

# SF 424 R&R

**14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION**

Prefix: First Name: Middle Name: Last Name: Suffix:  
 JODI QUAS  
 Position/Title: Associate Professor & Graduate Advisor Organization Name: The Regents of the University of California, Irvine  
 Department: Psychological Science Division: SCHOOL OF SOCIAL ECOLOGY  
 Street1: 4328 Social & Behavioral Scien Street2:  
 City: Irvine County/Parish: Orange State: CA: California  
 Province: Country: USA: UNITED STATES ZIP / Postal Code: 92697-7600  
 Phone Number: (949) 824-7693 Fax Number: (949) 824-3002 Email: jquas@uci.edu

**15. ESTIMATED PROJECT FUNDING**

a. Total Federal Funds Requested \$926,106.00  
 b. Total Non-Federal Funds \$0.00  
 c. Total Federal & Non-Federal Funds \$926,106.00  
 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:  
 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: Mime Type:

**19. Authorized Representative**

Prefix: First Name: Middle Name: Last Name: Suffix:  
 Maria G. Diaz  
 Position/Title: Contract and Grant Officer Organization Name: The Regents of the University of California, Irvine  
 Department: Division:  
 Street1: 141 Innovation, Suite 250 Street2:  
 City: Irvine County/Parish: Orange State: CA: California  
 Province: Country: USA: UNITED STATES ZIP / Postal Code: 92697-7600  
 Phone Number: (949) 824-3172 Fax Number: (949) 824-2094 Email: mgdiaz1@uci.edu

**Signature of Authorized Representative**

**Date Signed**

Maria G. Diaz

03/08/2019

**20. Pre-application** File Name: Mime Type:

**21. Cover Letter Attachment** File Name: Mime Type: