OMB Number: 4040-0004
Expiration Date: 11/30/2025

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:

4. Applicant Identifier:

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: Pinal County

*b. Employer/Taxpayer Identification Number (EIN/TIN): 86-6000556

*c. UEI: GX4FM9VQD7W3

d. Address:

*Street 1: 31 North Pinal Street
Street 2: PO Box 827
*City: Florence
County/Parish: Pinal
*State: AZ
*Province:
*Country: USA: United States
*Zip / Postal Code

e. Organizational Unit:

Department Name: Development Services/Public Works

Division Name: Airports

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

Prefix: Mr. *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:

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**:

*Title:

13. Competition Identification Number:

Title:

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

Pinal County, Marana, Arizona

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

Pinal Airpark (MZJ) Master Plan Update

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: AZ 2 *b. Program/Project: AZ 6

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

17. Proposed Project:

*a. Start Date: 12/01/2024 *b. End Date: 12/01/2025

18. Estimated Funding ($):

*a. Federal	$ 412,083
*b. Applicant	$ 20,229
*c. State	$ 20,229
*d. Local	$ 0
*e. Other	$ 0
*f. Program Income	$ 0
*g. TOTAL	$ 452,541

***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: Mr. *First Name: Mike

Middle Name:

*Last Name: Goodman

Suffix:

*Title: Chairman of the Board of Supervisors

*Telephone Number: 520-866-6068 Fax Number:

* Email: BOSChair@pinal.gov

*Signature of Authorized Representative: *Date Signed: 10/30/2024