

**Application for Federal Assistance SF-424**

|   |   |
|---|---|
| *1. Type of Submission:<br><input type="checkbox"/> Preapplication<br><input checked="" type="checkbox"/> Application<br><input type="checkbox"/> Changed/Corrected Application | *2. Type of Application * If Revision, select appropriate letter(s):<br><input checked="" type="checkbox"/> New<br><input type="checkbox"/> Continuation<br><input type="checkbox"/> Revision<br>*Other (Specify) _____ |
|---|---|

|                          |   |
|--------------------------|---|
| *3. Date Received:<br>NA | 4. Applicant Identifier:<br>DUG (Bisbee Douglas International) Bisbee, AZ |
|--------------------------|---|

|  |                                |
|--|--------------------------------|
| *5b. Federal Entity Identifier:<br>04-0013 | *5b. Federal Award Identifier: |
|--|--------------------------------|

**State Use Only:**

|                            |                                  |
|----------------------------|----------------------------------|
| 6. Date Received by State: | 7. State Application Identifier: |
|----------------------------|----------------------------------|

**8. APPLICANT INFORMATION:**

\*a. Legal Name: County of Cochise

|  |   |
|--|---|
| *b. Employer/Taxpayer Identification Number (EIN/TIN):<br>86-6000398 | *c. Organizational DUNS:<br>02-012-6041 |
|--|---|

**d. Address:**

\*Street 1: 1415 Melody Lane  
Street 2: Building E  
\*City: DOUGLAS BISBEE  
County/Parish: \_\_\_\_\_  
\*State: AZ  
Province: \_\_\_\_\_  
\*Country: USA: United States  
\*Zip / Postal Code 85603

**e. Organizational Unit:**

|                  |                |
|------------------|----------------|
| Department Name: | Division Name: |
|------------------|----------------|

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

Prefix: \_\_\_\_\_ \*First Name: Dan  
Middle Name: \_\_\_\_\_  
\*Last Name: Coxworth  
Suffix: \_\_\_\_\_

Title: Public Works Director

Organizational Affiliation:

\*Telephone Number: 520-432-9268 Fax Number:

\*Email: dcoxworth@cochise.az.gov

**Application for Federal Assistance SF-424**

**\*9. Type of Applicant 1: Select Applicant Type:**

X. Airport Sponsor

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:**

NA

\*Title:

NA

**13. Competition Identification Number:**

NA

Title:

NA

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

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

\$9,000 for costs related to operations, personnel, cleaning, sanitization, janitorial services, combating the spread of pathogens at the airport, and debt service payments.

**Attach supporting documents as specified in agency instructions.**

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**16. Congressional Districts Of:**

\*a. Applicant: 8

\*b. Program/Project: 2

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

**17. Proposed Project:**

\*a. Start Date: NA

\*b. End Date: NA

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

|                    |       |          |
|--------------------|-------|----------|
| *a. Federal        | _____ | \$9,000. |
| *b. Applicant      | _____ | \$0      |
| *c. State          | _____ | \$0      |
| *d. Local          | _____ | \$0      |
| *e. Other          | _____ | \$0      |
| *f. Program Income | _____ | \$0      |
| *g. TOTAL          | _____ | \$9,000. |

**\*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? (If "Yes", provide explanation in attachment.)**

Yes       No

**If "Yes", provide explanation and attach**

\_\_\_\_\_

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: \_\_\_\_\_ \*First Name: Dan \_\_\_\_\_

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

\*Last Name: Coxworth \_\_\_\_\_

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

\*Title: Public Works Director

\*Telephone Number: 520-432-9268

Fax Number:

\* Email: dcoxworth@cochise.az.gov

\*Signature of Authorized Representative:

\*Date Signed: