Application for Federal Assistance SF-424					
*1. Type of Submission:	*2. Type of Application	on * If Revision, select appropriate letter(s):			
Preapplication	⊠ New				
Application	Continuation	*Other (Specify)			
Changed/Corrected Application	Revision				
*3. Date Received: 4. Applicant Identifier:					
NA YKM (Yakima Air Terminal/McAllister Field) Yakima, WA					
*5b. Federal Entity Identifier: 53-0089		*5b. Federal Award Identifier:			
State Use Only:					
6. Date Received by State: 7. State Application Identifier:					
8. APPLICANT INFORMATION:					
*a. Legal Name: City of Yakima					
*b. Employer/Taxpayer Identification I	Number (EIN/TIN):	*c. Organizational DUNS:			
91-6001293		07-821-2651			
d. Address:					
*Street 1: <u>2406 West Washington Ave, Suite B,</u>					
Street 2:	Street 2:				
*City: <u>YAKIMA</u>	YAKIMA				
County/Parish:					
*State: WA					
Province:					
*Country: <u>USA: Unite</u>	USA: United States				
*Zip / Postal Code <u>98903</u>					
e. Organizational Unit:					
Department Name:		Division Name:			
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: <u>Mr.</u> *F	irst Name: <u>Robert</u>				
/iddle Name:					
ast Name: <u>Peterson</u>					
Suffix:					
Title: Airport Director					
Organizational Affiliation:					
*Telephone Number: 509-575-6149 Fax Number:					
*Email: rob.peterson@yakimawa.gov					

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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:				
<u>NA</u>				
*Title:				
<u>NA</u>				
13. Competition Identification Number:				
<u>NA</u>				
Title:				
<u>NA</u>				
14. Areas Affected by Project (Cities, Counties, States, etc.):				
*15. Descriptive Title of Applicant's Project:				
\$47,562 to provide relief from rent and minimum annual guarantees to eligible small airport concessions located at primary airports. \$11,890 to provide relief from rent and minimum annual guarantees to eligible large airport concessions located at primary airports.				

Attach supporting documents as specified in agency instructions.

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16. Congressional Districts Of:					
*a. Applicant: 4	*b. Program/Project: 4				
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	\$59,452				
*b. Applicant	\$0				
*c. State	\$0				
*d. Local	\$0				
*e. Other - *f. Program Income _	\$0				
*g. TOTAL	\$59,452				
 *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					
 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. Middle Name: *Last Name: Harrison Suffix:					
*Title: City Manager					
*Telephone Number: 509-575-6040 Fax Number:					
* Email: bob.harrison@yakimawa.gov					
*Signature of Authorized Representative:			*Date Signed:		