

<b>Application for Federal Assistance SF-424</b>	
<p><b>*1. Type of Submission:</b></p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	
<p><b>*2. Type of Application</b>    * If Revision, select appropriate letter(s):</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation    *Other (Specify) _____ <input type="checkbox"/> Revision	
<p><b>*3. Date Received:</b>                      <b>4. Applicant Identifier:</b></p> NA    SFO (San Francisco International Airport) San Francisco, CA	
<p><b>*5b. Federal Entity Identifier:</b>                      <b>*5b. Federal Award Identifier:</b></p> 06-0221	
<b>State Use Only:</b>	
<p><b>6. Date Received by State:</b>                      <b>7. State Application Identifier:</b></p>	
<b>8. APPLICANT INFORMATION:</b>	
<p><b>*a. Legal Name:</b> San Francisco, City and County of</p>	
<p><b>*b. Employer/Taxpayer Identification Number (EIN/TIN):</b>                      <b>*c. Organizational DUNS:</b></p> 94-6000417    04-600-4081	
<b>d. Address:</b>	
<p><b>*Street 1:</b>                      <u>P.O. Box 8097</u></p> <p><b>Street 2:</b>                      _____</p> <p><b>*City:</b>                      <u>SAN FRANCISCO</u></p> <p><b>County/Parish:</b>                      <u>SAN FRANCISCO</u></p> <p><b>*State:</b>                      <u>CA</u></p> <p><b>Province:</b>                      _____</p> <p><b>*Country:</b>                      <u>USA: United States</u></p> <p><b>*Zip / Postal Code</b>                      <u>94128-8097</u></p>	
<b>e. Organizational Unit:</b>	
<p><b>Department Name:</b>                      <b>Division Name:</b></p> San Francisco International Airport                      Finance	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>	
<p><b>Prefix:</b>                      <u>Ms.</u>                      <b>*First Name:</b> <u>Tina</u></p> <p><b>Middle Name:</b>                      _____</p> <p><b>*Last Name:</b>                      <u>Ko</u></p> <p><b>Suffix:</b>                      _____</p>	
<p><b>Title:</b>                      Grant Development Program Manager</p>	
<b>Organizational Affiliation:</b>	
<p><b>*Telephone Number:</b> 650-821-2826                      <b>Fax Number:</b> 650-821-2925</p>	
<p><b>*Email:</b> tina.ko@flysfo.com</p>	

**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 Improvement Program

**\*12. Funding Opportunity Number:**

NA

\*Title:

NA

**13. Competition Identification Number:**

NA

Title:

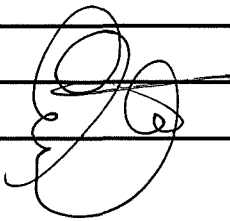
NA

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

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

\$40,594,314 for costs related to operations, personnel, cleaning, sanitization, janitorial services, combating the spread of pathogens at the airport, and debt service payments.

**Attach supporting documents as specified in agency instructions.**

<b>Application for Federal Assistance SF-424</b>	
<b>16. Congressional Districts Of:</b>	
*a. Applicant: 12	*b. Program/Project: 14
Attach an additional list of Program/Project Congressional Districts if needed.	
<b>17. Proposed Project:</b>	
*a. Start Date: NA	*b. End Date: NA
<b>18. Estimated Funding (\$):</b>	
*a. Federal	\$40,594,314.
*b. Applicant	\$0
*c. State	\$0
*d. Local	\$0
*e. Other	\$0
*f. Program Income	\$0
*g. TOTAL	\$40,594,314.
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____.	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input checked="" type="checkbox"/> c. Program is not covered by E. O. 12372	
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation in attachment.)</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)	
<input checked="" type="checkbox"/> ** 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.	
<b>Authorized Representative:</b>	
Prefix: Mr. _____	*First Name: Ivar _____
Middle Name: _____	
*Last Name: Satero _____	
Suffix: _____	
*Title: Airport Director	
*Telephone Number: 650-821-5000	Fax Number: 650-821-5005
* Email: ivar.satero@flysfo.com	
*Signature of Authorized Representative: 	*Date Signed: 2/19/21