

### 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:**

08/10/2021

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

3-12-0004-025-2022

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

City of Avon Park

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

59-6000269

**\* c. UEI:**

00-483-1032

**d. Address:**

**\* Street1:**

110 E. Main Street

**Street2:**

**\* City:**

Avon Park

**County/Parish:**

**\* State:**

FL: Florida

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

33825-3945

**e. Organizational Unit:**

**Department Name:**

**Division Name:**

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

**Prefix:**

Ms.

**\* First Name:**

Melody

**Middle Name:**

S.

**\* Last Name:**

Sauerhafer

**Suffix:**

**Title:**

Director of Finance

**Organizational Affiliation:**

City of Avon Park, FL

**\* Telephone Number:**

8634524410

**Fax Number:**

8634524413

**\* Email:**

msauerhafer@avonpark.city

## Application for Federal Assistance SF-424

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

C: City or Township 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:

3-12-0004-021-2021

\* Title:

Airport Improvement Grants

### 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:

The City of Avon Park has an Executive Airport AIPP Application Due Diligence and is submitting the application to FAA

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

FL-17

\* b. Program/Project

FL-17

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

Add Attachment

Delete Attachment

View Attachment

### 17. Proposed Project:

\* a. Start Date:

09/01/2023

\* b. End Date:

03/31/2024

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

\* a. Federal

304,000.00

\* b. Applicant

33,777.00

\* c. State

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL

337,777.00

### \* 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:

Ms.

\* First Name:

Melody

Middle Name:

S.

\* Last Name:

Sauerhafer

Suffix:

\* Title:

Finance Director

\* Telephone Number:

8634524410

Fax Number:

\* Email:

msauerhafer@avonpark.city

\* Signature of Authorized Representative:

Melody Sauerhafer

\* Date Signed:

05/05/2023