APPLICATION FOR FEDERA	L ASSISTANCE		3. DATE RECE	EIVED BY STATE	State Application	 1 Identifier	
SF 424 R&R					Council   Ppinouno		
1. TYPE OF SUBMISSION	4. a. Federal le	dentifier					
OPre-application    OPre-application    OChanged/Corrected Application			b. Agency Routing Identifier				
2. DATE SUBMITTED	Applicant Identifier	•					
03/08/2019			c. Previous Grants.gov Tracking ID				
5. APPLICANT INFORMATION	Org	ganizational DUNS: 04	6705849				
Legal Name: The Regents of the	University of California,	rvine					
Department:		ision:					
Street1: 141 Innovation Drive, Su		eet2:					
City: Irvine Cou		unty/Parish: Orange		State: C	State: CA: California		
Province:	Co	intry: USA: UNITED STATES			ZIP / Postal Code: 92697-7600		
Person to be contacted on matter	s involving this application	on					
Prefix: First Name:		Middle Name:		Last Name:		Suffix:	
Maria		G.		Diaz			
Position/Title: Contract and Grant		10					
Street1: 141 Innovation, Suite 25		eet2:		2:			
•		unty/Parish: Orange			State: CA: California		
Province: Cou		untry: USA: UNITED STATES			ZIP / Postal Code: 92697-7600		
Phone Number: (949) 824-3172 Fax		Number: (949) 824-2094		Email: n	Email: mgdiaz1@uci.edu		
6. EMPLOYER IDENTIFICATION	NUMBER(EIN) or (TIN	): 1-952226406-A1					
7. TYPE OF APPLICANT: H: Put Other (Specify):	olic/State Controlled Inst	tution of Higher Educati	on				
Small Business Organization T	ype OWomen	Owned OSocially	and Economica	Illy Disadvantaged			
8. TYPE OF APPLICATION:		If Revision, mark appro	opriate box(es).				
•New OResubmissi	on	OA. Increase Award	Ов	3. Decrease Award	OC. In	crease Duration	
ORenewal OContinuation	n ORevision	OD. Decrease Duration	on OE	. Other(specify):			
Is this application being submitted	d to other agencies? ${ m O}$ Y	es No What other	Agencies?				
9. NAME OF FEDERAL AGENC	Y:		10. CATALOG	OF FEDERAL DO	MESTIC ASSISTA	NCE NUMBER:	
Centers for Disease Control ar	93.136			10 110 1 1011			
		TITLE: Injury Prevention and Control Research and State and Community Based Programs					
11. DESCRIPTIVE TITLE OF AP Reducing Anger Biases in High Y		anism Linking Adversity	Exposure and V	/iolence			
12. PROPOSED PROJECT:			IONAL DISTRICT OF THE APPLICANT:				
Start Date Endi	ng Date	CA-045					
09/01/2019 08/3	1/2022						

SF 424 R&RAPPLICATION	N FOR FEDERAL	ASSISTANCE		Page 2		
14. PROJECT DIRECTOR/PRINCIPAL Prefix: First Name: JODI	INVESTIGATOR CO	ATOR CONTACT INFORMATION  Middle Name:  QUAS		Suffix:		
Position/Title: Associate Professor & Gra Advisor	aduate Organ	ization Name: The Regents	of the University of California, Irvine			
Department: Psychological Science Street1: 4328 Social & Behavioral Scien		on: SCHOOL OF SOCIAL E 2:	COLOGY			
City: Irvine	Count	y/Parish: Orange	State: CA: California			
Province:	Count	ry: USA: UNITED STATES	ZIP / Postal Code: 92697-7600			
Phone Number: (949) 824-7693	Fax N	umber: (949) 824-3002	Email: jquas@uci.edu			
15. ESTIMATED PROJECT FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12 PROCESS?				
a. Total Federal Funds Requested b. Total Non-Federal Funds	\$926,106.00 \$0.00	a. YES O THIS STAT	PREAPPLICATION/APPLICATION WAS MAD E EXECUTIVE ORDER 12372 PROCESS FO	E AVAILABLE TO THE R REVIEW ON:		
c. Total Federal & Non-Federal Funds	\$926,106.00	b. NO PROC	GRAM IS NOT COVERED BY E.O. 12372; OR			
d. Estimated Program Income	\$0.00	O PROC	GRAM HAS NOT BEEN SELECTED BY STATI	FOR REVIEW		
The list of certifications and assurances, or an la			nouncement or agency specific instructions.			
9. Authorized Representative Prefix: First Name: Maria		Middle Name: G.	Last Name: Diaz	Suffix:		
Position/Title: Contract and Grant Office Department: Street1: 141 Innovation, Suite 250	r Organ Divisio Street	ization Name: The Regents on:	of the University of California, Irvine			
City: Irvine		y/Parish: Orange	State: CA: California			
Province: Cou		ry: USA: UNITED STATES	ZIP / Postal Code: 92697-7600			
hone Number: (949) 824-3172 Fax Numb		umber: (949) 824-2094	Email: mgdiaz1@uci.edu			
Signature of Author	rized Representativ	Date Signed				
Maria	G. Diaz		03/08/2019			
		_				
20. Pre-application File Name: Mime	е Туре:					
21. Cover Letter Attachment File Nar	ne: Mime Type:					