16007141134

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) Trap Checker, Part Time Employee - Create and maintain trapping system, check traps and do data entry.

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		
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify)</b> _____
<b>* 3. Date Received:</b> _____	<b>4. Applicant Identifier:</b> Guam Department of Agriculture	
<b>5a. Federal Entity Identifier:</b> USDA, APHIS, PPQ	<b>* 5b. Federal Award Identifier:</b> _____	
<b>State Use Only:</b>		
<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> 0-0-00	
<b>8. APPLICANT INFORMATION:</b>		
<b>* a. Legal Name:</b> GUAM DEPARTMENT OF AGRICULTURE		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 980018947	<b>* c. Organizational DUNS:</b> 778904292	
<b>d. Address:</b>		
<b>* Street1:</b> 163 Dairy Road	_____	
<b>Street2:</b>	_____	
<b>* City:</b> Mangilao	_____	
<b>County:</b>	_____	
<b>* State:</b> Guam	_____	
<b>Province:</b>	_____	
<b>* Country:</b>	USA: UNITED STATES	
<b>* Zip / Postal Code:</b> 96913	_____	
<b>e. Organizational Unit:</b>		
<b>Department Name:</b> Guam Department of Agriculture	<b>Division Name:</b> Plant Inspection Facility	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<b>Prefix:</b> Dr.	<b>* First Name:</b> Russell	_____
<b>Middle Name:</b> K.	_____	
<b>* Last Name:</b> Campbell	_____	
<b>Suffix:</b>	_____	
<b>Title:</b> Entomologist		
<b>Organizational Affiliation:</b> _____		
<b>* Telephone Number:</b> 671-477-7822	<b>Fax Number:</b> 671-477-9487	
<b>* Email:</b> 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 Fruit Fly Survey

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 \$13,943

\* b. Applicant

\* c. State

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL \$13,943

**\* 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 the Applicant Federal Debt Delinquency Explanation.



Item:	Entry:
1.	<p><b>Type of Submission: (Required):</b> 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: (Required)</b> 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: (Required):</b> 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): (Required):</b> 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> <ul style="list-style-type: none"> <li>A. State Government</li> <li>B. County Government</li> <li>C. City or Township Government</li> <li>D. Special District Government</li> <li>E. Regional Organization</li> <li>F. U.S. Territory or Possession</li> <li>G. Independent School District</li> <li>H. Public/State Controlled Institution of Higher Education</li> <li>I. Indian/Native American Tribal Government (Federally Recognized)</li> <li>J. Indian/Native American Tribal Government (Other than Federally Recognized)</li> <li>K. Indian/Native American Tribally Designated Organization</li> <li>L. Public/Indian Housing Authority</li> <li>M. Nonprofit</li> <li>N. Nonprofit</li> <li>O. Private Institution of Higher Education</li> <li>P. Individual</li> <li>Q. For-Profit Organization (Other than Small Business)</li> <li>R. Small Business</li> <li>S. Hispanic-serving Institution</li> <li>T. Historically Black Colleges and Universities (HBCUs)</li> <li>U. Tribally Controlled Colleges and Universities (TCCUs)</li> <li>V. Alaska Native and Native Hawaiian Serving Institutions</li> <li>W. Non-domestic (non-US) Entity</li> <li>X. Other (specify)</li> </ul>
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.)

**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-Infrastructure	10.025	\$	\$	\$ 13,943	\$	\$ 13,943
2.						
3.						
4.						
5. Totals		\$	\$	\$ 13,943	\$	\$ 13,943

**SECTION B - BUDGET CATEGORIES**

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY					Total (5)
	(1)	(2)	(3)	(4)	(5)	
a. Personnel	\$ 11,000	\$	\$	\$	\$	\$ 11,000
b. Fringe Benefits	2,640					2,640
c. Travel						
d. Equipment						
e. Supplies	303					303
f. Contractual						
g. Construction						
h. Other						
i. Total Direct Charges (sum of 6a-6h)						
j. Indirect Charges						
k. TOTALS (sum of 6i and 6j)	\$ 13,943	\$	\$	\$	\$	\$ 13,943
7. Program Income	\$	\$	\$	\$	\$	\$

Authorized for Local Reproduction

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. Plant & Animal Disease Infrastructure	\$	\$	\$	\$	\$
9.					
10.					
11.					
12. TOTAL (sum of lines 8-11)	\$	\$	\$	\$	\$
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	FUTURE FUNDING PERIODS (Years)			
		1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 13,943	\$ 3,486	\$ 3,486	\$ 3,486	\$ 3,486
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)	\$ 13,943	\$ 3,486	\$ 3,486	\$ 3,486	\$ 3,486
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	\$ 0	\$ 0	\$ 0	\$ 0
17.					
18.					
19.					
20. TOTAL (sum of lines 16-19)	\$	\$	\$	\$	\$
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges: 13,943	22. Indirect Charges:				
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

## 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



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(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:	Notice of Cooperative Agreement Award between Guam Department of Agriculture and the USDA, APHIS, PPQ
Agreement Number:	
Program:	Guam Fruit Fly Survey

### 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.

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

[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-](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)

[idx?c=ecfr&SID=625c0dc0460572ffab8cd9271d819f16&rgn=div5&view=text&node=2:1.1.1.8.10&idno=2](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/>

**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:			





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

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

*M. F. Taitague, Dir.* 6/19/14  
Cooperator's Signature and Title Date

## Survey Work Plan - Fiscal Year 2014

<b>Cooperator:</b>	<b>Biosecurity Division, Guam Department of Agriculture</b>		
<b>State:</b>	<b>Guam</b>		
<b>Project:</b>	<b>Guam Fruit Fly Survey</b>		
<b>Project funding source:</b>	<b>CAPS Priority Survey</b> <input type="checkbox"/> <b>Other Line Item Pest</b> <input type="checkbox"/>		
<b>Project Coordinator:</b>	<b>Russell K. Campbell</b>		
<b>Agreement Number</b>			
<b>Contact Information:</b>	<b>Address:</b>	<b>17-3306 Neptune Avenue Barrigada, GU 96913</b>	
	<b>Phone:</b>	<b>671-477-7822</b>	<b>Fax: 671-477-9487</b>
	<b>Email Address:</b>	<b>guament@teleguam.net</b>	

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 Fruit Fly Survey 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

Guam is currently infested with only one pest species of fruit fly, *Bactrocera cucurbitae*, the melon fly. In the late 1960's Guam was freed from infestation by the oriental fruit fly through the cooperative efforts of the U.S. and Guam Departments of Agriculture. This was one of the most successful eradication programs for a fruit fly at that time, and has served to protect farmers and homeowners' crops and home fruit production for several decades since then. Guam remains, however, under great threat of new introductions of fruit fly pests, since the island is surrounded by other jurisdictions with members of the oriental fruit fly complex (Taiwan, East and Southeast Asia, the Philippines, Palau, Hawaii), the Mediterranean fruit fly (Hawaii), or other pestiferous fruit flies (Palau, the Federated States of Micronesia, Hawaii). These threats must be addressed with constant surveillance for members of the oriental fruit fly complex and the Mediterranean fruit fly. Should either or both of these additional types of fruit flies enter Guam and become established, any hopes for future development of export markets or expansion of home production of fruits will be eliminated. In Guam's tropical climate the host plants of these fruit flies make up a large proportion of sustainable food production and every effort must be made to protect these vital resources to maintain food security for Guam's citizens.

## **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.
- Establish and maintain a comprehensive surveillance system of fruit fly traps to provide early warning of any fruit fly incursions.
  - Develop and maintain a database of negative trapping results to support future export market development efforts and quarantine negotiations with regional governments.

## **III) APPROACH**

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

The Cooperator will hire one half-time field technician to construct, place and maintain a comprehensive fruit fly trapping network on Guam using both methyl eugenol and trimedlure baited traps. Traps will be placed at or near ports of entry or fruit importer locations or adjacent to host plant field locations. Traps to be used include Jackson traps (Survey Method 4), Mcphail traps (Survey Method 5), or non-commercial, constructed, plastic bucket traps (Survey Method 54). Traps will be serviced as required in the noted approved Survey Methods. Data will be entered into a Government of Guam, Biosecurity Division database and NAPIS as required.

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

1. Utilize Cooperator funds (if any) and APHIS program funding, as outlined in the Financial Plan, to support CAPS objectives.
2. 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? Person will be hired and trapping system will be established within the first quarter; traps will be checked at least every two weeks thereafter.
- b. What criteria will be used to evaluate the project? What are the anticipated results and successes? Establish trapping system and maintain continuity of trap servicing and data collection.
- c. What methodology will be used to determine if:
  1. Identified needs are met: Data is collected in a uniform fashion.

2. Results and benefits are achieved: New incursions of fruit flies are noted as soon as possible.

**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 and recorded as per appropriate Survey Method or not less than every two weeks.
- b. How will APHIS be provided access to the data? Through NAPIS data entry if negative data is allowed to be entered into NAPIS.

**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.)

Perform fruit fly surveillance trapping using established Survey Methods 4, 5 or 54.

**2. What resources are required to perform the work?**

- traps
- vehicle
- trap checker
- lures
- dental wicks, 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**

- Create and maintain trapping system, check traps, do data entry.

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

**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. All such equipment will be provided by the Cooperator.**

**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?
  - b. What supplies will be provided by APHIS? Some vehicle fuel.
  - c. What supplies will be purchased in whole or in part with APHIS funds?
  - d. How will the supplies be used? To build and run trapping system.
  - e. What is the proposed method of disposition of the supplies with a cumulative value over \$5,000 upon termination of the agreement/project?
- 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.)
- 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. Daily travel to check and maintain traps.
  - b. What extended or overnight travel will be performed (number of trips, their purpose, and approximate dates). Who is the approving official?
  - c. What is the method of payment? Indicate rates and total cost in the Financial Plan. No overnight travel.
- 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? No.**
- a. List Participating Agency/Institution:
  - b. List all who will work on the project:
  - c. Describe the nature of their effort:
  - d. Contribution:

**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?

#### 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, rangeland, woodland.
  
- 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) No.
  
- D. Identify the kind of data to be collected: Fruit fly trap catch data.
  
- E. Establish criteria to evaluate the results and successes of the project:
  1. Results: Build and maintain trapping system.
  2. Successes: Early detection of invading fruit flies.
  
- F. Methodology used to determine if the results and benefits are achieved:
  1. Identified needs are met: Improve food security for Guam citizens.
  2. Results and benefits are achieved: Prevent new incursions of fruit flies.

## V) DATA COLLECTION AND MAINTENANCE

Each State is responsible for entering complete, accurate, and timely pest survey data into an approved database using approved protocol. CAPS funds may be used to purchase and maintain the required equipment to ensure this occurs. However, the CAPS program will not support the purchase of hand-held devices for data collection. Due to budget and current software limitations, the CAPS program cannot afford to equip every state with comparable devices. Therefore, the CAPS program recommends data entry only via spreadsheet at this time. Data entry guidance appears below.

PPQ policy is to eventually transition all PPQ programs to the Integrated Plant Health Information System (IPHIS). However, given the complexities of the CAPS program, IPHIS cannot fully support the CAPS program. The CAPS Management Team continues to work with the IPHIS staff to assure full CAPS functionality will be provided in IPHIS. The likely scenario at the time these Guidelines are published, and the present plan, is for all CAPS survey data to be entered into NAPIS for the 2014 field season. The CAPS community will be kept informed, via the NCC and other venues, as to the progress of incorporating CAPS requirements into IPHIS.

## VI) TAXONOMIC SUPPORT

A. Person or Institution that will screen targets (Name & Contact Information)

Russell K. Campbell, Ph.D. (Project Coordinator)

OR

B.  Request for taxonomic support.

(If you request taxonomic support the Program managers and PPQ's National Identification Services will use the information you provide in the J-3 Appendix to assign your survey samples to the appropriate taxonomic personnel.)

**A Survey Summary Form (the J-3 Appendix) must be completed to summarize all CAPS surveys funded by the Pest Detection line item.** For 2014, Survey Summary Form will be completed online on the CAPS Resource & Collaboration site. The Excel spreadsheet used in previous years is obsolete and not necessary. The online Survey Summary Form must be completed when the work plans are submitted to the SPHD's office. No work plans will be reviewed or approved without a completed Survey Summary Form. Do not submit an electronic copy of the Excel file with the work plans as done in the past. States are strongly encouraged to list State contributions to the survey effort on the Survey Summary Form and the Financial Plan whenever possible. This information will assist the Pest Detection Program answer requests and questions from the Agency, Department, and Congress, and prepare future budget requests.

**Please contact the National Operations Manager for Pest Detection if you have any questions.**

**VII) SIGNATURES**

M. F. Satagne 6/19/14  
ROAR Date

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



**Detailed Financial Plan****Project Title: Guam Fruit Fly Survey****Cooperator Name: Biosecurity Division, Guam Department of Agriculture****Agreement Number:****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.)

<b>ITEM</b>	<b>APHIS FUNDS</b>	<b>COOPERATOR FUNDS</b>	<b>TOTAL</b>
<b>PERSONNEL:</b>			
One Trap Checker (1/2 time): 1000 hrs. @ \$11.00/hr. =	\$11,000		\$11,000
<b>Subtotal</b>	<b>\$11,000</b>		<b>\$11,000</b>
<b>FRINGE BENEFITS:</b>			
24% of field staff	\$2,640		\$2,640
<b>Subtotal</b>	<b>\$2,640</b>		<b>\$2,640</b>
<b>TRAVEL:</b>			
(Note: Current gov't rate is \$0.56/mile for vehicles.)			
<b>Subtotal</b>			
<b>EQUIPMENT:</b>			
<b>Subtotal</b>			
<b>SUPPLIES:</b>			
Vehicle fuel	\$303		\$303
<b>Subtotal</b>	<b>\$303</b>		<b>\$303</b>
<b>CONTRACTUAL:</b>			
<b>Subtotal</b>			
<b>OTHER:</b>			

<b>Subtotal</b>			
<b>TOTAL DIRECT COSTS:</b>	<b>\$13,943</b>		<b>\$13,943</b>
<b>INDIRECT COSTS (x% on Total Direct Costs):</b>			
<b>TOTAL:</b>	<b>\$13,943</b>		<b>\$13,943</b>
<b>Cost Share Information</b>	100%	0%	100%