OMB Number: 4040-0004 Expiration Date: 12/31/2022

Application for Federal Assistance SF-424								
*1. Type of Submission:	*2. Type of Application		e of Applicati	on * If Revision, select appropriate letter(s):				
☐ Preapplication		⊠ New						
		☐ Continuation		*Other (Specify)				
☐ Changed/Corrected Application ☐ Revision			ision					
*3. Date Received: Applicant Identifier: PVF (Placerville) Georgetown, CA								
*5b. Federal Entity Identifier: 06-0188				*5b. Federal Award Identifier:				
State Use Only:								
6. Date Received by State: 7. State App			7. State Ap	plication Identifier:				
8. APPLICANT INFORMATION:								
*a. Legal Name: County of El Dorado								
*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000511			EIN/TIN):	*c. Organizational DUNS: 84-226-5527				
d. Address:								
*Street 1:	2850 Fairlaı	ne Court						
Street 2:								
*City:	PLACERVILLE							
County/Parish:								
*State:	CA							
Province:								
*Country:	USA: United	JSA: 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: <u>Tiffany</u>								
Middle Name:								
*Last Name: Schmid								
Suffix:								
Title: Director, Planning and Building Department								
Organizational Affiliation:								
*Telephone Number: 530-621-5132 Fax Number:								
*Email: tiffany.schmid@edcgov.us								

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*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:						
<u>NA</u>						
*Title:						
NA NA						
13. Competition Identification Number:						
<u>NA</u>						
Title:						
<u>NA </u>						
14. Areas Affected by Project (Cities, Counties, States, etc.):						
*15. Descriptive Title of Applicant's Project:						
\$32,000 for costs related to operations, personnel, cleaning, sanitization, janitorial services, combating the spread of pathogens at the airport, and debt service payments.						

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16. Congression	al 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: N/	A	*b	. End Date: NA					
18. Estimated Funding (\$):								
*a. Federal	\$32,	000						
*b. Applicant		\$0						
*c. State		\$0						
*d. Local		\$0						
*e. Other *f. Program Income	me	\$0						
*g. TOTAL	\$32,	000						
□ a. This applic □ b. Program is □ c. Program is *20. Is the Appli □ Yes If "Yes", provide 21. *By signing the herein are true, cowith any resulting me to criminal, civ. □ ** I AGREE	cation was made available subject to E.O. 12372 but a not covered by E. O. 12 cant Delinquent On Any No explanation and attached is application, I certify (1) complete and accurate to the terms if I accept an award vil, or administrative penalications and assurances, fications and assurances.	y Federal Debt? (If "Yes", proving the statements contained in the best of my knowledge. I also rd. I am aware that any false, ficalties. (U. S. Code, Title 218, Second	te Order 12372 Procestate for review. Avide explanation in a second provide the required titious, or fraudulent action 1001)	attachment.)				
Authorized Repr	esentative:							
Prefix: Middle Name: *Last Name: Suffix:	Ms Schmid	*First Name: <u>Tiffany</u>						
*Title: Director, Planning and Building Department								
*Telephone Numb	per: 530-621-5132							
* Email: tiffany.sc	chmid@edcgov.us							
*Signature of Auth	norized Representative:	*Date Signed:						