

Application (APP-10449)

[Close](#)**Status:** Draft

APPLICATION

[SF-424](#) [SF-424A](#) [Partners](#) [Additional Details](#) [Attachments](#)

Application for Federal Assistance SF-424

* 1. Type of Submission:	Application	* 2. Type of Application:	New	If Revision, select appropriate letter(s):
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* 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:

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

✦ c. Organizational DUNS:

d. Address

* Street 1:	1220 N STREET
Street 2:	
* City:	SACRAMENTO
County/Parish:	
* State:	CA
Province:	
* Country:	US
* Zip/ Postal Code:	95814-5607

e. Organizational Unit:

Department Name:	Division Name:
PHPPS	Plant Admin

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

Prefix:

✱ First Name:

Middle Name:

Last Name:

Suffix:

Title:

Organizational Affiliation:

✱ Phone (XXX) XXX-XXXX

Fax (XXX) XXX-XXXX:

✱ Email:

9. APPLICANT DETAILS

✱ Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** 10. NAME OF FEDERAL AGENCY:**

Animal and Plant Health Inspection Service

*** 11. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**

10.025

CFDA Title:

PLANT AND ANIMAL DISEASE, PEST CONTROL, AND ANIMAL CARE

*** 12. FUNDING OPPORTUNITY NUMBER:**

USDA-APHIS-10025-PPQFO000-19-0599

*** Title:**

CA 19 CDFA PPA COLLABORATIVE EDUCATIONAL & REGULATORY EFFORTS

13. COMPETITION IDENTIFICATION NUMBER:

Title:

14. AREAS AFFECTED BY PROJECT (CITIES, COUNTRIES, STATES, ETC.):

Add Attachment Delete Attachment View Attachment

This is a disabled area, please add any relevant attachments to the attachments screen.

*** 15. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

This Agreement provides Federal financial assistance to conduct collaborative regulatory and educational activities.

Attach supporting documents as specified in agency instructions

Add Attachment Delete Attachment View Attachment

This is a disabled area, please add any relevant attachments to the attachments screen

16. CONGRESSIONAL DISTRICTS OF:

* a. Applicant:

CA-006

* b. Program/Project:

CA-all

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

[Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

This is a disabled area, please add any relevant attachments to the attachments screen

17. PROPOSED PROJECT:

* a. Start Date:

9/1/19

* b. End Date:

8/31/20

18. ESTIMATED FUNDING:

↕ a. Federal:

\$26,236.00

↕ b. Applicant:

↕ c. State:

↕ d. Local:

↕ e. Other:

f. Program Income:

g. TOTAL:

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 EO 12372 but has not been selected by the State for review☐ c) Program is not covered by EO 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](#)*Please add any relevant attachments to the attachments screen*

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 ASSURANCE** AND AGREE TO COMPLY WITH ANY RESULTING TERMS IF I ACCEPT A FEDERAL 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:	<input type="text"/>		
Signature of Authorized Representative:	<input type="text"/>	Date Signed:	<input type="text"/>

Additional Information