

APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)		3. DATE RECEIVED BY STATE	State Application Identifier
1. TYPE OF SUBMISSION <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		4. a. Federal Identifier	
2. DATE SUBMITTED		b. Agency Routing Identifier	
Applicant Identifier		c. Previous Grants.gov Tracking ID	
5. APPLICANT INFORMATION		Organizational DUNS:	047120084000
Legal Name: Regents of the University of California (Davis)		DUNs # should always be as listed above.	
Department: Office of Research Division: Sponsored Programs			
Street1: 1850 Research Park Drive			
Street2: Suite 300			
City: Davis County / Parish: Yolo			
State: CA: California Province:			
Country: USA: UNITED STATES ZIP / Postal Code: 95616-6153			
Person to be contacted on matters involving this application			
Prefix:	First Name:	Middle Name:	
Last Name:			Suffix:
Position/Title: Grants and Contracts Analyst			
Street1: Office of Research-Sponsored Programs			
Street2: 1850 Research Park Drive, Suite 300			
City: Davis		County / Parish: Yolo	
State: CA: California		Province:	
Country: USA: UNITED STATES		ZIP / Postal Code: 95618-6153	
Phone Number: 530-754-7700	Fax Number: 530-752-0333	ORSP0-TeamB-Proposals@ad3.ucdavis.edu	
Email: ORSP0-TeamA-Proposals-US@ad3.ucdavis.edu (OR)			
6. EMPLOYER IDENTIFICATION (EIN) or (TIN): 1946036494A1		NIH EIN # all other Sponsors 94-6036494	
7. TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education			
Other (Specify):			
Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged			
8. TYPE OF APPLICATION:		If Revision, mark appropriate box(es).	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission		<input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration	
<input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		<input type="checkbox"/> E. Other (specify):	
Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?			
9. NAME OF FEDERAL AGENCY: National Institutes of Health		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:	
		TITLE:	
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Example of an Awesome Research Proposal			
12. PROPOSED PROJECT:		13. CONGRESSIONAL DISTRICT OF APPLICANT	
Start Date	Ending Date		
07/01/2016	06/30/2021	CA-003	

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: **First Name:** Middle Name:
Last Name: Suffix:
Position/Title:
Organization Name:
Department: **Division:**
Street1:
Street2:
City: **County / Parish:**
State: Province:
Country: **ZIP / Postal Code:**
Phone Number: **Fax Number:**
Email:

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested
 b. Total Non-Federal Funds
 c. Total Federal & Non-Federal Funds
 d. Estimated Program Income

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE:
 b. NO PROGRAM IS NOT COVERED BY E.O. 12372; OR
 PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. 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 18, 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.

18. SFLLL (Disclosure of Lobbying Activities) or other Explanatory Documentation

19. Authorized Representative

Prefix: **First Name:** Middle Name:
Last Name: Suffix:
Position/Title:
Organization:
Department: **Division:**
Street1:
Street2:
City: **County / Parish:**
State: Province:
Country: **ZIP / Postal Code:**
Phone Number: **Fax Number:**
Email:

Insert your assigned Proposal Officer or Analyst's Name and Contact information in the corresponding boxes.

Insert the signatories corresponding email

Signature of Authorized Representative

Date Signed

Completed on submission to Grants.gov

Completed on submission to Grants.gov

20. Pre-application

21. Cover Letter Attachment

Yellow=Mandatory Information

Blue=Optional Information