OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

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, Suite 300
* City: Davis
County/Parish: Yolo
* State: CA: California
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 95618-6153

e. Organizational Unit:

Department Name: Medicine and Epidemiolgoy

Division Name: School of Veterinary Medicine

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

Prefix:
* First Name: Janet
Middle Name:
* Last Name: Foley
Suffix:

Title: Professor

Organizational Affiliation: University of California, Davis

* Telephone Number: 530-754-9740
Fax Number:

* Email: jefoley@ucdavis.edu

Application for Federal Assistance SF-424

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

H: 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:**

US Fish and Wildlife Service

11. Catalog of Federal Domestic Assistance Number:

15.231

CFDA Title:

Fish, Wildlife and Plant Conservation Resource Management

*** 12. Funding Opportunity Number:**

L12AS00062

*** Title:**

Captive Breeding and Translocation of the Endangered Amargosa Vole

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:**

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: CA-003 * b. Program/Project: CA-003

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 07/01/2015 * b. End Date: 07/31/2016

18. Estimated Funding ($):

* a. Federal	40,999.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	40,999.00

*** 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: Robert

Middle Name:

* Last Name: Pattison

Suffix:

* Title: Contracts and Grants Officer

* Telephone Number: 530-754-7996 Fax Number:

* Email: rpattison@ucdavis.edu

* Signature of Authorized Representative: R. Pattison * Date Signed: 6/12/15