

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **December 16 - 31, 2015**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

**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 <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): - Select One - * Other (Specify)
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* 3. Date Received:	4. Application Identifier:
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5a. Federal Entity Identifier:	* 5b. Federal Award Identifier: 03-06-0010-	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <b>DEC 16 2015</b> </div>
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<b>State Use Only:</b>	6. Date Received by State:	7. State Application Identifier:	STATE CLEARING HOUSE
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**8. APPLICANT INFORMATION:**

\* a. Legal Name: County of Humboldt

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000513	* c. Organizational DUNS: 143535529
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d. Address:

\* Street1: 1106 Second Street  
 Street 2:  
 \* City: Eureka  
 County: Humboldt  
 \* State: CA  
 Province:  
 Country: USA \*Zip/ Postal Code: 95501

**e. Organizational Unit:**

Department Name: Humboldt County Public Works	Division Name: Aviation
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**f. Name and contact information of person to be contacted on matters involving this application:**

Prefix: First Name: Emily  
 Middle Name: S  
 \* Last Name: Jacobs  
 Suffix:

Title: Program Coordinator

Organizational Affiliation:  
 County Government, Arcata-Eureka Airport, commercial service airport located in McKinleyville, California

\* Telephone Number: (707) 267-9157 Fax Number: (707) 839-3596

\* Email: ejacobs@co.humboldt.ca.us

**Application for Federal Assistance SF-424**

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

B. County Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\* 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: N/A

Title: N/A

13. Competition Identification Number: N/A

Title: N/A

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

McKinleyville, Humboldt, CA

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

Pavement Maintenance Management Plan & Pavement Classification Numbering (PCN)

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\*a. Applicant: 2nd

\*b. Program/Project: 2nd

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

**17. Proposed Project:**

\*a. Start Date: 03/01/2016

\*b. End Date: 12/31/2016

**18. Estimated Funding (\$):**

*a. Federal	53,272.00
*b. Applicant	5,488.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	58,760.00

**\*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 12/15/2015
- 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 on next page.)**

- Yes
- No

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: \*First Name: Thomas  
Middle Name: K  
\*Last Name: Mattson  
Suffix:

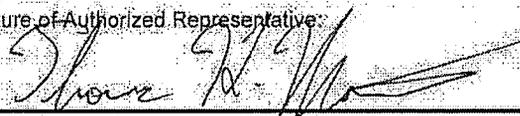
\*Title: Public Works Director

\*Telephone Number: (707) 445-7491

Fax Number:

\* Email: tmattson@co.humboldt.ca.us

\*Signature of Authorized Representative:



\*Date Signed:

12/14/15

**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 <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): - Select One -  * Other (Specify)	<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p><b>RECEIVED</b></p> <p>DEC 16 2015</p> <p>STATE CLEARING HOUSE</p> </div>
* 3. Date Received:		4. Application Identifier:			
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier: 03-06-0092-			

**State Use Only:**

6. Date Received by State:	7. State Application Identifier:
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**8. APPLICANT INFORMATION:**

* a. Legal Name: County of Humboldt	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000513	* c. Organizational DUNS: 143535529
<b>d. Address:</b>	
* Street 1: 1106 Second Street Street 2:	
* City: Eureka County: Humboldt * State: CA Province: Country: USA	
* Zip/ Postal Code: 95501	

**e. Organizational Unit:**

Department Name: Humboldt County Public Works	Division Name: Aviation
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**f. Name and contact information of person to be contacted on matters involving this application:**

Prefix:	First Name: Emily
Middle Name: S	
* Last Name: Jacobs	
Suffix:	
Title: Program Coordinator	
Organizational Affiliation: County Government, Garberville Airport, general aviation airport located in Garberville, California	

* Telephone Number: (707) 267-9157	Fax Number: (707) 839-3596
* Email: ejacobs@co.humboldt.ca.us	

**Application for Federal Assistance SF-424**

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

B. County Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\* 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: N/A

Title: N/A

13. Competition Identification Number: N/A

Title: N/A

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

Garberville, Humboldt, CA

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

Construct - Runway 18/36 Rehabilitation (Phase 2)

**Attach supporting documents as specified in agency instructions.**

<b>Application for Federal Assistance SF-424</b>	
<b>16. Congressional Districts Of:</b>	
*a. Applicant: 2nd	*b. Program/Project: 2nd
Attach an additional list of Program/Project Congressional Districts if needed.	
<b>17. Proposed Project:</b>	
*a. Start Date: 06/01/2016	*b. End Date: 12/31/2016
<b>18. Estimated Funding (\$):</b>	
*a. Federal	1,521,580.00
*b. Applicant	169,064.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	1,690,644.00
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>12/15/2015</u>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372	
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation on next page.)</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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)	
<input checked="" type="checkbox"/> ** 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.	
<b>Authorized Representative:</b>	
Prefix:	*First Name: Thomas
Middle Name: K	
*Last Name: Mattson	
Suffix:	
*Title: Public Works Director	
*Telephone Number: (707) 445-7491	Fax Number:
* Email: tmattson@co.humboldt.ca.us	
*Signature of Authorized Representative: 	*Date Signed: 12/14/15

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 <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): - Select One -  * Other (Specify)
* 3. Date Received:	4. Application Identifier:	
5a. Federal Entity Identifier:	* 5b. Federal Award Identifier: 03-06-0072-	<b>RECEIVED</b> DEC 16 2015 STATE CLEARING HOUSE
<b>State Use Only:</b>		
6. Date Received by State:	7. State Application Identifier:	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: County of Humboldt		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000513	* c. Organizational DUNS: 143535529	
<b>d. Address:</b>		
* Street 1: 1106 Second Street Street 2: * City: Eureka County: Humboldt * State: CA Province: Country: USA *Zip/ Postal Code: 95501		
<b>e. Organizational Unit:</b>		
Department Name: Humboldt County Public Works	Division Name: Aviation	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: Middle Name: S * Last Name: Jacobs Suffix:	First Name: Emily	
* Title: Program Coordinator		
Organizational Affiliation: County Government, Murray Field Airport, general aviation airport located in Eureka, California		
* Telephone Number: (707) 267-9157		Fax Number: (707) 839-3596
* Email: ejacobs@co.humboldt.ca.us		

**Application for Federal Assistance SF-424**

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

B. County Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\* 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: N/A

Title: N/A

13. Competition Identification Number: N/A

Title: N/A

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

Eureka, Humboldt, CA

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

Design - Runway 12/30 and Parallel Taxiway Rehabilitation (Phase 1)

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\*a. Applicant: 2nd

\*b. Program/Project: 2nd

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

**17. Proposed Project:**

\*a. Start Date: 03/01/2016

\*b. End Date: 12/31/2016

**18. Estimated Funding (\$):**

*a. Federal	205,370.00
*b. Applicant	22,819.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	228,189.00

**\*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 12/15/2015
- 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 on next page.)**

- Yes  No

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: \*First Name: Thomas

Middle Name: K

\*Last Name: Mattson

Suffix:

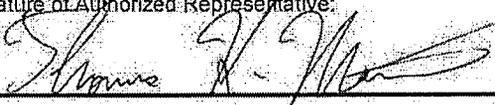
\*Title: Public Works Director

\*Telephone Number: (707) 445-7491

Fax Number:

\* Email: tmattson@co.humboldt.ca.us

\*Signature of Authorized Representative:

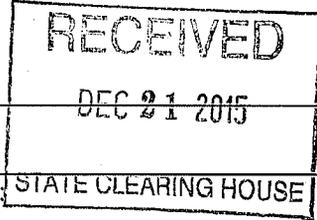


\*Date Signed:

12/17/15

**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 <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): - Select One -  * Other (Specify)
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* 3. Date Received:	4. Application Identifier:
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5a. Federal Entity Identifier: O57	* 5b. Federal Award Identifier: STATE CLEARING HOUSE
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**State Use Only:**

6. Date Received by State:	7. State Application Identifier:
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**8. APPLICANT INFORMATION:**

* a. Legal Name: County of Mono
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* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6005661	*c. Organizational DUNS: 08-612-8832
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**d. Address:**

* Street1: P.O. Box 457 Street 2: * City: Bridgeport County: Mono * State: California Province: Country: USA	*Zip/ Postal Code: 93517
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**e. Organizational Unit:**

Department Name: Public Works	Division Name: Engineering
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**f. Name and contact information of person to be contacted on matters involving this application:**

Prefix: Mr. Middle Name: * Last Name: Higerd Suffix:	First Name: Garrett
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Title: Assistant Director, Department of Public Works
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**Organizational Affiliation:**

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* Telephone Number: (760) 924-1802	Fax Number: (760) 932-5441
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* Email: ghigerd@mono.ca.gov
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**Application for Federal Assistance SF-424**

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

B. County Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\* 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:

Title: N/A

13. Competition Identification Number:

Title: N/A

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

Town of Bridgeport, Mono County, California

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

Bryant Field, Bridgeport, Mono County, California - Design/Construct- Realign Stock Drive (30' x 610')

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\*a. Applicant: CA-025

\*b. Program/Project: CA-025

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

**17. Proposed Project:**

\*a. Start Date: 01/01/2016

\*b. End Date: 12/31/2016

**18. Estimated Funding (\$):**

*a. Federal	411,660.00
*b. Applicant	25,157.00
*c. State	20,583.00
*d. Local	0
*e. Other	0
*f. Program Income	0.00
*g. TOTAL	457,400.00

**\*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 12/10/2015
- 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 on next page.)**

- Yes
- No

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: Mr. \*First Name: Garrett

Middle Name:

\*Last Name: Higerd

Suffix:

\*Title: Assistant Director, Department of Public Works

\*Telephone Number: (760) 924-1802

Fax Number: (760) 932-5441

\* Email: ghigerd@mono.ca.gov

\*Signature of Authorized Representative:



\*Date Signed:

12/21/15

**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 <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): - Select One - * Other (Specify)
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* 3. Date Received:	4. Application Identifier:
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5a. Federal Entity Identifier: LHM - 3-06-0120-	* 5b. Federal Award Identifier: N/A
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**RECEIVED**  
DEC 21 2015  
STATE CLEARING HOUSE

<b>State Use Only:</b> 6. Date Received by State:	7. State Application Identifier:
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**8. APPLICANT INFORMATION:**

* a. Legal Name: City of Lincoln
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* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000356	*c. Organizational DUNS: 004949160
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**d. Address:**

* Street1: 600 6th Street Street 2: * City: Lincoln County: Placer * State: California Province: Country: USA	*Zip/ Postal Code: 95648
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**e. Organizational Unit:**

Department Name: Department of Public Services	Division Name: Lincoln Regional Airport
---	--

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

Prefix: Ms. Middle Name: * Last Name: Hanson Suffix:	First Name: Jennifer
---	----------------------

Title: Airport Manager - Public Services Director
---

**Organizational Affiliation:**

City of Lincoln, Department of Public Services, Lincoln Regional Airport
--

* Telephone Number: (916) 434-3248	Fax Number: (916) 543-8516
* Email: Jennifer.Hanson@lincolnca.gov	

**Application for Federal Assistance SF-424**

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\* 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:

Title: N/A

13. Competition Identification Number:

Title: N/A

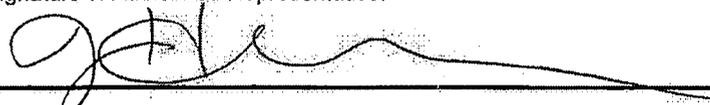
14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Lincoln, Placer County, California

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

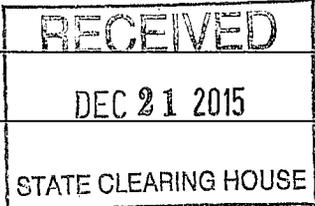
Lincoln Regional Airport, Lincoln, Placer County, California - Airport Layout Plan Narrative including ALP Updated Drawings and Exhibit A

**Attach supporting documents as specified in agency instructions.**

<b>Application for Federal Assistance SF-424</b>	
<b>16. Congressional Districts Of:</b>	
*a. Applicant: CA-004	*b. Program/Project: CA-004
Attach an additional list of Program/Project Congressional Districts if needed.	
<b>17. Proposed Project:</b>	
*a. Start Date: 01/01/2016	*b. End Date: 12/31/2016
<b>18. Estimated Funding (\$):</b>	
*a. Federal	135,000.00
*b. Applicant	8,250.00
*c. State	6,750.00
*d. Local	0
*e. Other	0
*f. Program Income	0.00
*g. TOTAL	150,000.00
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>12/01/2015</u>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372	
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation on next page.)</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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)	
<input checked="" type="checkbox"/> ** 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.	
<b>Authorized Representative:</b>	
Prefix: Ms.	*First Name: Jennifer
Middle Name:	
*Last Name: Hanson	
Suffix:	
*Title: Airport Manager - Public Services Director	
*Telephone Number: (916) 434-3248	Fax Number:
* Email: Jennifer.Hanson@lincolncal.gov	
*Signature of Authorized Representative: 	*Date Signed: 12/21/2015

**Application for Federal Assistance SF-424**

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



* 3. Date Received:	4. Application Identifier:
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5a. Federal Entity Identifier: CIC - 3-06-0041-	* 5b. Federal Award Identifier: N/A
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**State Use Only:**

6. Date Received by State:	7. State Application Identifier:
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**8. APPLICANT INFORMATION:**

\* a. Legal Name: City of Chico

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000308	*c. Organizational DUNS: 085287522
---	---------------------------------------

**d. Address:**

\* Street1: 411 Main Street  
 Street 2:  
 \* City: Chico  
 County: Butte  
 \* State: California  
 Province:  
 Country: USA \*Zip/ Postal Code: 95927

**e. Organizational Unit:**

Department Name: City Manager's Office	Division Name: Facilities - Airports
---	---

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

Prefix: Ms. First Name: Debbie  
 Middle Name:  
 \* Last Name: Collins  
 Suffix:

Title: Management Analyst

Organizational Affiliation:  
 City of Chico, City Manager's Office - Airport

\* Telephone Number: (530) 896-7216 Fax Number: (530) 895-4825

\* Email: debbie.collins@Chicoca.gov

**Application for Federal Assistance SF-424**

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\* 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:

Title: N/A

13. Competition Identification Number:

Title: N/A

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

City of Chico, Butte County and Adjacent Counties, California

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

Chico Municipal Airport, Chico, Butte County, California - Construction- Reconstruct Aircraft Parking Apron Phase 3 - North Central (770' x 600')

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\*a. Applicant: CA-002

\*b. Program/Project: CA-002

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

**17. Proposed Project:**

\*a. Start Date: 01/01/2016

\*b. End Date: 12/31/2016

**18. Estimated Funding (\$):**

*a. Federal	3,156,065.00
*b. Applicant	325,145.00
*c. State	0.00
*d. Local	0
*e. Other	0
*f. Program Income	0.00
*g. TOTAL	3,481,210.00

**\*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 12/10/2015
- 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 on next page.)**

- Yes
- No

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: Mr. \*First Name: Mark

Middle Name:

\*Last Name: Orme

Suffix:

\*Title: City Manager, City of Chico

\*Telephone Number: (530) 896-7201

Fax Number: (530) 895-4825

\* Email: mark.orme@Chicoca.gov

\*Signature of Authorized Representative:



AUTHORIZED PURSUANT TO BUDGET POLICY G.6.a  
PARTICIPATION IN FEDERAL, STATE, OR OTHER  
FUNDING ASSISTANCE PROGRAMS, AS CONTAINED  
IN THE 2015-16 ANNUAL BUDGET

\*Date Signed:

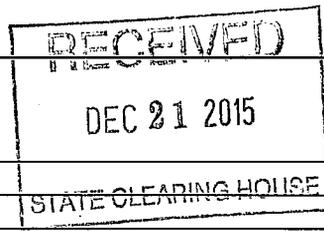
12/16/15

**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 <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): - Select One -  * Other (Specify)
---	---	---

* 3. Date Received:	4. Application Identifier:
---------------------	----------------------------

5a. Federal Entity Identifier: CIC - 3-06-0041-	* 5b. Federal Award Identifier: N/A
--	--



<b>State Use Only:</b> 6. Date Received by State:	7. State Application Identifier:
--	----------------------------------

**8. APPLICANT INFORMATION:**

* a. Legal Name: City of Chico	* c. Organizational DUNS: 085287522
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000308	

**d. Address:**

\* Street1: 411 Main Street  
Street 2:  
\* City: Chico  
County: Butte  
\* State: California  
Province:  
Country: USA \*Zip/ Postal Code: 95927

**e. Organizational Unit:**

Department Name: City Manager's Office	Division Name: Facilities - Airports
---	---

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

Prefix: Ms. Middle Name: * Last Name: Collins Suffix:	First Name: Debbie
Title: Management Analyst	
Organizational Affiliation: City of Chico, City Manager's Office - Airport	
* Telephone Number: (530) 896-7216	Fax Number: (530) 895-4825
* Email: debbie.collins@Chicoca.gov	

**Application for Federal Assistance SF-424**

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\* 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:

Title: N/A

13. Competition Identification Number:

Title: N/A

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

City of Chico, Butte County and Adjacent Counties, California

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

Chico Municipal Airport, Chico, Butte County, California - Design- Reconstruct Taxiway A - (50'x 6,650') Engineering Design

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\*a. Applicant: CA-002

\*b. Program/Project: CA-002

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

**17. Proposed Project:**

\*a. Start Date: 01/01/2016

\*b. End Date: 12/31/2016

**18. Estimated Funding (\$):**

*a. Federal	363,093.00
*b. Applicant	37,407.00
*c. State	0.00
*d. Local	0
*e. Other	0
*f. Program Income	0.00
*g. TOTAL	400,500.00

**\*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 12/01/2015
- 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 on next page.)**

- Yes
- No

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: Mr.

\*First Name: Mark

Middle Name:

\*Last Name: Orme

Suffix:

\*Title: City Manager, City of Chico

\*Telephone Number: (530) 896-7201

Fax Number: (530) 895-4825

\* Email: mark.orme@Chicoca.gov

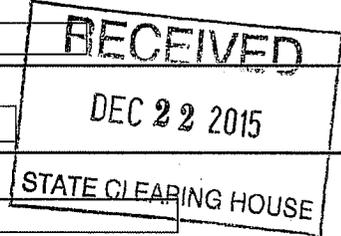
\*Signature of Authorized Representative:

*Mark Orme*

\*Date Signed:

*12/16/15*

Application for Federal Assistance SF-424		
<b>* 1. Type of Submission:</b> <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify):</b> _____
<b>* 3. Date Received:</b> Completed by Grants.gov upon submission.	<b>4. Applicant Identifier:</b> _____	
<b>5a. Federal Entity Identifier:</b> _____	<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> San Andreas Sanitary District		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-605-0163	<b>* c. Organizational DUNS:</b> 004956884	
<b>d. Address:</b>		
<b>* Street 1:</b> 675 Gold Oak Road	_____	
<b>Street 2:</b> PO Box 1630	_____	
<b>* City:</b> San Andreas, CA 95249	_____	
<b>County/Parish:</b> Calaveras	_____	
<b>* State:</b> California	_____	
<b>Province:</b> _____	_____	
<b>* Country:</b> USA: UNITED STATES	_____	
<b>* Zip / Postal Code:</b> 95249	_____	
<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> _____	<b>* First Name:</b> Dave	
<b>Middle Name:</b> _____	_____	
<b>* Last Name:</b> Price	_____	
<b>Suffix:</b> _____	_____	
<b>Title:</b> P.E. Associate, Water		
<b>Organizational Affiliation:</b> Stantec Consulting Services Inc		
<b>* Telephone Number:</b> (530) 470-0515	<b>Fax Number:</b> _____	
<b>* Email:</b> dave.w.price@stantec.com		



**Application for Federal Assistance SF-424**

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

D- Special District Government

Type of Applicant 2- Select Applicant Type:

Type of Applicant 3- Select Applicant Type:

\* Other (specify):

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

USDA Rural Development

**11. Catalog of Federal Domestic Assistance Number:**

10.760

CFDA Title:

Water and waste Disposal Loan Grant Program

**\* 12. Funding Opportunity Number:**

\* Title:

**13. Competition Identification Number:**

Title:

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

Add Attachments

Delete Attachments

View Attachments

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

San Andreas Digester Upgrade  
Demolish existing Digester and build new Aerobic Digester for WAS

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

\* a. Applicant CA-004

\* b. Program/Project CA-004

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

Add Attachments

Delete Attachments

View Attachments

17. Proposed Project:

\* a. Start Date: 07-01-2016

\* b. End Date: 12-31-2017

18. Estimated Funding (\$):

* a. Federal	\$1,242,540.00
* b. Applicant	
* c. State	\$1,242,540.00
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	\$2,485,080.00

\* 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 12-18-2015.
- 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.)

- Yes
- No

If "Yes", provide explanation and attach.

Add Attachments

Delete Attachments

View Attachments

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:  \* First Name: Hugh  
Middle Name:   
\* Last Name: Logan  
Suffix:

\* Title: General Manager

\* Telephone Number:  Fax Number:

\* Email: LoganSASD@comcast.net

\* Signature of Authorized Representative:  \* Date Signed:

Application for Federal Assistance SF-424		
<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> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify):</b> _____
<b>* 3. Date Received:</b> Completed by Grants.gov upon submission.	<b>4. Applicant Identifier:</b> _____	<b>RECEIVED</b>  DEC 23 2015  STATE CLEARING HOUSE
<b>5a. Federal Entity Identifier:</b> _____	<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> Washington State Department of Transportation		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 91-6001068	<b>* c. Organizational DUNS:</b> 8088839950000	
<b>d. Address:</b>		
<b>* Street1:</b> 310 Maple Park Avenue SE	_____	
<b>Street2:</b>	_____	
<b>* City:</b> Olympia	_____	
<b>County/Parish:</b>	_____	
<b>* State:</b> WA: Washington	_____	
<b>Province:</b>	_____	
<b>* Country:</b> USA: UNITED STATES	_____	
<b>* Zip / Postal Code:</b> 98504-7314	_____	
<b>e. Organizational Unit:</b>		
<b>Department Name:</b> Office of Equal Opportunity	<b>Division Name:</b> On-The-Job Training/SS	
<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> Amy	
<b>Middle Name:</b>	_____	
<b>* Last Name:</b> Palo	_____	
<b>Suffix:</b>	_____	
<b>Title:</b> OJT/SS Coordinator		
<b>Organizational Affiliation:</b> _____		
<b>* Telephone Number:</b> 360-704-6314	<b>Fax Number:</b> 360-705-6801	
<b>* Email:</b> paloa@wsdot.wa.gov		

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

DOT Federal Highway Administration

**11. Catalog of Federal Domestic Assistance Number:**

20.205

CFDA Title:

Highway Planning and Construction

**\* 12. Funding Opportunity Number:**

FHWA-HCR-1601

\* Title:

Ladders of Opportunity Initiative: Pilot On-the-Job-Training Supportive Services Program

**13. Competition Identification Number:**

FHWA-HCR-1601

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Highway transportation career transition initiative

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachment

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="500,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="500,000.00"/>

**\* 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

Add Attachment

Delete Attachment

View Attachment

**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:  \* First Name:   
Middle Name:   
\* Last Name:   
Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

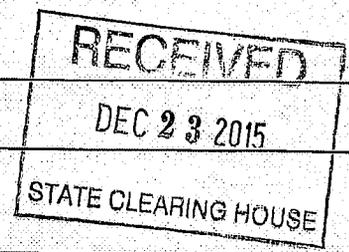
\* Signature of Authorized Representative:  \* Date Signed:

**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 <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): - Select One -  * Other (Specify)
---	---	---

* 3. Date Received:	4. Application Identifier:
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5a. Federal Entity Identifier: LHM - 3-06-0120-	* 5b. Federal Award Identifier: N/A
--	--



**State Use Only:**

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

**8. APPLICANT INFORMATION:**

* a. Legal Name: City of Lincoln	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000356	*c. Organizational DUNS: 004949160

**d. Address:**

* Street1: 600 6th Street Street 2:	
* City: Lincoln County: Placer * State: California Province:	
Country: USA	*Zip/ Postal Code: 95648

**e. Organizational Unit:**

Department Name: Department of Public Services	Division Name: Lincoln Regional Airport
---	--

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

Prefix: Ms. Middle Name:	First Name: Jennifer
* Last Name: Hanson Suffix:	
Title: Airport Manager - Public Services Director	

**Organizational Affiliation:**  
City of Lincoln, Department of Public Services, Lincoln Regional Airport

* Telephone Number: (916) 434-3248	Fax Number: (916) 543-8516
* Email: Jennifer.Hanson@lincolnca.gov	

**Application for Federal Assistance SF-424**

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\* 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:

Title: N/A

13. Competition Identification Number:

Title: N/A

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

City of Lincoln, Placer County, California

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

Lincoln Regional Airport, Lincoln, Placer County, California - Construction- Crack Seal and Remark Airfield Pavements (24,000 In ft crack seal; 61,720 sq. ft. marking)

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\*a. Applicant: CA-004

\*b. Program/Project: CA-004

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

**17. Proposed Project:**

\*a. Start Date: 01/01/2016

\*b. End Date: 12/31/2016

**18. Estimated Funding (\$):**

*a. Federal	122,400.00
*b. Applicant	7,480.00
*c. State	6,120.00
*d. Local	0
*e. Other	0
*f. Program Income	0.00
*g. TOTAL	136,000.00

**\*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 12/01/2015
- 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 on next page.)**

- Yes  No

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: Jennifer

Middle Name:

\*Last Name: Hanson

Suffix:

\*Title: Airport Manager - Public Services Director

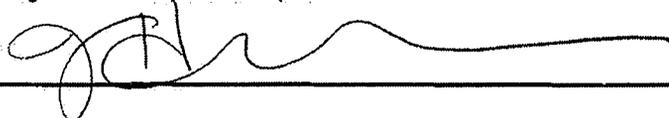
\*Telephone Number: (916) 434-3248

Fax Number:

\* Email: Jennifer.Hanson@lincolnca.gov

\*Signature of Authorized Representative:

\*Date Signed:



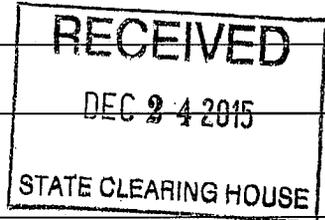
12/23/2015

**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 <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): - Select One - * Other (Specify)
---	---	---

* 3. Date Received:	4. Application Identifier:
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5a. Federal Entity Identifier: VIS - 3-06-0271-	* 5b. Federal Award Identifier: N/A
--	--



**State Use Only:**

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

**8. APPLICANT INFORMATION:**

\* a. Legal Name: City of Visalia

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000449	*c. Organizational DUNS: 169-200011
---	--

**d. Address:**

\* Street1: 707 West Acequia  
 Street 2:  
 \* City: Visalia  
 County: Tulare  
 \* State: California  
 Province:  
 Country: USA \*Zip/ Postal Code: 93291

**e. Organizational Unit:**

Department Name: Transportation and General Services	Division Name: Airports
---	----------------------------

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

Prefix: Mr. First Name: Mario  
 Middle Name:  
 \* Last Name: Cifuentez  
 Suffix: II

Title: Airport Manager

Organizational Affiliation:  
 City of Visalia, Transportation and General Services, Airports

\* Telephone Number: (559) 713-4201 Fax Number: (559) 713-4827

\* Email: mcifuentez@ci.visalia.ca.us

**Application for Federal Assistance SF-424**

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\* 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:

Title: N/A

13. Competition Identification Number:

Title: N/A

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

City of Visalia, Tulare County and Adjacent Counties, California

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

Visalia Municipal Airport, Visalia, Tulare County, California - Design Construct- Reconstruct Apron A2 - 212,000 sq. ft., Design Construct- Update Airfield Guidance Signs

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\*a. Applicant: CA-021 \*b. Program/Project: CA-021

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

**17. Proposed Project:**

\*a. Start Date: 01/01/2016 \*b. End Date: 12/31/2016

**18. Estimated Funding (\$):**

*a. Federal	1,781,725.00
*b. Applicant	93,775.00
*c. State	0.00
*d. Local	0
*e. Other	0
*f. Program Income	0.00
*g. TOTAL	1,875,500.00

**\*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 12/10/2015
- 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 on next page.)**

- Yes  No

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: Mr. \*First Name: Mario

Middle Name:

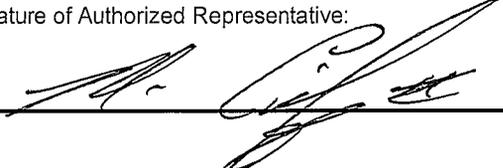
\*Last Name: Cifuentez

Suffix: II

\*Title: Airport Manager, Visalia Municipal Airport

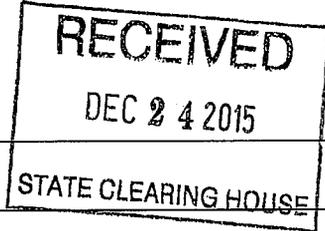
\*Telephone Number: (559) 713-4201 Fax Number: (559) 713-4827

\* Email: mcifuentez@ci.visalia.ca.us

\*Signature of Authorized Representative:  \*Date Signed: 12.22.15

**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 <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): - Select One -  * Other (Specify)
---	---	---



* 3. Date Received:	4. Application Identifier:
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5a. Federal Entity Identifier: VIS - 3-06-0271-	* 5b. Federal Award Identifier: N/A
--	--

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

* a. Legal Name: City of Visalia	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000449	*c. Organizational DUNS: 169-200011

**d. Address:**

* Street1: 707 West Acequia Street 2: * City: Visalia County: Tulare * State: California Province: Country: USA	*Zip/ Postal Code: 93291
---	--------------------------

**e. Organizational Unit:**

Department Name: Transportation and General Services	Division Name: Airports
---	----------------------------

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

Prefix: Mr. Middle Name: * Last Name: Cifuentez Suffix: II	First Name: Mario
---	-------------------

Title: Airport Manager
------------------------

Organizational Affiliation: City of Visalia, Transportation and General Services, Airports
---

* Telephone Number: (559) 713-4201	Fax Number: (559) 713-4827
* Email: mcifuentez@ci.visalia.ca.us	

**Application for Federal Assistance SF-424**

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\* 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:

Title: N/A

13. Competition Identification Number:

Title: N/A

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

City of Visalia, Tulare County and Adjacent Counties, California

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

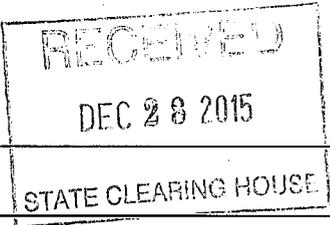
Visalia Municipal Airport, Visalia, Tulare County, California - Design- Crack Repair and Seal Cracks- Runway 12-30, Taxiways, Aprons, Hangar Taxilanes, and Access Roads (270,000 ln. ft.)

**Attach supporting documents as specified in agency instructions.**

<b>Application for Federal Assistance SF-424</b>	
<b>16. Congressional Districts Of:</b>	
*a. Applicant: CA-021	*b. Program/Project: CA-021
Attach an additional list of Program/Project Congressional Districts if needed.	
<b>17. Proposed Project:</b>	
*a. Start Date: 01/01/2016	*b. End Date: 12/31/2016
<b>18. Estimated Funding (\$):</b>	
*a. Federal	128,250.00
*b. Applicant	6,750.00
*c. State	0.00
*d. Local	0
*e. Other	0
*f. Program Income	0.00
*g. TOTAL	135,000.00
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>12/10/2015</u>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372	
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation on next page.)</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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)	
<input checked="" type="checkbox"/> ** 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.	
<b>Authorized Representative:</b>	
Prefix: Mr.	*First Name: Mario
Middle Name:	
*Last Name: Cifuentez	
Suffix: II	
*Title: Airport Manager, Visalia Municipal Airport	
*Telephone Number: (559) 713-4201	Fax Number: (559) 713-4827
* Email: mcifuentez@ci.visalia.ca.us	
*Signature of Authorized Representative: 	*Date Signed: 12.22.15

**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 <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): - Select One -  * Other (Specify)
---	---	---



* 3. Date Received:	4. Application 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: City of Hayward

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000346	*c. Organizational DUNS: 040010175
---	---------------------------------------

**d. Address:**

\* Street1: 777 B Street  
Street 2:  
\* City: Hayward  
County: Alameda  
\* State: CA  
Province:  
Country: \*Zip/ Postal Code: 94541

**e. Organizational Unit:**

Department Name: Public Works	Division Name: Airport
----------------------------------	---------------------------

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

Prefix: Mr. First Name: David  
Middle Name:  
\* Last Name: Decoteau  
Suffix:

Title: Airport Operations Supervisor

Organizational Affiliation:

City of Hayward

\* Telephone Number: (510) 293-5462 Fax Number: (510) 783-4556

\* Email: david.decoteau@hayward-ca.gov

**Application for Federal Assistance SF-424**

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\* 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: 20-106

Title: AIP

13. Competition Identification Number: Airport Operations Supervisor

Title:

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

City of Hayward, Alameda County, California

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

Construction of RWY 28L/10R 2 inch mill and asphalt overlay including runway grooving.

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\*a. Applicant: 10

\*b. Program/Project: 10

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

**17. Proposed Project:**

\*a. Start Date: 09/01/2015

\*b. End Date: 07/30/2016

**18. Estimated Funding (\$):**

*a. Federal	2,093,400.00
*b. Applicant	232,600.00
*c. State	499,000.00
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	2,825,000.00

**\*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 on next page.)**

Yes  No

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: Mr.

\*First Name: Douglas

Middle Name:

\*Last Name: McNeeley

Suffix:

\*Title: Airport Manager

\*Telephone Number: (510) 293-5460

Fax Number:

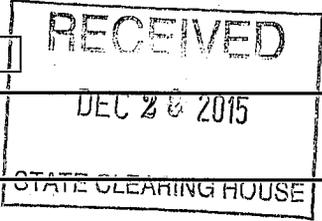
\* Email: douglas.mcneeley@hayward-ca.gov

\*Signature of Authorized Representative:

\*Date Signed:

**Application for Federal Assistance SF-424**

<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> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> _____ <b>* Other (Specify):</b> _____
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<b>* 3. Date Received:</b> _____	<b>4. Applicant Identifier:</b> Dept. of Food and Agriculture
-------------------------------------	--

<b>5a. Federal Entity Identifier:</b> 16-8506-XXXX-CA	<b>5b. Federal Award Identifier:</b> _____
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**State Use Only:**

<b>6. Date Received by State:</b> _____	<b>7. State Application Identifier:</b> _____
---	---

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:** State of California

<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 68-0325104	<b>* c. Organizational DUNS:</b> 8074876650000
--	---

**d. Address:**

**\* Street1:** 1220 N Street, Room 315  
**Street2:** \_\_\_\_\_  
**\* City:** Sacramento  
**County/Parish:** \_\_\_\_\_  
**\* State:** CA: California  
**Province:** \_\_\_\_\_  
**\* Country:** USA: UNITED STATES  
**\* Zip / Postal Code:** 95814

**e. Organizational Unit:**

<b>Department Name:</b> Food and Agriculture	<b>Division Name:</b> Plant Health/Pest Prev Svcs
---	--

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

**Prefix:** \_\_\_\_\_ **\* First Name:** Jason  
**Middle Name:** \_\_\_\_\_  
**\* Last Name:** Chan  
**Suffix:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Organizational Affiliation:**  
California Department of Food and Agriculture

**\* Telephone Number:** (916) 654-1211 **Fax Number:** (916) 654-0555

**\* Email:** jason.chan@cdfa.ca.gov

**Application for Federal Assistance SF-424**

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

A: State Government

Type of Applicant 2: Select Applicant Type:  
[Empty field]

Type of Applicant 3: Select Applicant Type:  
[Empty field]

\* Other (specify):  
[Empty field]

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

USDA/APHIS/PPQ

**11. Catalog of Federal Domestic Assistance Number:**

10-025

CFDA Title:  
Plant and Animal Disease, Pest Control, and Animal Care

**\* 12. Funding Opportunity Number:**

NA

\* Title:  
NA

**13. Competition Identification Number:**

[Empty field]

Title:  
[Empty field]

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

[Empty field]

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

Emergency Plant Health Response Teams

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="1,750,961.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,750,961.00"/>

**\* 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

Add Attachment

Delete Attachment

View Attachment

**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:  \* First Name:   
Middle Name:   
\* Last Name:   
Suffix:

\* Title:

\* Telephone Number:  Fax Number:

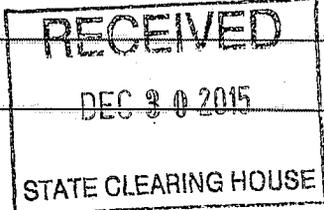
\* Email:

\* Signature of Authorized Representative:

\* Date Signed:

**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: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): - Select One - * Other (Specify)
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* 3. Date Received:	4. Application Identifier: IPL
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5a. Federal Entity Identifier: 3-06-0109	* 5b. Federal Award Identifier:
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**State Use Only:**

6. Date Received by State:	7. State Application Identifier:
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**8. APPLICANT INFORMATION:**

\* a. Legal Name: Imperial County Airport

* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000924	* c. Organizational DUNS: 168997570
---	--

**d. Address:**

\* Street1: 1099 Airport Road  
Street 2:  
\* City: Imperial  
County: Imperial  
\* State: California  
Province:  
Country: United States \*Zip/ Postal Code: 92251

**e. Organizational Unit:**

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

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

Prefix: Mr. First Name: Ralph  
Middle Name:  
\* Last Name: Cordova  
Suffix:

Title: County CEO

**Organizational Affiliation:**

N/A

\* Telephone Number: (442) 265-1001 Fax Number: (760) 355-2485

\* Email: ralphcordova@co.imperial.ca.us

**Application for Federal Assistance SF-424**

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

B. County Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\* 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: N/A

Title:

13. Competition Identification Number: N/A

Title:

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

City of Imperial, Imperial County, California

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

Rehabilitate Runway 14/32 and Access Road (APMS Phase I) Design

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\*a. Applicant: CA-051

\*b. Program/Project: CA-051

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

**17. Proposed Project:**

\*a. Start Date: 03/01/2016

\*b. End Date: 09/30/2016

**18. Estimated Funding (\$):**

*a. Federal	114,000.00
*b. Applicant	6,000.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	120,000.00

**\*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 12-29-15
- 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 on next page.)**

- Yes
- No

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: Mr. \*First Name: Ralph

Middle Name:

\*Last Name: Cordova

Suffix:

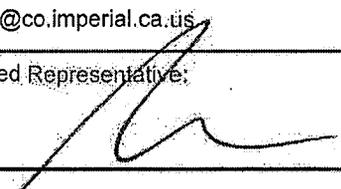
\*Title: County CEO

\*Telephone Number: (442) 265-1001

Fax Number: (760) 355-2485

\* Email: ralphcordova@co.imperial.ca.us

\*Signature of Authorized Representative:



\*Date Signed:

12/29/15

**Application for Federal Assistance SF-424**

<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> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		<b>* If Revision, select appropriate letter(s):</b> - Select One -  <b>* Other (Specify)</b>			
<b>* 3. Date Received:</b>		<b>4. Application Identifier:</b> Sacramento International Airport (SMF)		<table border="1"><tr><td><b>RECEIVED</b></td></tr><tr><td>DEC 30 2015</td></tr><tr><td>STATE CLEARING HOUSE</td></tr></table>	<b>RECEIVED</b>	DEC 30 2015	STATE CLEARING HOUSE
<b>RECEIVED</b>							
DEC 30 2015							
STATE CLEARING HOUSE							
<b>5a. Federal Entity Identifier:</b>		<b>* 5b. Federal Award Identifier:</b> SMF 3-06-0204-XX					

**State Use Only:**

<b>6. Date Received by State:</b>	<b>7. State Application Identifier:</b>
-----------------------------------	---

**8. APPLICANT INFORMATION:**

<b>* a. Legal Name:</b> County of Sacramento	
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-6000054	<b>*c. Organizational DUNS:</b> 106332955

**d. Address:**

\* Street1: 6900 Airport Boulevard West  
Street 2:  
\* City: Sacramento  
County: Sacramento  
\* State: California  
Province:  
Country: USA \*Zip/ Postal Code: 95837

**e. Organizational Unit:**

<b>Department Name:</b> Sacramento County Department of Airports	<b>Division Name:</b>
---	-----------------------

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

Prefix: Mr. First Name: George  
Middle Name: E.  
\* Last Name: Munson  
Suffix:

**Title:** Airport Planner

**Organizational Affiliation:**

<b>* Telephone Number:</b> (916) 874-0767	<b>Fax Number:</b>
<b>* Email:</b> munsong@saccounty.net	

**Application for Federal Assistance SF-424**

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

B. County Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\* Other (specify):

\* 10. Name of Federal Agency:

DOT, Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

\*12. Funding Opportunity Number:

SMF 3-06-0204-XX

Title:

13. Competition Identification Number:

Title:

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

City and County of Sacramento, California

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

Sacramento International Airport (SMF) - Reconstruct Taxiway D and Connections to Runway 16L/34R; Construct Shoulders for Taxiway D and Portions of Taxiway Y; Construct and Reconfigure Intersection Fillets to Current FAA AC Standards; Construct Taxiways W and Y1, and; Remove Pavement of Taxiway Y between Y1 and D.

**Attach supporting documents as specified in agency instructions.**



**Application for Federal Assistance SF-424**

<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> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		<b>* If Revision, select appropriate letter(s):</b> - Select One -  <b>* Other (Specify)</b>			
<b>* 3. Date Received:</b>		<b>4. Application Identifier:</b> Mather Airport (MHR)		<table border="1"><tr><td><b>RECEIVED</b></td></tr><tr><td>DEC 30 2015</td></tr><tr><td>STATE CLEARING HOUSE</td></tr></table>	<b>RECEIVED</b>	DEC 30 2015	STATE CLEARING HOUSE
<b>RECEIVED</b>							
DEC 30 2015							
STATE CLEARING HOUSE							
<b>5a. Federal Entity Identifier:</b>		<b>* 5b. Federal Award Identifier:</b> 3-06-0363					

**State Use Only:**

<b>6. Date Received by State:</b>	<b>7. State Application Identifier:</b>
-----------------------------------	---

**8. APPLICANT INFORMATION:**

<b>* a. Legal Name:</b> County of Sacramento	
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-6000054	<b>* c. Organizational DUNS:</b> 106332955

**d. Address:**

<b>* Street1:</b> 6900 Airport Boulevard West <b>Street 2:</b>	<b>* Zip/ Postal Code:</b> 95837
<b>* City:</b> Sacramento <b>County:</b> Sacramento <b>* State:</b> California <b>Province:</b> <b>Country:</b> USA	

**e. Organizational Unit:**

<b>Department Name:</b> Sacramento County Department of Airports	<b>Division Name:</b>
---	-----------------------

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

<b>Prefix:</b> Mr. <b>Middle Name:</b> E. <b>* Last Name:</b> Munson <b>Suffix:</b>	<b>First Name:</b> George
--	---------------------------

**Title:** Airport Planner

**Organizational Affiliation:**

<b>* Telephone Number:</b> (916) 874-0767	<b>Fax Number:</b>
<b>* Email:</b> munsong@saccounty.net	

**Application for Federal Assistance SF-424**

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

B. County Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\* Other (specify):

\* 10. Name of Federal Agency:

DOT, Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

\*12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

City and County of Sacramento, California

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

Mather Airport (MHR) - Taxiway B rehabilitation and addition of new Taxiway B edge lights.

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\*a. Applicant: 5

\*b. Program/Project: 3

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

**17. Proposed Project:**

\*a. Start Date: 06/01/2016

\*b. End Date: 12/31/2016

**18. Estimated Funding (\$):**

*a. Federal	640,000.00
*b. Applicant	160,000.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	800,000.00

**\*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 06/01/2016
- 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 on next page.)**

- Yes
- No

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: \*First Name: Glen

Middle Name:

\*Last Name: Rickelton

Suffix:

\*Title: Manager, Airport Planning and Environment

\*Telephone Number: (916) 874-0482

Fax Number:

\* Email: rickeltong@saccounty.net

\*Signature of Authorized Representative:

\*Date Signed:



12/28/16

**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 <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): - Select One -  * Other (Specify)
---	---	---

* 3. Date Received: 00/00/2016	4. Application Identifier: RUTHALP2016
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5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
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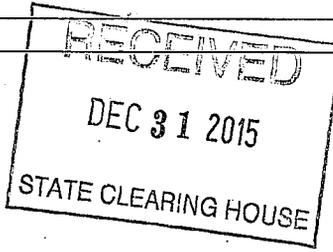
<b>State Use Only:</b>	6. Date Received by State:	7. State Application Identifier:
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**8. APPLICANT INFORMATION:**

* a. Legal Name: County of Trinity California
---

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000054	*c. Organizational DUNS: 883965394
---	---------------------------------------

<b>d. Address:</b> * Street1: PO Box 2490 Street 2: * City: Weaverville County: Trinity * State: California Province: Country: USA	*Zip/ Postal Code: 96093
---	--------------------------



**e. Organizational Unit:**

Department Name: Department of Transportation	Division Name: Airports
--	----------------------------

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

Prefix: Mr. Middle Name: Carl * Last Name: Tippett Suffix:	First Name: Richard
---	---------------------

Title: Director of Transportation
-----------------------------------

Organizational Affiliation: Trinity County Department of Transportation
--

* Telephone Number: (530) 623-1365	Fax Number: (530) 623-5312
------------------------------------	----------------------------

* Email: rtippett@trinitycounty.org
-------------------------------------

**Application for Federal Assistance SF-424**

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

B. County Government



Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\* 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:

Title: Airport Layout Plan

13. Competition Identification Number:

Title:

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

The unincorporated area surrounding and including Ruth Airport

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

Prepare an Airport Layout Plan for Ruth Airport.

**Attach supporting documents as specified in agency instructions.**



**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 <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): - Select One -  * Other (Specify)
---	---	---

* 3. Date Received: 00/00/2016	4. Application Identifier: TCMASTERPLAN2016
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5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
--------------------------------	---------------------------------

**State Use Only:**

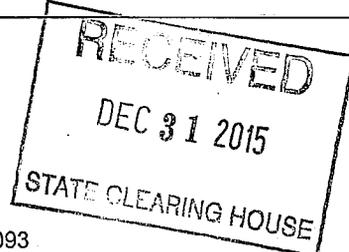
6. Date Received by State:	7. State Application Identifier:
----------------------------	----------------------------------

**8. APPLICANT INFORMATION:**

\* a. Legal Name: County of Trinity California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000054	*c. Organizational DUNS: 883965394
---	---------------------------------------

**d. Address:**  
\* Street1: PO Box 2490  
Street 2:  
\* City: Weaverville  
County: Trinity  
\* State: California  
Province:  
Country: USA  
\*Zip/ Postal Code: 96093



**e. Organizational Unit:**

Department Name: Department of Transportation	Division Name: Airports
--	----------------------------

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

Prefix: Mr. First Name: Richard  
Middle Name: Carl  
\* Last Name: Tippett  
Suffix:

Title: Director of Transportation

Organizational Affiliation:  
Trinity County Department of Transportation

* Telephone Number: (530) 623-1365	Fax Number: (530) 623-5312
------------------------------------	----------------------------

\* Email: rtipsett@trinitycounty.org

**Application for Federal Assistance SF-424**

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

B. County Government 

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\* 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:

Title: Airport Master Plan

13. Competition Identification Number:

Title:

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

The unincorporated area surrounding and including Trinity Center Airport

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

Prepare a master plan reviewing the current needs for revisions to the runway length incorporating the runway safety area. Other items to be evaluated are the current property configuration with the Shasta Trinity National Forest, trees adjacent to the airport within the residential lots, and airport services provided.

**Attach supporting documents as specified in agency instructions.**



**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 <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): - Select One -  * Other (Specify)
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* 3. Date Received: 12/30/2015	4. Application Identifier: TCAPRONREHAB
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5a. Federal Entity Identifier:	* 5b. Federal Award Identifier:
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**State Use Only:**

6. Date Received by State: 12/30/2015	7. State Application Identifier:
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**8. APPLICANT INFORMATION:**

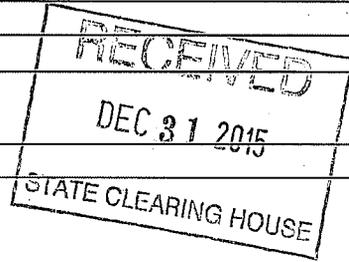
\* a. Legal Name: County of Trinity California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000054	*c. Organizational DUNS: 883965394
---	---------------------------------------

**d. Address:**

\* Street1: PO Box 2490  
Street 2:  
\* City: Weaverville, CA  
County: Trinity  
\* State: California  
Province:  
Country: USA

\*Zip/ Postal Code: 96093



**e. Organizational Unit:**

Department Name: Department of Transportation	Division Name: Airports
--	----------------------------

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

Prefix: Mr First Name: Richard  
Middle Name: Carl  
\* Last Name: Tippett  
Suffix:

Title: Director of Transportation

Organizational Affiliation:  
Trinity County Department-of-Transportation

\* Telephone Number: (530) 623-1365 Fax Number: (530) 623-5312

\* Email: rtippett@trinitycounty.org

**Application for Federal Assistance SF-424**

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

B. County Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\* 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:

Title: Design of Airport Apron Rehabilitation

13. Competition Identification Number:

Title:

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

The unincorporated community of Trinity Center, California

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

Prepare the evaluate existing pavement conditions, design plans and specifications to rehabilitate the airport apron area as identified by current conditions and as recommended in the 2013 Pavement Management Plan.

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\*a. Applicant: 2

\*b. Program/Project: 2

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

**17. Proposed Project:**

\*a. Start Date: 06/01/2016

\*b. End Date: 09/30/2017

**18. Estimated Funding (\$):**

*a. Federal	100,000.00
*b. Applicant	5,500.00
*c. State	4,500.00
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	110,000.00

**\*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 12/30/2015
- 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 on next page.)**

Yes  No

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: Mr. \*First Name: Richard

Middle Name: Carl

\*Last Name: Tippet

Suffix:

\*Title: Director of Transportation

\*Telephone Number: (530) 623-1365

Fax Number: (530) 623-5129

\* Email: rtippet@trinitycounty.org

\*Signature of Authorized Representative:

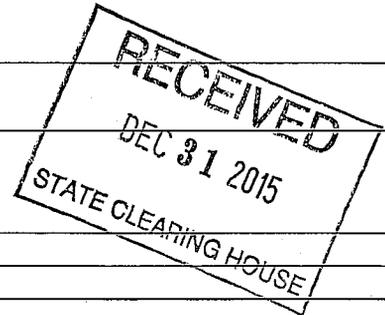
\*Date Signed:

**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 <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): - Select One -  * Other (Specify)
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* 3. Date Received:	4. Application Identifier:
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5a. Federal Entity Identifier: MAE - 3-06-0144-	* 5b. Federal Award Identifier:
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<b>State Use Only:</b> 6. Date Received by State:	7. State Application Identifier:
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**8. APPLICANT INFORMATION:**

* a. Legal Name: City of Madera	* c. Organizational DUNS: 142988646
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000365	

**d. Address:**

* Street1: 4020 Aviation Drive Street 2: * City: Madera County: Madera * State: California Province: Country: USA	*Zip/ Postal Code: 93637
---	--------------------------

**e. Organizational Unit:**

Department Name: Department of Public Works	Division Name: Madera Municipal Airport
--	--

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

Prefix: Mr. Middle Name: * Last Name: Randall Suffix:	First Name: Dave
--	------------------

Title: Public Works Operations Director
---

Organizational Affiliation:  
City of Madera, Department of Public Works, Madera Municipal Airport

* Telephone Number: (559) 661-5466	Fax Number: (559) 674-7165
* Email: drandall@cityofmadera.com	

**Application for Federal Assistance SF-424**

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\* 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:

Title: N/A

13. Competition Identification Number:

Title: N/A

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

City of Madera, Madera County, California

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

Madera Municipal Airport, Madera, Madera County, California - AGIS- AGIS Survey and Obstruction Mitigation Plan

**Attach supporting documents as specified in agency instructions.**

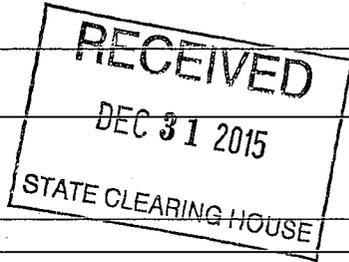
<b>Application for Federal Assistance SF-424</b>	
<b>16. Congressional Districts Of:</b>	
*a. Applicant: CA-019	*b. Program/Project: CA-019
Attach an additional list of Program/Project Congressional Districts if needed.	
<b>17. Proposed Project:</b>	
*a. Start Date: 01/01/2016	*b. End Date: 12/31/2016
<b>18. Estimated Funding (\$):</b>	
*a. Federal	112,500.00
*b. Applicant	6,875.00
*c. State	5,625.00
*d. Local	0
*e. Other	0
*f. Program Income	0.00
*g. TOTAL	125,000.00
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>12/16/2015</u>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372	
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation on next page.)</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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)	
<input checked="" type="checkbox"/> ** 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.	
<b>Authorized Representative:</b>	
Prefix: Mr.	*First Name: David
Middle Name: R	
*Last Name: Tooley	
Suffix:	
*Title: City Administrator	
*Telephone Number: (559) 661-5400	Fax Number:
* Email: dtooley@cityofmadera.com	
*Signature of Authorized Representative: 	*Date Signed: 12/21/15

**Application for Federal Assistance SF-424**

<b>* 1. Type of Submission</b> <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> - Select One -  * Other (Specify)
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<b>* 3. Date Received:</b>	<b>4. Application Identifier:</b>
----------------------------	-----------------------------------

<b>5a. Federal Entity Identifier:</b> MAE - 3-06-0144-	<b>* 5b. Federal Award Identifier:</b>
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**State Use Only:**

<b>6. Date Received by State:</b>	<b>7. State Application Identifier:</b>
-----------------------------------	---

**8. APPLICANT INFORMATION:**

<b>* a. Legal Name:</b> City of Madera	
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-6000365	<b>*c. Organizational DUNS:</b> 142988646

**d. Address:**

<b>* Street1:</b> 4020 Aviation Drive <b>Street 2:</b> <b>* City:</b> Madera <b>County:</b> Madera <b>* State:</b> California <b>Province:</b> <b>Country:</b> USA	<b>*Zip/ Postal Code:</b> 93637
--	---------------------------------

**e. Organizational Unit:**

<b>Department Name:</b> Department of Public Works	<b>Division Name:</b> Madera Municipal Airport
---	---

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

<b>Prefix:</b> Mr. <b>Middle Name:</b> <b>* Last Name:</b> Randall <b>Suffix:</b>	<b>First Name:</b> Dave
<b>Title:</b> Public Works Operations Director	

**Organizational Affiliation:**

City of Madera, Department of Public Works, Madera Municipal Airport

<b>* Telephone Number:</b> (559) 661-5466	<b>Fax Number:</b> (559) 674-7165
---	-----------------------------------

<b>* Email:</b> drandall@cityofmadera.com
---

**Application for Federal Assistance SF-424**

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\* 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:

Title: N/A

13. Competition Identification Number:

Title: N/A

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

City of Madera, Madera County, California

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

Madera Municipal Airport, Madera, Madera County, California - Environmental Compliance Document - Apron and Taxiway Drainage

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\*a. Applicant: CA-019

\*b. Program/Project: CA-019

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

**17. Proposed Project:**

\*a. Start Date: 01/01/2016

\*b. End Date: 12/31/2016

**18. Estimated Funding (\$):**

*a. Federal	25,650.00
*b. Applicant	1,568.00
*c. State	1,282.00
*d. Local	0
*e. Other	0
*f. Program Income	0.00
*g. TOTAL	28,500.00

**\*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 12/15/2015
- 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 on next page.)**

- Yes
- No

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: Mr. \*First Name: David

Middle Name: R

\*Last Name: Tooley

Suffix:

\*Title: City Administrator

\*Telephone Number: (559) 661-5400

Fax Number:

\* Email: dtooley@cityofmadera.com

\*Signature of Authorized Representative:

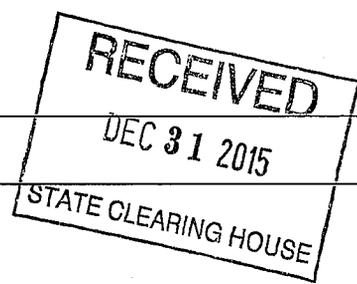


\*Date Signed:

12/15

**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 <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): - Select One -  * Other (Specify)
---	---	---



* 3. Date Received:	4. Application Identifier:
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5a. Federal Entity Identifier: MAE - 3-06-0144-	* 5b. Federal Award Identifier:
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<b>State Use Only:</b>	6. Date Received by State:	7. State Application Identifier:
------------------------	----------------------------	----------------------------------

**8. APPLICANT INFORMATION:**

\* a. Legal Name: City of Madera

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000365	*c. Organizational DUNS: 142988646
---	---------------------------------------

**d. Address:**

\* Street1: 4020 Aviation Drive  
Street 2:  
\* City: Madera  
County: Madera  
\* State: California  
Province:  
Country: USA \*Zip/ Postal Code: 93637

**e. Organizational Unit:**

Department Name: Department of Public Works	Division Name: Madera Municipal Airport
--	--

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

Prefix: Mr. First Name: Dave  
Middle Name:  
\* Last Name: Randall  
Suffix:

Title: Public Works Operations Director

Organizational Affiliation:  
City of Madera, Department of Public Works, Madera Municipal Airport

\* Telephone Number: (559) 661-5466 Fax Number: (559) 674-7165

\* Email: drandall@cityofmadera.com

**Application for Federal Assistance SF-424**

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\* 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:

Title: N/A

13. Competition Identification Number:

Title: N/A

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

City of Madera, Madera County, California

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

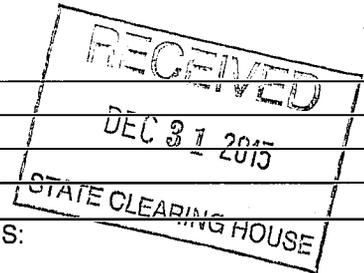
Madera Municipal Airport, Madera, Madera County, California - Design/Construct- Reconstruct General Aviation Apron - Phase II (Apron A4 and A5) (186,400 sq. ft.)

**Attach supporting documents as specified in agency instructions.**

<b>Application for Federal Assistance SF-424</b>	
<b>16. Congressional Districts Of:</b>	
*a. Applicant: CA-019	*b. Program/Project: CA-019
Attach an additional list of Program/Project Congressional Districts if needed.	
<b>17. Proposed Project:</b>	
*a. Start Date: 01/01/2016	*b. End Date: 12/31/2016
<b>18. Estimated Funding (\$):</b>	
*a. Federal	1,413,000.00
*b. Applicant	107,000.00
*c. State	50,000.00
*d. Local	0
*e. Other	0
*f. Program Income	0.00
*g. TOTAL	1,570,000.00
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>12/15/2015</u> <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E.O. 12372	
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation on next page.)</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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) <input checked="" type="checkbox"/> ** 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.	
<b>Authorized Representative:</b>	
Prefix: Mr.	*First Name: David
Middle Name: R	
*Last Name: Tooley	
Suffix:	
*Title: City Administrator	
*Telephone Number: (559) 661-5400	Fax Number:
* Email: dtooley@cityofmadera.com	
*Signature of Authorized Representative: 	*Date Signed: <u>12/15/15</u>

**Application for Federal Assistance SF-424**

<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> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		<b>* If Revision, select appropriate letter(s):</b> - Select One -  * Other (Specify)	
<b>* 3. Date Received:</b>		<b>4. Application Identifier:</b>			
<b>5a. Federal Entity Identifier:</b> TVL - 3-06-0249-			<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> City of South Lake Tahoe					
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-1610868			<b>*c. Organizational DUNS:</b> 09-5883476		
<b>d. Address:</b> <b>* Street1:</b> 1901 Airport Road, Suite 100 <b>Street 2:</b> <b>* City:</b> South Lake Tahoe <b>County:</b> El Dorado <b>* State:</b> California <b>Province:</b> <b>Country:</b> USA <b>*Zip/ Postal Code:</b> 96150					
<b>e. Organizational Unit:</b>					
<b>Department Name:</b> Department of Public Works			<b>Division Name:</b> Lake Tahoe Airport		
<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> Sherry			
<b>Middle Name:</b>					
<b>* Last Name:</b> Miller					
<b>Suffix:</b>					
<b>Title:</b> Airport Manager					
<b>Organizational Affiliation:</b> Lake Tahoe Airport					
<b>* Telephone Number:</b> (530) 542-6182			<b>Fax Number:</b> (530) 544-6366		
<b>* Email:</b> smiller@cityofslt.us					



**Application for Federal Assistance SF-424**

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

\* 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:

Title: N/A

13. Competition Identification Number:

Title: N/A

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

South Lake Tahoe, El Dorado County and Douglas County, California

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

Lake Tahoe Airport, South Lake Tahoe, El Dorado County, California - Environmental Assessment: Clean and Restore West Drainage Ditch Outfall and Relocate Taxiway H

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**  
\*a. Applicant: CA-004 \*b. Program/Project: CA-004

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

**17. Proposed Project:**  
\*a. Start Date: 01/01/2016 \*b. End Date: 12/31/2016

**18. Estimated Funding (\$):**

*a. Federal	91,800.00
*b. Applicant	5,610.00
*c. State	4,590.00
*d. Local	0
*e. Other	0
*f. Program Income	0.00
*g. TOTAL	102,000.00

**\*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 12/17/2015  
 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 on next page.)**  
 Yes  No

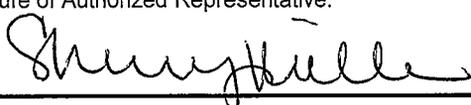
21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept 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: Sherry  
Middle Name:  
\*Last Name: Miller  
Suffix:  
\*Title: Airport Manager, Lake Tahoe Airport

\*Telephone Number: (530) 542-6182 Fax Number: (530) 544-6366

\* Email: smiller@cityofslt.us

\*Signature of Authorized Representative:  \*Date Signed: 12/20/2015