

## **ATTACHMENT 2**

# **Application for Federal Assistance SF-424**

**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:

NA

4. Applicant Identifier:

IZA (Santa Ynez) Santa Ynez, CA

\*5b. Federal Entity Identifier:

06-0243

\*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, Santa Barbara, CA 93101

Street 2: \_\_\_\_\_

\*City: Santa Ynez

County/Parish: \_\_\_\_\_

\*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: \_\_\_\_\_

\*First Name: Todd

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

\*Last Name: Morrison

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

Title:

Senior Project Manager

Organizational Affiliation:

\*Telephone Number: (805) 568-2622

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 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:**  
\$32,000 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: 22

\*b. Program/Project: 24

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	_____	\$32,000
*b. Applicant	_____	\$0
*c. State	_____	\$0
*d. Local	_____	\$0
*e. Other	_____	\$0
*f. Program Income	_____	\$0
*g. TOTAL	_____	\$32,000

**\*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: Janette

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

\*Last Name: Pell

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

\*Title: Director, General Services Department

\*Telephone Number: (805) 560-1011

Fax Number:

\* Email: [jpell@countyofsb.org](mailto:jpell@countyofsb.org)

\*Signature of Authorized Representative:

DocuSigned by:

*Janette D. Pell*

1FBA9BD673A445F...

\*Date Signed: 7/30/2021 | 3:41

PM PDT