

Application for Federal Assistance SF-424	
*1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input 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 * Other (Specify) <input type="checkbox"/> Revision
*3. Date Received:	4. Applicant Identifier: HHR
5a. Federal Entity Identifier: 3-06-0101	*5b. Federal Award Identifier:
State Use Only:	
6. Date Received by State:	7. State Application Identifier:
8. APPLICANT INFORMATION:	
*a. Legal Name: City of Hawthorne	
*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000718	*c. UEI: QU9JK191Z2L3
d. Address:	
*Street 1: 4455 W. 126th Street	
Street 2:	
*City: Hawthorne	
County/Parish: Los Angeles	
*State: Province: CA	
*Country: USA: United States	
*Zip / Postal Code 90250-4482	
e. Organizational Unit:	
Department Name: Department of Public Works	Division Name: Airport
f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: Mr. *First Name: Guido	
Middle Name:	
*Last Name: Fernandez	
Suffix:	
Title: Airport Manager	
Organizational Affiliation:	
*Telephone Number: (310) 349-1636	Fax Number:
*Email: GFernandez@cityofhawthorne.org	

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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:**

CFDA No: CFDA Title:

20.116 Airport Improvement Program (AIP)

***12. Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

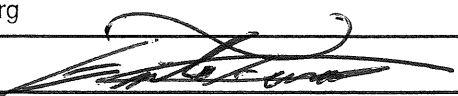
14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Hawthorne, Los Angeles County, California

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

Rehabilitate Taxiway N and S Lighting, Rehabilitate Runway 7/25 Lighting, Rehabilitate Airfield Lighting Vault, Replace Airfield Signs, Install Airport Beacon (Construction)

Attach supporting documents as specified in agency instructions.

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16. Congressional Districts Of:	
*a. Applicant: CA-43	*b. Program/Project: CA-43
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
*a. Start Date: 09/01/2026	*b. End Date: 12/31/2027
18. Estimated Funding (\$):	
*a. Federal	\$ 4,974,737
*b. Applicant	\$ 261,829
*c. State	\$ 0
*d. Local	\$ 0
*e. Other	\$ 0
*f. Program Income	\$ 0
*g. TOTAL	\$ 5,236,566
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____ . <input checked="" type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E.O. 12372.	
*20. Is the Applicant Delinquent On Any Federal Debt?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <input checked="" type="checkbox"/> ** 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: Akbar
Middle Name:	
*Last Name: Farokhi	
Suffix:	
*Title: Director of Public Works	
*Telephone Number: (310) 349-2983	Fax Number:
* Email: AFarokhi@cityofhawthorne.org	
*Signature of Authorized Representative: 	*Date Signed: 04-10-26

Guido Fernandez for Akbar Farokhi