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		⊠ Nev	N						
		☐ Continuation		*Other (Specify)					
☐ Changed/Corrected Application ☐ Revision			ision	<del></del>					
*3. Date Received:  Applicant Identifier:  E36 (Georgetown, CA									
*5b. Federal Entity Identifier: 06-0093				*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				*c. Organizational DUNS: 84-226-5527					
d. Address:									
*Street 1:	2850 Fairla	ne Court							
Street 2:									
*City:	GEORGETOWN								
County/Parish:	rish:								
*State:	CA								
Province:									
*Country:	USA: United	d 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:						
*Others (On a sife)						
*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:						
<u>NA</u>						
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:						
\$22,000 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. 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	\$22,000							
*b. Applicant	\$0	_						
*c. State	\$0	_						
*d. Local  *e. Other  *f. Program Income  *g. TOTAL	\$0	_						
	\$0	_						
	\$22,000	_						
		_						
*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								
		deral Debt? (If "Yes", prov	vide explanation in	attachment.)				
	⊠ No 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: <u>I</u>		First Name: <u>Tiffany</u>						
Middle Name:  *Last Name:	Schmid							
Suffix:								
*Title: Director, Planning and Building Department								
*Telephone Number	er: 530-621-5132	_						
* Email: tiffany.schmid@edcgov.us								
*Signature of Auth	orized Representative:	*Date Signed:						