

<b>Application for Federal Assistance SF-424</b>	
<b>*1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	
<b>*2. Type of Application</b> * If Revision, select appropriate letter(s): <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision <b>*Other (Specify)</b> _____	
<b>*3. Date Received:</b> NA	<b>4. Applicant Identifier:</b> E36 (Georgetown) Georgetown, CA
<b>*5b. Federal Entity Identifier:</b> 06-0093	<b>*5b. Federal Award Identifier:</b>
<b>State Use Only:</b>	
<b>6. Date Received by State:</b>	<b>7. State Application Identifier:</b>
<b>8. APPLICANT INFORMATION:</b>	
<b>*a. Legal Name:</b> County of El Dorado	
<b>*b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-6000511	<b>*c. Organizational DUNS:</b> 84-226-5527
<b>d. Address:</b>	
<b>*Street 1:</b> 2850 Fairlane Court _____ <b>Street 2:</b> _____ <b>*City:</b> GEORGETOWN _____ <b>County/Parish:</b> _____ <b>*State:</b> CA _____ <b>Province:</b> _____ <b>*Country:</b> USA: United States _____ <b>*Zip / Postal Code</b> 95667 _____	
<b>e. Organizational Unit:</b>	
<b>Department Name:</b>	<b>Division Name:</b>
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>	
<b>Prefix:</b> Ms _____ <b>*First Name:</b> Tiffany _____ <b>Middle Name:</b> _____ <b>*Last Name:</b> Schmid _____ <b>Suffix:</b> _____	
<b>Title:</b> Director, Planning and Building Department	
<b>Organizational Affiliation:</b>	
<b>*Telephone Number:</b> 530-621-5132	<b>Fax Number:</b>
<b>*Email:</b> tiffany.schmid@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:**

\$22,000 for costs related to operations, personnel, cleaning, sanitization, janitorial services, combating the spread of pathogens at the airport, and debt service payments.

