

<b>Application for Federal Assistance SF-424</b>	
<b>*1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	
<b>*2. Type of Application</b> * If Revision, select appropriate letter(s): <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision <b>*Other (Specify)</b> _____	
<b>*3. Date Received:</b> NA	<b>4. Applicant Identifier:</b> O19 (Kneeland) McKinleyville, CA
<b>*5b. Federal Entity Identifier:</b> 60362	<b>*5b. Federal Award Identifier:</b>
<b>State Use Only:</b>	
<b>6. Date Received by State:</b>	<b>7. State Application Identifier:</b>
<b>8. APPLICANT INFORMATION:</b>	
<b>*a. Legal Name:</b> County of Humboldt	
<b>*b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-6000513	<b>*c. Organizational DUNS:</b> 14-353-5529
<b>d. Address:</b>	
<b>*Street 1:</b> 3561 Boeing Ave _____ <b>Street 2:</b> _____ <b>*City:</b> MCKINLEYVILLE _____ <b>County:</b> _____ <b>*State:</b> CA _____ <b>Province:</b> _____ <b>*Country:</b> USA: United States _____ <b>*Zip / Postal Code</b> 95519 _____	
<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> Mr. _____ <b>*First Name:</b> Cody _____ <b>Middle Name:</b> _____ <b>*Last Name:</b> Roggatz _____ <b>Suffix:</b> _____	
<b>Title:</b> Director of Aviation	
<b>Organizational Affiliation:</b>	
<b>*Telephone Number:</b> 707-839-5401	<b>Fax Number:</b>
<b>*Email:</b> croggatz@co.humboldt.ca.us	

**Application for Federal Assistance SF-424**

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

X. Airport Sponsor

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

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

**Federal Aviation Administration**

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

20.106 \_\_\_\_\_

CFDA Title:

Airport Program

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

NA \_\_\_\_\_

\*Title:

NA \_\_\_\_\_

**13. Competition Identification Number:**

NA \_\_\_\_\_

Title:

NA \_\_\_\_\_

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

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

Any purpose for which airport funds may be lawfully used, as found in the Office of Airports Revenue Use Policy, except airport development or land acquisition.

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

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**16. Congressional Districts Of:**

\*a. Applicant: 1

\*b. Program/Project:

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

**17. Proposed Project:**

\*a. Start Date: NA

\*b. End Date: NA

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

*a. Federal	_____	\$1,000.
*b. Applicant	_____	\$0
*c. State	_____	\$0
*d. Local	_____	\$0
*e. Other	_____	\$0
*f. Program Income	_____	\$0
*g. TOTAL	_____	\$1,000.

**\*19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on \_\_\_\_\_.
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

**\*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation in attachment.)**

Yes       No

**If "Yes", provide explanation and attach**

\_\_\_\_\_

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

\*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix:            Mr. \_\_\_\_\_            \*First Name: Cody \_\_\_\_\_

Middle Name:    \_\_\_\_\_

\*Last Name:     Roggatz \_\_\_\_\_

Suffix:            \_\_\_\_\_

\*Title: Director of Aviation

\*Telephone Number: 707-839-5401

Fax Number:

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

\*Signature of Authorized Representative:

\*Date Signed: