

PLEASE PRINT OR TYPE AND COMPLETE ALL ITEMS

PART I. AIRPORT INFORMATION

PUBLIC ENTITY <i>Santa Barbara County</i>	AIRPORT NAME <i>Santa Ynez Airport</i>	PERMIT NO.
CONTACT NAME <i>Janette D. Pell</i>	TITLE <i>Director, General Services</i>	
BUSINESS ADDRESS <i>105 E. Anapamu Street, Room 108, Santa Barbara, CA 93101</i>		BUSINESS PHONE <i>805-568-2622</i>

PART II. PROJECT INFORMATION

Verify that project is within the Department's most recent Capital Improvement Plan: Yes X No If no, then project is not eligible for grant funds.

DESCRIPTIVE TITLE OF APPLICANT'S PROJECT (as shown on page one of the executed grant agreement and in the adopted Capital Improvement Plan): Attach Additional Sheets if Necessary <i>Runway Incursion Markings (Lighted Runway Closure Markers), Improve Airport Erosion Control (Airfield Safety Grading), Access Control Gate</i>	FEDERAL GRANT	\$ <i>1,525,165.</i>
	APPLICANT FUNDS	\$ <i>93,205.</i>
	STATE * FUNDS	\$ <i>76,258.</i>
	TOTAL COST OF PROJECT	\$ <i>1,694,628.</i>
*Maximum is 5% of the federal grant amount		

PART III. REQUIRED SUPPORTING DOCUMENTS

Pursuant to Public Utilities Code Sections 21681-21684 and Section 4067 of the CAAP Regulations, submit the following documents with this application:

- Local government approval (*resolution or minute order*) as described in Section 4067(a).
- FAA Grant Agreement with FAA and sponsor signatures.
- Verification of full compliance with the California Environmental Quality Act (CEQA) by submitting information to fulfill either 1. or 2. below:
 1. Copy of Notice of Exemption or provide the Categorical Exemption Class # 1 (CEQA Guidelines Sections 15300-15333)
 2. Copy of Notice of Determination or provide the following information:
 - Environmental Impact Report (Title/Date) _____ State Clearinghouse (SCH)# _____ or
 - Negative Declaration (Title/Date) _____ State Clearinghouse (SCH)# _____ or
 - National Environmental Policy Act (NEPA) document (Title/Date) _____
 (NEPA documents-Environmental Impact Statement or Finding of No Significant Impact must comply with CEQA provisions)
- 11 x 17-inch Drawing or Airport Layout Plan showing project location(s) and dimensions.
- Completed CAAP Certification (Form DOA-0007), if not submitted to the Division of Aeronautics earlier for this fiscal year.

PART IV. AUTHORIZATION

AUTHORIZED OFFICIAL'S SIGNATURE <i>Janette D. Pell</i>	TITLE <i>Director, General Services</i>
PRINT NAME <i>Janette D. Pell</i>	DATE <i>8-30-17</i>

SEND COMPLETED APPLICATION AND ALL SUPPORTING DOCUMENTS TO:

CALIFORNIA DEPARTMENT OF TRANSPORTATION
 DIVISION OF AERONAUTICS – MS #40
 P.O. BOX 942874
 SACRAMENTO, CA 94274-0001