

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

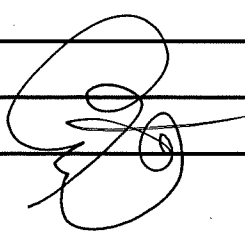
NA

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

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

\$5,949,587 to provide relief from rent and minimum annual guarantees to on-airport parking, on-airport car rental, and in-terminal airport concessions.

Attach supporting documents as specified in agency instructions.

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16. Congressional Districts Of:	
*a. Applicant: 12	*b. Program/Project: 14
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	\$5,949,587.
*b. Applicant	\$0
*c. State	\$0
*d. Local	\$0
*e. Other	\$0
*f. Program Income	\$0
*g. TOTAL	\$5,949,587.
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<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	
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation in attachment.)	
<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.	
Authorized Representative:	
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@flsfo.com	
*Signature of Authorized Representative: 	*Date Signed: 2/19/21