OMB Number: 4040-0001
Expiration Date: 12/31/2022

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 Number

c. Previous Grants.gov Tracking Number

2. DATE SUBMITTED

Application Identifier
KR PD #

5. APPLICANT INFORMATION **UEI*:** UYTTZT6G9DT1

Legal Name*: The Regents of the Univ. of Calif., U.C. San Diego
Department: Health Sciences SPO
Division: School of Medicine
Street1*: 9500 Gilman Drive
Street2: MC 0041
City*: La Jolla
County: San Diego
State*: CA: California
Province:
Country*: USA: UNITED STATES
ZIP / Postal Code*: 92093-0041

Person to be contacted on matters involving this application
Prefix: First Name*: Anastasia Middle Name: Last Name*: Hendry` Suffix:
Position/Title: Grant Analyst
Street1*: 9500 Gilman Drive
Street2: MC 0041
City*: La Jolla
County: San Diego
State*: CA: California
Province:
Country*: USA: UNITED STATES
ZIP / Postal Code*: 92093-0041
Phone Number*: 858-246-1624 Fax Number: Email: ahendry@health.ucsd.edu

6. EMPLOYER IDENTIFICATION NUMBER *(EIN) or (TIN)** 1956006144A1

7. TYPE OF APPLICANT* H: Public/State Controlled Institution of Higher Education

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*
National Institutes of Health

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER
TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT*
Project Title

12. PROPOSED PROJECT
Start Date* Ending Date*
09/01/2022 08/31/2025

13. CONGRESSIONAL DISTRICTS OF APPLICANT
CA-049

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: First Name*: PI's First Name Middle Name: Last Name*: PI's Last Name Suffix:
Position/Title: Postdoctoral or Predoctoral Fellow
Organization Name*: The Regents of the Univ. of Calif., U.C. San Diego
Department: PI's or Sponsor's Department
Division: School of Medicine
Street1*: 9500 Gilman Drive
Street2: MC 0000 (PI's MC)
City*: La Jolla
County: San Diego
State*: CA: California
Province:
Country*: USA: UNITED STATES
ZIP / Postal Code*: 92093-0000 (PI's MC)
Phone Number*: PI's phone# Fax Number: Email*: PI's UC San Diego email

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested*	$ amount here
b. Total Non-Federal Funds*	$0.00
c. Total Federal & Non-Federal Funds*	$ amount here
d. Estimated Program Income*	$0.00

16.IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?*

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

b. NO ● 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 or OTHER EXPLANATORY DOCUMENTATION File Name:

19. AUTHORIZED REPRESENTATIVE

Prefix: First Name*: Anastasia Middle Name: Last Name*: Hendry Suffix:
Position/Title*: Grant Analyst
Organization Name*: The Regents of the Univ. of Calif., U.C. San Diego
Department: Health Sciences SPO
Division: School of Medicine
Street1*: 9500 Gilman Drive
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City*: La Jolla
County: San Diego
State*: CA: California
Province:
Country*: USA: UNITED STATES
ZIP / Postal Code*: 92093-0041
Phone Number*: 858-246-1624 Fax Number: Email*: ahendry@health.ucsd.edu

Signature of Authorized Representative*
Anastasia Hendry

Date Signed*
04/08/2022

20. PRE-APPLICATION File Name:

21. COVER LETTER ATTACHMENT File Name: Cover_Letter_Required.pdf