

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 *Other (Specify) _____ <input type="checkbox"/> Revision
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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: San Francisco, City and County of

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

*Street 1: P.O. Box 8097
 Street 2: _____
 *City: SAN FRANCISCO
 County: SAN FRANCISCO
 *State: CA
 Province: _____
 *Country: USA: United States
 *Zip / Postal Code: 94128-8097

e. Organizational Unit:

Department Name: San Francisco International Airport	Division Name: Business & Finance
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr. *First Name: Kevin
 Middle Name: _____
 *Last Name: Kone
 Suffix: _____

Title: Managing Director, Finance

Organizational Affiliation:
 San Francisco International Airport

*Telephone Number: 650-821-2888 Fax Number: 650-821-2925

*Email: kevin.kone@flsfo.com

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***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:**

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.

