

Create Application APP-9265

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Status:

New

Opportunity:

USDA-APHIS-10025-PPQS&T00-19-0136

Application Deadline:

9/13/2019

1 2 3 4 5

SF-424

SF-424A

Partners

Additional Details

Add Attachments

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):

Select ...

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

STATE USE ONLY:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION

* a. Legal Name:

FOOD & AGRICULTURE, CALIFORNIA DEPARTMENT OF

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

68-0325104

* c. Organizational DUNS:

807487665

d. Address

* Street 1:

1220 N STREET

Street 2:

* City:

SACRAMENTO

County/Parish:

* State:

CA

Province:

* Country:

US

* Zip/ Postal Code:

95814-5607

e. Organizational Unit:

Department Name:

Plant Health & Pest Prevention

Division Name:

Integrated Pest Control

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

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Title:

Organizational Affiliation:

* Phone (XXX) XXX-XXXX Fax (XXX) XXX-XXXX:

* Email:

9. APPLICANT DETAILS

* Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* **10. NAME OF FEDERAL AGENCY:**

Animal and Plant Health Inspection Service

* **11. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**

10.025

CFDA Title:

PLANT AND ANIMAL DISEASE, PEST CONTROL, AND ANIMAL CARE

* **12. FUNDING OPPORTUNITY NUMBER:**

[USDA-APHIS-10025-PPQS&T00-19-0136](#)

* Title:

6.0208.00 Biological Control of the Bagra da Bug FY 19

13. COMPETITION IDENTIFICATION NUMBER:

Title:

14. AREAS AFFECTED BY PROJECT (CITIES, COUNTRIES, STATES, ETC.):

[Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

This is a disabled area, please add any relevant attachments to the attachments screen.

*** 15. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

The primary purpose of this agreement is to support development of a classical biological control program for the bagrada bug infesting cole crops grown in California. The bagrada bug has become a serious pest in various brassica crops (i.e. broccoli, cabbage, cauliflower) throughout California within a short period of time. It has also spread east establishing populations in Arizona and New Mexico, and is now moving across Texas. Prolific reproductive rates, aggregated feeding behavior, and a relatively

Attach supporting documents as specified in agency instructions

[Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

This is a disabled area, please add any relevant attachments to the attachments screen

16. CONGRESSIONAL DISTRICTS OF:

* a. Applicant:

CA-006

* b. Program/Project:

CA-all

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

[Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

This is a disabled area, please add any relevant attachments to the attachments screen

17. PROPOSED PROJECT:

* a. Start Date:

7/1/2019

* b. End Date:

6/30/2020

18. ESTIMATED FUNDING:

- * a. Federal:
- * b. Applicant:
- * c. State:
- * d. Local:
- * e. Other:
- * f. Program Income:
- g. TOTAL:

***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
- b) Program is subject to EO 12372 but has not been selected by the State for review
- c) Program is not covered by EO 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If Yes, provide explanation in attachment)**

- Yes
- No

If "Yes", provide explanation and attach

Please add any relevant attachments to the attachments screen

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 ASSURANCE** AND AGREE TO COMPLY WITH ANY RESULTING TERMS IF I ACCEPT A FEDERAL 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 218, 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:		First Name:	CRYSTAL
Middle Name:		Last Name:	MYERS
Suffix:			

Title: BRANCH CHIEF, OFFICE OF GRANTS ADMINISTRATION

Telephone Number: (916) 657-3231

Fax Number: (916) 653-0206

Email:

CRYSTAL.MYERS@CAFA.CA.GOV

Signature of
Authorized
Representative:

Date Signed:

Additional Information