

**Application for Federal Assistance SF-424**

*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application * If Revision, select appropriate letter(s): <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision  *Other (Specify) _____
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*3. Date Received: NA	4. Applicant Identifier: BDN (Bend Municipal) Bend, OR
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*5b. Federal Entity Identifier: 410007	*5b. Federal Award Identifier:
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**State Use Only:**

6. Date Received by State:	7. State Application Identifier:
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**8. APPLICANT INFORMATION:**

\*a. Legal Name: City of Bend

*b. Employer/Taxpayer Identification Number (EIN/TIN): 93-6002126	*c. Organizational DUNS: 01-316-2698
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**d. Address:**

\*Street 1: PO Box 431  
Street 2: \_\_\_\_\_  
\*City: BEND  
County: \_\_\_\_\_  
\*State: OR  
Province: \_\_\_\_\_  
\*Country: USA: United States  
\*Zip / Postal Code 97701

**e. Organizational Unit:**

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

Prefix: Ms. \*First Name: Carolyn  
Middle Name: \_\_\_\_\_  
\*Last Name: Eagan  
Suffix: \_\_\_\_\_

Title: Director of Economic Development

Organizational Affiliation:

\*Telephone Number: 541-389-0258 Fax Number:

\*Email: ceagan@bendoregon.gov

**Application for Federal Assistance SF-424**

**\*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 Program

**\*12. Funding Opportunity Number:**

NA \_\_\_\_\_

\*Title:

NA \_\_\_\_\_

**13. Competition Identification Number:**

NA \_\_\_\_\_

Title:

NA \_\_\_\_\_

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

**\*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.**

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**16. Congressional Districts Of:**

\*a. Applicant: 2

\*b. Program/Project:

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	_____	\$69,000.
*b. Applicant	_____	\$0
*c. State	_____	\$0
*d. Local	_____	\$0
*e. Other	_____	\$0
*f. Program Income	_____	\$0
*g. TOTAL	_____	\$69,000.

**\*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: Ms. \_\_\_\_\_ \*First Name: Carolyn \_\_\_\_\_

Middle Name: \_\_\_\_\_

\*Last Name: Eagan \_\_\_\_\_

Suffix: \_\_\_\_\_

\*Title: Director of Economic Development

\*Telephone Number: 541-389-0258

Fax Number:

\* Email: ceagan@bendoregon.gov

\*Signature of Authorized Representative: *Carolyn Eagan*

\*Date Signed: 04/21/2020