

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
*3. Date Received:	4. Applicant Identifier: SFO
5a. Federal Entity Identifier:	*5b. Federal Award Identifier:
State Use Only:	
6. Date Received by State:	7. State Application Identifier:
8. APPLICANT INFORMATION:	
*a. Legal Name: City and County of San Francisco	
*b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000417	*c. UEI: LYCMERUN3Z73
d. Address:	
*Street 1:	P.O. Box 8097
Street 2:	
*City:	San Francisco
County/Parish:	
*State:	CA
*Province:	
*Country:	USA: United States
*Zip / Postal Code	94128-8097
e. Organizational Unit:	
Department Name: San Francisco International Airport	Division Name: Finance
f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: Ms.	*First Name: Tina
Middle Name:	
*Last Name: Ko	
Suffix:	
Title: Acting Capital Finance Director	
Organizational Affiliation:	
*Telephone Number: (650) 821-2826	Fax Number: (650) 821-2925
*Email: tina.ko@flysfo.com	

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***9. Type of Applicant 1: Select Applicant Type:**

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Pick an applicant type

Type of Applicant 3: Select Applicant Type:

Pick an 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:**

N/A

*Title:

N/A

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

***15. Descriptive Title of Applicant's Project:**

Boarding Area G Gates Enhancement

Attach supporting documents as specified in agency instructions.

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16. Congressional Districts Of:

*a. Applicant: CA-11

*b. Program/Project: CA-15

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

*a. Start Date: 01/01/2025

*b. End Date: 08/31/2028

18. Estimated Funding (\$):

*a. Federal	\$ 66,294,812
*b. Applicant	\$ 76,705,188
*c. State	\$ 0
*d. Local	\$ 0
*e. Other	\$ 0
*f. Program Income	\$ 0
*g. TOTAL	\$ 143,000,000

***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?**

- Yes No

If "Yes", explain:

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: Ronda _____
 Middle Name: _____
 *Last Name: Chu _____
 Suffix: _____

*Title: Managing Director of Finance

*Telephone Number: (650)821-2823

Fax Number: (650) 821-2825

* Email: ronda.chu@flysfo.com

*Signature of Authorized Representative:

*Date Signed: