

APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)		3. DATE RECEIVED BY STATE	State Application Identifier
1. TYPE OF SUBMISSION*		4.a. Federal Identifier GM142515	
<input type="radio"/> Pre-application <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application		b. Agency Routing Number NOT-OD-24-001	
2. DATE SUBMITTED	Application Identifier	c. Previous Grants.gov Tracking Number	
5. APPLICANT INFORMATION UEI*: F4SLJ5WF59F6			
Legal Name*: SAN FRANCISCO STATE UNIVERSITY			
Department:			
Division:			
Street1*: 1600 Holloway Ave			
Street2:			
City*: San Francisco			
County: San Francisco			
State*: CA: California			
Province:			
Country*: USA: UNITED STATES			
ZIP / Postal Code*: 941321722			
Person to be contacted on matters involving this application			
Prefix: Miss First Name*: Candy Middle Name: Last Name*: Mou Suffix:			
Position/Title:			
Street1*: 1600 Holloway Ave.			
Street2:			
City*: San Francisco			
County:			
State*: CA: California			
Province:			
Country*: USA: UNITED STATES			
ZIP / Postal Code*: 94132-1722			
Phone Number*: 415-405-4223 Fax Number: Email: candymoo@sfsu.edu			
6. EMPLOYER IDENTIFICATION NUMBER (EIN) or (TIN)*		93-1137247	
7. TYPE OF APPLICANT*		H: Public/State Controlled Institution of Higher Education	
Other (Specify):			
<input checked="" type="radio"/> Small Business Organization Type <input type="radio"/> Women Owned <input type="radio"/> Socially and Economically Disadvantaged			
8. TYPE OF APPLICATION*		If Revision, mark appropriate box(es).	
<input type="radio"/> New <input type="radio"/> Resubmission		<input checked="" type="radio"/> A. Increase Award <input type="radio"/> B. Decrease Award <input checked="" type="radio"/> C. Increase Duration	
<input type="radio"/> Renewal <input type="radio"/> Continuation <input checked="" type="radio"/> Revision		<input type="radio"/> D. Decrease Duration <input type="radio"/> E. Other (specify):	
Is this application being submitted to other agencies?* <input type="radio"/> Yes <input checked="" type="radio"/> No What other Agencies?			
9. NAME OF FEDERAL AGENCY* National Institutes of Health		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 859 TITLE:	
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT* SFSU/UCSF M.S. Bridges to the Doctorate Program			
12. PROPOSED PROJECT Start Date* Ending Date* 02/17/2024 07/31/2024		13. CONGRESSIONAL DISTRICTS OF APPLICANT CA-014	

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE**Page 2****14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION**

Prefix: Dr. First Name*: MEGUMI Middle Name: M. Last Name*: FUSE Suffix:
Position/Title: PROFESSOR
Organization Name*: SAN FRANCISCO STATE UNIVERSITY
Department:
Division:
Street1*: 1600 Holloway Ave.
Street2: Dept. Biology, San Francisco State University
City*: San Francisco
County:
State*: CA: California
Province:
Country*: USA: UNITED STATES
ZIP / Postal Code*: 941320000
Phone Number*: 4158068016 Fax Number: Email*: fuse@sfsu.edu

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested* \$529,172.00
b. Total Non-Federal Funds* \$0.00
c. Total Federal & Non-Federal Funds* \$529,172.00
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: 02/16/2024
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. SFULLL or OTHER EXPLANATORY DOCUMENTATION

File Name:

19. AUTHORIZED REPRESENTATIVE

Prefix: First Name*: Susan Middle Name: Last Name*: Pelton Suffix:
Position/Title*: Director
Organization Name*: San Francisco State University
Department:
Division:
Street1*: 1600 Holloway Ave.
Street2:
City*: San Francisco
County:
State*: CA: California
Province:
Country*: USA: UNITED STATES
ZIP / Postal Code*: 94132-1722
Phone Number*: 415-338-7090 Fax Number: Email*: spelton@sfsu.edu

Signature of Authorized Representative*
Raman Paul

Date Signed*
02/16/2024

20. PRE-APPLICATION File Name:**21. COVER LETTER ATTACHMENT** File Name: