

## 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:

4. Applicant Identifier:

5a. Federal Entity Identifier:

Federal Aviation Administration

5b. Federal Award Identifier:

3-41-0024-019-2024

### State Use Only:

6. Date Received by State:

7. State Application Identifier:

### 8. APPLICANT INFORMATION:

\*a. Legal Name: City of Hermiston

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

93-6002182

\*c. UEI:

GFMPNGXFL6U8

### d. Address:

\*Street 1: 180 NE 2nd Street

Street 2:

\*City: Hermiston

County/Parish: Umatilla

\*State: Province: OR

\*Country:

\*Zip / Postal Code USA: United States

97838-1860

### e. Organizational Unit:

Department Name:

City of Hermiston

Division Name:

Hermiston Municipal Airport

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

Prefix: Mr. \*First Name: Mark

Middle Name:

\*Last Name: Morgan

Suffix:

Title: Assistant City Manager/Airport Manager

Organizational Affiliation:

\*Telephone Number: (541) 567-5521

Fax Number: 541-567-5530

\*Email: mmorgan@hermiston.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:

New Aviation T-Hangar: Phase I (Design/Bidding) and (Construction/SDC)

**13. Competition Identification Number:**

Title:

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

City of Hermiston, Umatilla County, Oregon

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

NEW AVIATION T-HANGAR: Phase I (Design/Bidding) and (Construction/SDC)-This project will construct a new 10 unit, prefabricated steel, nested T-Hangar building at HRI.  
HRI previously coordinated with FAA and plans to utilize eligible 2022-24 BIL funds (\$584K) in 2024 (BIL grant Phase I-this app), then request reimburse of their remaining 2025-26 BIL funds in 2026 (approx. \$288K-BIL Grant Phase II).

Attach supporting documents as specified in agency instructions.

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

\*a. Applicant: 2

\*b. Program/Project: 2

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

**17. Proposed Project:**

\*a. Start Date: 02/15/2023

\*b. End Date: 04/30/2025

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

*a. Federal	584000
*b. Applicant	564588
*c. State	0
*d. Local	0
*e. Other	0
*f. Program Income	0
*g. TOTAL	1148588

**\*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: Mark

Middle Name: \_\_\_\_\_

\*Last Name: Morgan

Suffix: \_\_\_\_\_

\*Title: Assistant City Manager/Airport Manager

\*Telephone Number: (541) 567-5521

Fax Number: 541-567-5530

\* Email: mmorgan@hermiston.gov

\*Signature of Authorized Representative:

\*Date Signed: