

## Application for Federal Assistance SF-424

**\* 1. Type of Submission:**

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

**\* 2. Type of Application:**

- ☒ New  
☐ Continuation  
☐ Revision

**\* If Revision, select appropriate letter(s):**

**\* Other (Specify):**

**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

CA

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

The Regents of the University of California

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

270093858

**\* c. UEI:**

FFM7VPAG8P92

**d. Address:**

**\* Street1:**

Sponsored Projects Office

**Street2:**

5200 N. Lake Road

**\* City:**

Merced

**County/Parish:**

Merced

**\* State:**

CA: California

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

95343-5705

**e. Organizational Unit:**

**Department Name:**

VC Student Affairs

**Division Name:**

Center for Educational Partner

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

**Prefix:**

Mr.

**\* First Name:**

Bryan

**Middle Name:**

**\* Last Name:**

O'Neill

**Suffix:**

**Title:**

Contracts and Grants Officer

**Organizational Affiliation:**

Sponsored Projects Office

**\* Telephone Number:**

209-201-7459

**Fax Number:**

**\* Email:**

spo@ucmerced.edu

## Application for Federal Assistance SF-424

### \* 9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

### \* 10. Name of Federal Agency:

Department of Education

### 11. Assistance Listing Number:

84.334

Assistance Listing Title:

Gaining Early Awareness and Readiness for Undergraduate Programs

### \* 12. Funding Opportunity Number:

ED-GRANTS-112024-001

\* Title:

Office of Postsecondary Education (OPE): Student Support Service: Gaining Early Awareness and Readiness for Undergraduate Programs (GEAR UP) Partnership Grants, Assistance Listing Number 84.334A

### 13. Competition Identification Number:

84-334A2025-2

Title:

FY 2025 GEAR UP Partnership competition

### 14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

### \* 15. Descriptive Title of Applicant's Project:

GEAR UP Parlier

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424****16. Congressional Districts Of:**\* a. Applicant \* b. Program/Project 

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

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**\* a. Start Date: \* b. End Date: **18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="3,135,998.00"/>
* b. Applicant	<input type="text" value="509,973.00"/>
* c. State	<input type="text" value="144,900.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="2,137,373.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="5,928,244.00"/>

**\* 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 E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 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

**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 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.

**Authorized Representative:**

Prefix:	<input type="text" value="Mr."/>	* First Name:	<input type="text" value="Bryan"/>
Middle Name:	<input type="text"/>		
* Last Name:	<input type="text" value="O'Neill"/>		
Suffix:	<input type="text"/>		

\* Title: \* Telephone Number:  Fax Number: \* Email: \* Signature of Authorized Representative:  \* Date Signed: