

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

3. DATE RECEIVED BY STATE:
State Application Identifier:

1. TYPE OF SUBMISSION
 Pre-application Application Changed/Corrected Application

4. a. Federal Identifier:
b. Agency Routing Identifier:

2. DATE SUBMITTED:
Applicant Identifier:

c. Previous Grants.gov Tracking ID:

5. APPLICANT INFORMATION Organizational DUNS:

Legal Name:
Department: Division:
Street1:
Street2:
City: County / Parish:
State: Province:
Country: ZIP / Postal Code:

DUNs # should always be as listed above.

Person to be contacted on matters involving this application
Prefix: First Name: Middle Name:
Last Name: Suffix:
Position/Title:
Street1:
Street2:
City: County / Parish:
State: Province:
Country: ZIP / Postal Code:
Phone Number: Fax Number:
Email:

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

ORSPO-TeamB-Proposals@ad3.ucdavis.edu

6. EMPLOYER IDENTIFICATION (EIN) or (TIN):

NIH EIN # all other Sponsors 94-6036494

7. TYPE OF APPLICANT:
Other (Specify):
Small Business Organization Type Women Owned Socially and Economically Disadvantaged

8. TYPE OF APPLICATION:
 New Resubmission Renewal Continuation Revision
If Revision, mark appropriate box(es).
 A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration
 E. Other (specify):

Is this application being submitted to other agencies? Yes No What other Agencies?

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

12. PROPOSED PROJECT:
Start Date: Ending Date:

13. CONGRESSIONAL DISTRICT OF APPLICANT:

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?

THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE:
 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

20. Pre-application

21. Cover Letter Attachment

Yellow=Mandatory Information

Blue=Optional Information