

**Application for Federal Assistance SF-424**

* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: * If Revision, select appropriate letter(s): <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
* 3. Date Received: <input type="text" value="11/30/2020"/>		4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>		5b. Federal Award Identifier: <input type="text"/>	
<b>State Use Only:</b>			
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>	
<b>8. APPLICANT INFORMATION:</b>			
* a. Legal Name: <input type="text" value="City of Dalton"/>			
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="58-6000557"/>		* c. Organizational DUNS: <input type="text" value="0758692300000"/>	
<b>d. Address:</b>			
* Street1: <input type="text" value="P.O. Box 1205"/>			
Street2: <input type="text"/>			
* City: <input type="text" value="Dalton"/>			
County/Parish: <input type="text" value="Whitfield"/>			
* State: <input type="text" value="GA: Georgia"/>			
Province: <input type="text"/>			
* Country: <input type="text" value="USA: UNITED STATES"/>			
* Zip / Postal Code: <input type="text" value="30722"/>			
<b>e. Organizational Unit:</b>			
Department Name: <input type="text" value="Dalton Municipal Airport"/>		Division Name: <input type="text"/>	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>			
Prefix: <input type="text" value="Mr."/>		* First Name: <input type="text" value="David"/>	
Middle Name: <input type="text"/>			
* Last Name: <input type="text" value="Pennington"/>			
Suffix: <input type="text"/>			
Title: <input type="text" value="Mayor"/>			
Organizational Affiliation: <input type="text" value="City of Dalton"/>			
* Telephone Number: <input type="text" value="706-226-1534"/>		Fax Number: <input type="text"/>	
* Email: <input type="text" value="kwitherow@daltonga.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:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

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

Federal Aviation Administration

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

20.106

CFDA Title:

Airport Improvement Program

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

\* Title:

**13. Competition Identification Number:**

Title:

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

 [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

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

Apron Overlay/Rehabilitation Phase 2

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

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### 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="1,143,000.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text" value="63,500.00"/>
* d. Local	<input type="text" value="63,500.00"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="1,270,000.00"/>

### \* 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:	<input type="text" value="Mr. ...."/>	* First Name:	<input type="text" value="David"/>
Middle Name:	<input type="text"/>		
* Last Name:	<input type="text" value="Pennington"/>		
Suffix:	<input type="text"/>		
* Title:	<input type="text" value="Mayor"/>		
* Telephone Number:	<input type="text" value="706-226-1534"/>	Fax Number:	<input type="text"/>
* Email:	<input type="text" value="kwitherow@daltonga.gov"/>		
* Signature of Authorized Representative:	<input type="text"/>		* Date Signed: <input type="text"/>