

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):

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.

Add Attachment

Delete Attachment

View Attachment

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

Add Attachment

Delete Attachment

View Attachment

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 6

* b. Program/Project CA-a11

Attach an additional list of Program/Project Congressional Districts if needed.

Attachment area with buttons: Add Attachment, Delete Attachment, View Attachment

17. Proposed Project:

* a. Start Date: 09/30/2016

* b. End Date: 09/29/2017

18. Estimated Funding (\$):

Table with 2 columns: Category and Amount. Rows include Federal (275,000.00), Applicant (0.00), State (0.00), Local (0.00), Other (0.00), Program Income (0.00), and TOTAL (275,000.00).

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

- Checked box a. This application was made available to the State under the Executive Order 12372 Process for review on 09/12/2016.
Unchecked box b. Program is subject to E.O. 12372 but has not been selected by the State for review.
Unchecked box c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)

Unchecked box Yes, Checked box No

If "Yes", provide explanation and attach

Attachment area with buttons: Add Attachment, Delete Attachment, View Attachment

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)

Checked box ** 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:

Form fields for Authorized Representative: Prefix, Middle Name, Last Name (Myers), Suffix, First Name (Crystal)

* Title: Manager, Office of Grants Administration

* Telephone Number: (916) 657-3231 Fax Number:

* Email: crystal.myers@cdfa.ca.gov

* Signature of Authorized Representative: [Signature] * Date Signed: