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

2. DATE SUBMITTED

Applicant Identifier

4. a. Federal Identifier

b. Agency Routing Identifier

c. Previous Grants.gov Tracking ID

5. APPLICANT INFORMATION **UEI:** TNQMP46NDSL1

Legal Name: Azusa Pacific University
Department: College of Education and Behavioral Sciences
Division:
Street1: 901 E. Alosta Avenue
Street2:
City: Azusa County/Parish: Los Angeles State: CA: California
Province: Country: USA: UNITED STATES ZIP / Postal Code: 91702-2701

Person to be contacted on matters involving this application

Prefix:	First Name:	Middle Name:	Last Name:	Suffix:
Dr.	Rachel		Gonzales-Castaneda	PhD

Position/Title: Professor
Department:
Division:
Street1: 901 E. Alosta Avenue
Street2:
City: Azusa County/Parish: Los Angeles State: CA: California
Province: Country: USA: UNITED STATES ZIP / Postal Code: 91702-2701
Phone Number: (626) 815-5005 Fax Number: Email: rcastaneda@apu.edu

6. EMPLOYER IDENTIFICATION NUMBER*(EIN) or (TIN)*: 951744369

7. TYPE OF APPLICANT: O: Private 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:
Health Resources and Services Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
93.191
TITLE: Graduate Psychology Education

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Project Expand-TACCTIC Training and Advancing Clinicians Competencies in Trauma-Informed Care

12. PROPOSED PROJECT:

Start Date	Ending Date
07/01/2025	06/30/2028

13. CONGRESSIONAL DISTRICT OF THE APPLICANT:
CA-031

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:	First Name:	Middle Name:	Last Name:	Suffix:
Dr.	Rachel		Gonzales-Castaneda	PhD

Position/Title: Professor
Organization Name: Azusa Pacific University
Department: Psychology
Division: Education and Behavioral Sciences
Street1: 901 E. Alosta Avenue
Street2:
City: Azusa
County/Parish: Los Angeles
State: CA: California
Province:
Country: USA: UNITED STATES
ZIP / Postal Code: 91702-2701
Phone Number: (626) 815-5005
Fax Number:
Email: rcastaneda@apu.edu

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested	$1,348,340.00
b. Total Non-Federal Funds	$0.00
c. Total Federal & Non-Federal Funds	$1,348,340.00
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: 01/21/2025

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:
Dr.	Louise	Ko	Huang	

Position/Title: Vice Provost for Academic Services
Organization Name: Azusa Pacific University
Department: Vice Provost for Academic Services
Division: Office of the Provost
Street1: 901 E. Alosta Avenue
Street2:
City: Azusa
County/Parish: CA
State: CA: California
Province:
Country: USA: UNITED STATES
ZIP / Postal Code: 91702-2701
Phone Number: (626) 815-5400
Fax Number: (626) 387-5907
Email: lhuang@apu.edu

Signature of Authorized Representative **Date Signed**

20. Pre-application File Name: Mime Type:

21. Cover Letter Attachment File Name: Mime Type: