

Tzvete Katchakova (AIR)

From: Tina Ko (AIR)
Sent: Monday, April 20, 2020 7:52 PM
To: Tzvete Katchakova (AIR)
Subject: Fwd: CA - SFO FAA CARES Funding Information
Attachments: CA SFO - SF424 Unsigned.pdf; ATT00001.htm

Thanks,
Tina

Begin forwarded message:

From: "Lemons, Roger (FAA)" <Roger.Lemons@faa.gov>
Date: April 20, 2020 at 7:28:40 PM PDT
To: "Ivar Satero (AIR)" <Ivar.Satero@flysfo.com>
Cc: "9-AWP-SFO-ADO-Communications (FAA)" <9-awp-sfo-ado-communications@faa.gov>, "Tina Ko (AIR)" <Tina.Ko@flysfo.com>, "Ronda Chu (AIR)" <Ronda.Chu@flysfo.com>
Subject: CA - SFO FAA CARES Funding Information

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Hello Ivar,

As announced by the Secretary of Transportation on April 14, 2020, your airport is eligible for funds under the Coronavirus Aid, Relief, and Economic Security Act (Public Law 116-136). These funds will assist airports address the COVID-19 public health emergency.

The attached Application for Federal Assistance (OMB SF-424) is prepopulated with your general airport information, including the federal CARES Act funding amount, for your airport to receive a CARES Act grant. There are several options for receiving CARES Act funds and the application process varies accordingly.

Option 1

. The quickest option is to use all of your CARES Act funds for operational expenses, such as payroll, utility bills, or payment of debt service. If this is how you would like to use your airport's CARES Act funds, just sign the attached form and email it to the FAA. We will expedite processing your CARES Act grant. Details to email the application are below.

Option 2

. Use CARES Act funding on development or land acquisition projects. Coordinate with your RO/ADO contact to pursue funding for development projects. There are more prerequisites and requirements for construction projects, so this grant will not be issued as quickly.

Option 3

. Use some of your CARES Act funding on operational expenses and some on airport development. If you choose this option, you can submit an adjusted OMB SF-424 for the non-construction portion of the CARES Act funds, using the attached form as a guide. Coordinate with your RO/ADO contact to pursue funding for the development project.

If you do not want to receive CARES Act funds, please communicate by responding to this email. In your response, please state that you do not wish to receive CARES Act funds and the reason.

For submission of CARES Act Applications for Federal Assistance (OMB SF-424), send the signed application to 9-awp-sfo-ado-communications@faa.gov with your State and location identifier (LOC ID) as the first 5 characters of the subject line and file name i.e. CASFO CARES Act Application.

We are available to assist you in any way possible. Please contact us if you have any questions or concerns. Additionally, there is detailed information about the CARES Act Airports Grant program at: https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.faa.gov%2Fairports%2Fcares_act%2F&data=02%7C01%7Ctina.ko%40flysfo.com%7C8a29412ea7da469ab59f08d7e59ba9d3%7C22d5c2cfce3e443d9a7dfcc0231f73f%7C0%7C0%7C637230329200188304&sdata=Z2%2F8um2QN H6nYoGsxMk3SmGzUKOOU8%2BBy8pnYVQKAew%3D&reserved=0.

Thank you,

Roger Lemons
Management & Program Analyst
FAA, San Francisco Airports District Office
1000 Marina Blvd, Suite 220
Brisbane, CA 94005-1835
(650) 827-7603 (w)
(650) 827-7634 (f)

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) _____
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*3. Date Received: NA	4. Applicant Identifier: SFO (San Francisco International) San Francisco, CA
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*5b. Federal Entity Identifier: 60221	*5b. Federal Award Identifier:
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State Use Only:

6. Date Received by State:	7. State Application Identifier:
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8. APPLICANT INFORMATION:

***a. Legal Name:** City and County of San Francisco

*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000417	*c. Organizational DUNS: 04-600-4081
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d. Address:

***Street 1:** _____
Street 2: _____
***City:** SAN FRANCISCO
County: _____
***State:** CA
Province: _____
***Country:** USA: United States
***Zip / Postal Code** _____

e. Organizational Unit:

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

Prefix: Mr. ***First Name:** Ivar
Middle Name: _____
***Last Name:** Satero
Suffix: _____

Title: Airport Director

Organizational Affiliation:

*Telephone Number: 650-821-5025	Fax Number:
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***Email:** ivar.satero@flysfo.com

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: 12

*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	_____	<u>\$254,780,449.</u>
*b. Applicant	_____	\$0
*c. State	_____	\$0
*d. Local	_____	\$0
*e. Other	_____	\$0
*f. Program Income	_____	\$0
*g. TOTAL	_____	<u>\$254,780,449.</u>

***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: Mr. _____ *First Name: Ivar _____

Middle Name: _____

*Last Name: Satero _____

Suffix: _____

*Title: Airport Director

*Telephone Number: 650-821-5025

Fax Number:

* Email: ivar.satero@flysfo.com

*Signature of Authorized Representative:

*Date Signed: