

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): * 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 Epidemiology			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:**

B: 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 * 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	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

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

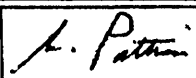
Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title: * Telephone Number: Fax Number: * Email: * Signature of Authorized Representative: * Date Signed: