

## Application for Federal Assistance SF-424

**\* 1. Type of Submission:**

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

**\* 2. Type of Application:**

- ☒ New  
☐ Continuation  
☐ Revision

**\* If Revision, select appropriate letter(s):**

**\* Other (Specify):**

**\* 3. Date Received:**

NA

**4. Applicant Identifier:**

MZJ (Pinal Airpark) Florence

**5a. Federal Entity Identifier:**

04-055

**5b. Federal Award Identifier:**

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

County of Pinal

**\* b. Employer/Taxpayer Identification Number (EIN/TIN):**

86-6000556

**\* c. Organizational DUNS:**

0744470950000

**d. Address:**

**\* Street1:**

31 N Pinal Street

**Street2:**

PO Box 1348

**\* City:**

Florence

**County/Parish:**

**\* State:**

AZ: Arizona

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

85132-1348

**e. Organizational Unit:**

**Department Name:**

Public Works

**Division Name:**

Airports

**f. Name and contact information of person to be contacted on matters involving this application:**

**Prefix:**

**\* First Name:**

James

**Middle Name:**

**\* Last Name:**

Petty

**Suffix:**

**Title:**

Airport Manager

**Organizational Affiliation:**

**\* Telephone Number:**

520-866-6545

**Fax Number:**

**\* Email:**

jim.petty@pinal.gov

## Application for Federal Assistance SF-424

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

B: County Government

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:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Reconstruct Runway 12-30 Shoulders and wind cone relocation.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424****16. Congressional Districts Of:**

\* a. Applicant

1

\* b. Program/Project

1

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

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

04/01/2022

\* b. End Date:

12/15/2022

**18. Estimated Funding (\$):**

* a. Federal	4,000,000.00
* b. Applicant	196,354.05
* c. State	196,354.05
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	4,392,708.10

**\* 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? (If "Yes," provide explanation in attachment.)**☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

**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:

Mr.

\* First Name:

Stephen

Middle Name:

\* Last Name:

Miller

Suffix:

\* Title:

Chairman of the Board of Supervisors

\* Telephone Number:

520-866-6212

Fax Number:

520-866-6511

\* Email:

stephen.miller@pinal.gov

\* Signature of Authorized Representative:

\* Date Signed: