

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **September 1 - 15, 2016**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

**Application for Federal Assistance SF-424**

**\* 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

**\* 2. Type of Application:**

- New
- Continuation
- Revision

**\* If Revision, select appropriate letter(s):**

[Empty field]

**\* Other (Specify):**

[Empty field]

Governor's Office of Planning & Research

SEP 01 2016

**\* 3. Date Received:**

[Empty field]

**4. Applicant Identifier:**

STATE CLEARINGHOUSE

**5a. Federal Entity Identifier:**

[Empty field]

**5b. Federal Award Identifier:**

[Empty field]

**State Use Only:**

**6. Date Received by State:**

[Empty field]

**7. State Application Identifier:**

[Empty field]

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:** The Regents of the University of California

**\* b. Employer/Taxpayer Identification Number (EIN/TIN):**

94 6036494

**\* c. Organizational DUNS:**

0471200840000

**d. Address:**

**\* Street1:** Office of Research - Sponsored Programs

**Street2:** 1850 Research Park Drive

**\* City:** Davis

**County/Parish:** Yolo

**\* State:** CA: California

**Province:**

**\* Country:** USA: UNITED STATES

**\* Zip / Postal Code:** 95618-6153

**e. Organizational Unit:**

**Department Name:**

Plant Pathology

**Division Name:**

College of Ag & Enviro Science

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

**Prefix:** Dr.

**\* First Name:** Bryce

**Middle Name:** W.

**\* Last Name:** Falk

**Suffix:**

**Title:** Professor

**Organizational Affiliation:**

The Regents of the University of California

**\* Telephone Number:** 530-752-0302

**Fax Number:** 530-754-9077

**\* Email:** bwfalk@ucdavis.edu

**Application for Federal Assistance SF-424**

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

Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

USDA / APHIS

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

10.025

CFDA Title:

Plant and Animal Disease, Pest Control, and Animal Care

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

\* Title:

**13. Competition Identification Number:**

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Enhancing the sensitivity, efficiency and accuracy for detecting Cucumber green mottle mosaic virus in cucurbit seeds.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**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	<input type="text" value="64,811.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="64,811.00"/>

**\* 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 in attachment.)**

- Yes  No

If "Yes", provide explanation and attach

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		
* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify):
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	
* 3. Date Received:	4. Applicant Identifier:	
	Dept. of Food and Agriculture	
5a. Federal Entity Identifier:	5b. Federal Award Identifier:	
16-8130-0337-CA	Governor's Office of Planning & Research	
State Use Only:	SEP 12 2016	
6. Date Received by State: 09/08/2016	7. State Application Identifier: STATE CLEARINGHOUSE	
8. APPLICANT INFORMATION:		
* a. Legal Name: State of California		
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:	
68-0325104	8074876650000	
d. Address:		
* Street1:	1220 N Street, Room 315	
Street2:		
* City:	Sacramento	
County/Parish:		
* State:	CA: California	
Province:		
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	95814	
e. Organizational Unit:		
Department Name:	Division Name:	
Food and Agriculture	Plant Health/Pest Prev Svcs	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	* First Name:	Jason
Middle Name:		
* Last Name:	Chan	
Suffix:		
Title:		
Organizational Affiliation:		
California Department of Food and Agriculture		
* Telephone Number:	Fax Number:	
(916) 654-1211	(916) 654-0555	
* Email: jason.chan@cdfa.ca.gov		

**Application for Federal Assistance SF-424**

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

A: State Government

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 and Animal Disease, Pest Control, and Animal Care

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

NA

\* Title:

NA

**13. Competition Identification Number:**

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Augmentation of Production of Parasitoids of Asian Citrus Psyllid (ACP) at Existing California Facilities.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**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	<input type="text" value="275,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="275,000.00"/>

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- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
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**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

- Yes
- No

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**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)**

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**Authorized Representative:**

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Middle Name:   
\* Last Name:   
Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:

\* Date Signed: