

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:

11/10/2023

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. UEI:

0758692300000

d. Address:

*Street 1: P.O. Box 1205

Street 2:

*City: Dalton

County/Parish: Whitfield

*State: GA

*Province:

*Country: USA: United States

*Zip / Postal Code 30722-1205

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:

Pick an applicant type

Type of Applicant 3: Select Applicant Type:

Pick an 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.):***15. Descriptive Title of Applicant's Project:**

Construction of Runway Pavement and Electrical Rehabilitation, and Taxiway Electrical Rehabilitation, to Include PAPI, Rotating Beacon and Tower, and Windcone (Phase I)

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424**16. Congressional Districts Of:**

*a. Applicant: GA-014

*b. Program/Project: GA-014

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

17. Proposed Project:

*a. Start Date: 07/01/2024

*b. End Date: 06/30/2025

18. Estimated Funding (\$):

*a. Federal	\$ 3,150,000
*b. Applicant	\$ 0
*c. State	\$ 175,000
*d. Local	\$ 175,000
*e. Other	\$ 0
*f. Program Income	\$ 0
*g. TOTAL	\$ 3,500,000

***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?**☐ Yes ☒ No

If "Yes", explain:

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: