

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

3. DATE RECEIVED BY STATE		State Application Identifier
1. TYPE OF SUBMISSION*		4.a. Federal Identifier
<input type="radio"/> Pre-application <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application		b. Agency Routing Number
2. DATE SUBMITTED	Application Identifier	c. Previous Grants.gov Tracking Number
5. APPLICANT INFORMATION		Organizational DUNS*: 0467058490000
Legal Name*: UNIVERSITY OF CALIFORNIA-IRVINE		
Department:		
Division:		
Street1*: 141 Innovation Drive, Suite 250		
Street2:		
City*: Irvine		
County:		
State*: CA: California		
Province:		
Country*: USA: UNITED STATES		
ZIP / Postal Code*: 92697-7600		
Person to be contacted on matters involving this application		
Prefix:	First Name*: Wanda	Middle Name: Last Name*: Kao Suffix:
Position/Title: Sr Contract and Grant Officer		
Street1*: 141 Innovation Drive, Suite 250		
Street2:		
City*: Irvine		
County:		
State*: CA: California		
Province:		
Country*: USA: UNITED STATES		
ZIP / Postal Code*: 92697-7600		
Phone Number*: 949-824-0446 Fax Number: Email: wandak@uci.edu		
6. EMPLOYER IDENTIFICATION NUMBER (EIN) or (TIN)*		95-2226406
7. TYPE OF APPLICANT*		H: Public/State Controlled Institution of Higher Education
Other (Specify):		
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 checked="" type="radio"/> New <input type="radio"/> Resubmission		<input type="radio"/> A. Increase Award <input type="radio"/> B. Decrease Award <input type="radio"/> C. Increase Duration
<input type="radio"/> Renewal <input type="radio"/> Continuation <input 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*		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER
Centers for Disease Control and Prevention - ERA		93.070
		TITLE: Environmental Public Health and Emergency Response
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT*		
UCI PFAS Health Study		
12. PROPOSED PROJECT		13. CONGRESSIONAL DISTRICTS OF APPLICANT
Start Date*	Ending Date*	CA-045
10/01/2019	09/30/2024	

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Prefix: First Name*: Scott Middle Name: Michael Last Name*: Bartell Suffix:

Position/Title: Associate Professor

Organization Name*: UNIVERSITY OF CALIFORNIA-IRVINE

Department:

Division:

Street1*: 2032 AIRB

Street2:

City*: Irvine

County:

State*: CA: California

Province:

Country*: USA: UNITED STATES

ZIP / Postal Code*: 92697-3957

Phone Number*: 949-824-5919 Fax Number: Email*: sbartell@uci.edu

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested* \$5,088,525.00

b. Total Non-Federal Funds* \$0.00

c. Total Federal & Non-Federal Funds* \$5,088,525.00

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: 05/30/2019

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:

19. AUTHORIZED REPRESENTATIVE

Prefix: First Name*: Wanda Middle Name: Last Name*: Kao Suffix:

Position/Title*: Sr Contract and Grant Officer

Organization Name*: University of California Irvine

Department:

Division:

Street1*: 141 Innovation Drive, Suite 250

Street2:

City*: Irvine

County:

State*: CA: California

Province:

Country*: USA: UNITED STATES

ZIP / Postal Code*: 92697-7600

Phone Number*: 949-824-0446 Fax Number: Email*: awards@research.uci.edu

Signature of Authorized Representative*

Wanda Kao

Date Signed*

05/30/2019

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