

## **ATTACHMENT 2**

# **CARES Act 2020 Grant Application**

**Application for Federal Assistance SF-424**

*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: IZA (Santa Ynez) Santa Ynez, CA
--------------------------	-------------------------------------------------------------

*5a. Federal Entity Identifier: 60243	*5b. Federal Award Identifier:
------------------------------------------	--------------------------------

**State Use Only:**

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

**8. APPLICANT INFORMATION:**

\*a. Legal Name: County of Santa Barbara

*b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6002833	*c. Organizational DUNS: 13-185-1151
----------------------------------------------------------------------	-----------------------------------------

**d. Address:**

\*Street 1: 1105 Santa Barbara Street, 2nd Floor  
Street 2: \_\_\_\_\_  
\*City: SANTA BARBARA  
County: \_\_\_\_\_  
\*State: CA  
Province: \_\_\_\_\_  
\*Country: USA: United States  
\*Zip / Postal Code 93101

**e. Organizational Unit:**

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

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

Prefix: Mr. \*First Name: Todd  
Middle Name: \_\_\_\_\_  
\*Last Name: Morrison  
Suffix: \_\_\_\_\_

Title: Senior Project Manager

Organizational Affiliation:

\*Telephone Number: (805) 934-6228 Fax Number:

\*Email: tmorris@co.santa-barbara.ca.us

**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 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:**

Any purpose for which airport funds may be lawfully used, as found in the Office of Airports Revenue Use Policy, except airport development or land acquisition.

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

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\*a. Applicant: 22

\*b. Program/Project:

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	_____	\$30,000.
*b. Applicant	_____	\$0
*c. State	_____	\$0
*d. Local	_____	\$0
*e. Other	_____	\$0
*f. Program Income	_____	\$0
*g. TOTAL	_____	\$30,000.

**\*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: Ms.      \*First Name: Janette  
Middle Name: D  
\*Last Name: Pell  
Suffix: \_\_\_\_\_

\*Title: Director of General Services

\*Telephone Number: (805) 560-1011

Fax Number:

\* Email: jpell@countyofsb.org

\*Signature of Authorized Representative:

*Janette D Pell*

\*Date Signed: 4-21-2020