

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- ☒ Preapplication
☐ Application
☐ Changed/Corrected Application

*** 2. Type of Application:**

- ☒ New
☐ Continuation
☐ Revision

*** If Revision, select appropriate letter(s):**

*** Other (Specify):**

*** 3. Date Received:**

11/30/2020

4. Applicant 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 Dalton

*** b. Employer/Taxpayer Identification Number (EIN/TIN):**

58-6000557

*** c. Organizational DUNS:**

0758692300000

d. Address:

*** Street1:**

P.O. Box 1205

Street2:

*** City:**

Dalton

County/Parish:

Whitfield

*** State:**

GA: Georgia

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

30722

e. Organizational Unit:

Department Name:

Dalton Municipal Airport

Division Name:

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

Prefix:

Mr.

*** First Name:**

David

Middle Name:

*** Last Name:**

Pennington

Suffix:

Title:

Mayor

Organizational Affiliation:

City of Dalton

*** Telephone Number:**

706-226-1534

Fax Number:

*** Email:**

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

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: 07/01/2021

* b. End Date: 06/30/2022

18. Estimated Funding (\$):

* a. Federal	1,143,000.00
* b. Applicant	
* c. State	63,500.00
* d. Local	63,500.00
* e. Other	
* f. Program Income	
* g. TOTAL	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: Mr. * First Name: David

Middle Name:

* Last Name: Pennington

Suffix:

* Title: Mayor

* Telephone Number: 706-226-1534

Fax Number:

* Email: kwitherow@daltonga.gov

* Signature of Authorized Representative:

* Date Signed: