

<b>Application for Federal Assistance SF-424</b>	
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application * If Revision, select appropriate letter(s): <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision  *Other (Specify) _____
*3. Date Received: NA	4. Applicant Identifier: P33 (Cochise County) Bisbee, AZ
*5a. Federal Entity Identifier: 04-0049	*5b. Federal Award Identifier:
<b>State Use Only:</b>	
6. Date Received by State:	7. State Application Identifier:
<b>8. APPLICANT INFORMATION:</b>	
*a. Legal Name: County of Cochise	
*b. Employer/Taxpayer Identification Number (EIN/TIN): 86-6000398	*c. Organizational DUNS: 02-012-6041
<b>d. Address:</b>	
*Street 1: 1415 Melody Lane	
Street 2: Building E	
*City: WILLCOX	
County/Parish: _____	
*State: AZ	
Province: _____	
*Country: USA: United States	
*Zip / Postal Code 85603	
<b>e. Organizational Unit:</b>	
Department Name:	Division Name:
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>	
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:**

\$13,000 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.**

**Application for Federal Assistance SF-424**

**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	_____	\$13,000.
*b. Applicant	_____	\$0
*c. State	_____	\$0
*d. Local	_____	\$0
*e. Other	_____	\$0
*f. Program Income	_____	\$0
*g. TOTAL	_____	\$13,000.

**\*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: