

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

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***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:**

DBE Plan Update

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	\$ 10,800
*b. Applicant	\$ 0
*c. State	\$ 600
*d. Local	\$ 600
*e. Other	\$ 0
*f. Program Income	\$ 0
*g. TOTAL	\$ 12,000

***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: