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

Application for Federal Assistance SF-424							
*1. Type of Submission:	*2. Type of Application		on * If Revision, select appropriate letter(s):				
Preapplication	reapplication X New		NA				
		ntinuation	* Other (Specify)				
☐ Changed/Corrected Ap	Changed/Corrected Application Revision						
*3. Date Received: 4. Applicant Identifier: NA PDK							
5a. Federal Entity Identifier: 3-13-0010			*5b. Federal Award Identifier:				
State Use Only:							
6. Date Received by State	9:	7. State Ap	pplication Identifier:				
8. APPLICANT INFORMA	ATION:						
*a. Legal Name: DeKalb	County						
*b. Employer/Taxpayer Identification Number (EIN/TIN): 56-6000814			*c. Organizational DUNS: 61-42-0535				
d. Address:							
*Street 1: 130	00 Commerce Drive)					
Street 2:	: 2:						
*City: Dec	Decatur						
County:							
*State: GA	<u> </u>						
Province:							
*Country: USA: United States							
*Zip / Postal Code 30030							
e. Organizational Unit:							
Department Name:			Division Name:				
f. Name and contact information of person to be contacted on matters involving this application:							
Prefix: Mr.	*First Name: _	Mario					
Middle Name: A							
*Last Name: Evans							
Suffix:							
Title: Airport Director							
Organizational Affiliation: DeKalb Peachtree Airport							
*Telephone Number: 770.936.5440			Fax Number: (770) 936-5446				
*Email: maevans@dekalbcountyga.gov							

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

Application for Federal Assistance SF-424
*9. Type of Applicant 1: Select Applicant Type:
County Government
Type of Applicant 2: Select Applicant Type:
NA NA
Type of Applicant 3: Select Applicant Type:
NA NA
*Other (Specify)
NA
*10. Name of Federal Agency:
11. Catalog of Federal Domestic Assistance Number:
20.106
CFDA Title:
Airport Improvement Program
*12. Funding Opportunity Number:
12. Fullding Opportunity Number.
*Title: NA
TVA
13. Competition Identification Number:
15. Competition identification (diffice).
Title:
NA
14. Areas Affected by Project (Cities, Counties, States, etc.):
, , , , , , , , , , , , , , , , , , , ,
AAT Description Tide of Applicantic Projects
*15. Descriptive Title of Applicant's Project:
Any purpose for which airport funds may be lawfully used, as found in the Office of Airports Revenue Use Policy, except airport development or land acquisition.
Attach supporting documents as specified in agency instructions.

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

Application for Federal Assistance SF-424							
16. Congression	al Districts Of:						
*a. Applicant: 6th		*b.	Program/Project:				
Attach an additional list of Program/Project Congressional Districts if needed.							
17. Proposed Pr	roject:						
*a. Start Date: N	Α	*t	o. End Date: 6/30/2021				
18. Estimated Fι	unding (\$):						
*a. Federal	\$ 148,000						
*b. Applicant							
*c. State							
*d. Local							
*e. Other							
*f. Program Inco	me						
*g. TOTAL	\$ 148,000						
*19 le Annlicati	on Subject to Review By State	a Under Evecutive Orde	r 12372 Process?	500			
	cation was made available to the			for rovious on			
				or review on			
_	subject to E.O. 12372 but has i	not been selected by the	State for review.				
	not covered by E. O. 12372						
*20. Is the Appli ☐ Yes 🔀	cant Delinquent On Any Fede	ral Debt?					
If "Yes", explain	-						
II 103 , explain	•						
21 *By signing th	is application, I certify (1) to the	statements contained in	the list of cortifications**	and (2) that the statements			
herein are true, c	omplete and accurate to the bes	st of my knowledge. I also	provide the required as:	surances** 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	vii, or administrative penalties.	(U. S. Code, Title 216, Se	ection 1001)				
_							
** 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 Rep	resentative:						
Prefix:	Mr. *First Nam	e: Mario					
Middle Name:	<u>A</u>						
*Last Name:	Evans						
Suffix:							
*Title: Airport Di	rector						
*Telephone Num	ber: 770.936.5440		Fax Number: 770.936	5.5446			
* Email: maevans@dekalbcountyga.gov							
*Signature of Authorized Representative: *Date Signed: *Da							