

Application for Federal Assistance SF-424

*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application * If Revision, select appropriate letter(s): <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	*Other (Specify) _____
--	--	----------------------------------

*3. Date Received: NA	4. Applicant Identifier: E36 (Georgetown) Georgetown, CA
---------------------------------	--

*5b. Federal Entity Identifier: 06-0093	*5b. Federal Award Identifier:
---	---------------------------------------

State Use Only:

6. Date Received by State:	7. State Application Identifier:
-----------------------------------	---

8. APPLICANT INFORMATION:

***a. Legal Name:** County of El Dorado

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000511	*c. Organizational DUNS: 84-226-5527
---	--

d. Address:

***Street 1:** 2850 Fairlane Court _____
Street 2: Building C _____
***City:** PLACERVILLE _____
County/Parish: _____
***State:** CA _____
Province: _____
***Country:** USA: United States _____
***Zip / Postal Code** 95667 _____

e. Organizational Unit:

Department Name:	Division Name:
-------------------------	-----------------------

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

Prefix: Ms _____ ***First Name:** Sherrie _____
Middle Name: _____
***Last Name:** Busby _____
Suffix: _____

Title: Sr. Analyst

Organizational Affiliation:

***Telephone Number:** 530-621-5984 **Fax Number:**

***Email:** sherrie.busby@edcgov.us

Application for Federal Assistance SF-424

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

X. Airport Sponsor

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

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

Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

***12. Funding Opportunity Number:**

NA

*Title:

NA

13. Competition Identification Number:

NA

Title:

NA

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

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

\$9,000 for costs related to operations, personnel, cleaning, sanitization, janitorial services, combating the spread of pathogens at the airport, and debt service payments.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: 4

*b. Program/Project: 4

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

17. Proposed Project:

*a. Start Date: NA

*b. End Date: NA

18. Estimated Funding (\$):

*a. Federal	_____	\$9,000.
*b. Applicant	_____	\$0
*c. State	_____	\$0
*d. Local	_____	\$0
*e. Other	_____	\$0
*f. Program Income	_____	\$0
*g. TOTAL	_____	\$9,000.

***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 _____

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 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: Ms _____ *First Name: Tiffany _____
 Middle Name: _____
 *Last Name: Schmid _____
 Suffix: _____

*Title: Director, Planning and Building Department

*Telephone Number: 530-621-5139

Fax Number: _____

* Email: tiffany.schmid@edcgov.us

*Signature of Authorized Representative: *Tiffany Schmid*

*Date Signed: 06/01/21