| Application for Federal Assistance SF-424 | | | | | | | |
|--|--|---|--|--|--|--|--|
| *1. Type of Submission: | *2. Type of Application * If Revision, select appropriate letter(s): | | | | | | |
| Preapplication | ⊠ New | | | | | | |
| Application | Continuation *Other (Specify) | | | | | | |
| Changed/Corrected Application | | | | | | | |
| *3. Date Received: 4. Applicant Identifier: NA SFO (San Francisco International) San Francisco, CA | | | | | | | |
| *5b. Federal Entity Identifier: 60221 | | *5b. Federal Award Identifier: | | | | | |
| State Use Only: | | | | | | | |
| 6. Date Received by State: | 7. State Ap | plication Identifier: | | | | | |
| 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 | | | | | |
| d. Address: | | | | | | | |
| *Street 1: P.O. Box | 8097 | | | | | | |
| Street 2: | | | | | | | |
| *City: <u>SAN FRAN</u> | ICISCO | | | | | | |
| County: SAN FRAM | NCISCO | x * | | | | | |
| *State: <u>CA</u> | | | | | | | |
| Province: | | | | | | | |
| *Country: <u>USA: Unite</u> | | | | | | | |
| *Zip / Postal Code94128-80 | 97 | | | | | | |
| e. Organizational Unit: | | | | | | | |
| Department Name: San Francisco International Airport | | Division Name: Business & Finance | | | | | |
| f. Name and contact information of person to be contacted on matters involving this application: | | | | | | | |
| Prefix: <u>Mr.</u> *First Name: <u>Kevin</u> | | | | | | | |
| Middle Name: | | | | | | | |
| *Last Name: <u>Kone</u> | | | | | | | |
| Suffix: | | | | | | | |
| Title: Managing Director, Finance | | | | | | | |
| Organizational Affiliation: San Francisco International Airport | | | | | | | |
| *Telephone Number: 650-821-2888 Fax Number: 650-821-2925 | | | | | | | |
| *Email: kevin.kone@flysfo.com | | | | | | | |

| | Expiration Date: 12/01/2022 |
|---|---|
| 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: | <i>"</i> |
| 20.106 | |
| CFDA Title: | |
| Airport Improvement Program | |
| | |
| *12. Funding Opportunity Number: | ÷ |
| NA | |
| | |
| *Title: | |
| NA | |
| | |
| | |
| 13. Competition Identification Number: | |
| <u>NA</u> | |
| Title: | |
| NA | |
| | |
| | الد ا |
| 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 Air | roorts Revenue Use Policy, except airport |
| development or land acquisition. | |
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| | |
| Attach supporting documents as specified in agency instructions. | |

| OMB Number: | 4040-0004 | | |
|------------------|------------|--|--|
| Expiration Date: | 12/31/2022 | | |

| Application for Federal Assistance SF-424 | | | | | | |
|---|---------------------------------------|------------------------------|---------------------|----------------------|--|--|
| 16. Congressional Districts Of: | | | | | | |
| *a. Applicant: 12 | *Ł | b. Program/Project: 14 | | | | |
| Attach an additional list of Program/Project Congressional Districts if needed. | | | | | | |
| 17. Proposed Project | | * | | | | |
| *a. Start Date: NA | | *b. I | End Date: NA | | | |
| 18. Estimated Fundin | g (\$): | | | | | |
| *a. Federal | \$254,780,449. | _ | | | | |
| *b. Applicant | \$0 | | | 5 | | |
| *c. State | \$0 | 4 | | × | | |
| *d. Local | \$0 | | | | | |
| *e. Other *f. Program Income | \$0 | _ | | A | | |
| *g. TOTAL | \$254,780,449. | _ | | | | |
| | | _ | | | | |
| 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 Fe | deral Debt? (If "Yes", provi | de explanation in a | ttachment.) | | |
| 🗌 Yes 🛛 🕅 | | | | а. Э | | |
| lf "Yes", provide exp | lanation and attach | 9° (1) | | | | |
| 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) | | | | | | |
| Authorized Representative: | | | | | | |
| Prefix: <u>Mr.</u> Middle Name: <u>C.</u> *Last Name: <u>Sate</u> Suffix: | · · · · · · · · · · · · · · · · · · · | First Name: <u>Ivar</u> | | | | |
| *Title: Airport Director | | 3 | | ÷ | | |
| *Telephone Number: | 650-821-5000 | х | Fax Number: 650-8 | 21-5005 | | |
| * Email: ivar.satero@ | flysfo.com | 1 | | | | |
| *Signature of Authoriz | ed Representative: | (5/0- | _ | *Date Signed: 415/20 | | |
| × | | L) | | | | |