

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:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

Ontario International Airport Authority

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

* c. Organizational DUNS:

d. Address:

* Street1:

1923 E Avion Street

Street2:

* City:

Ontario

County/Parish:

* State:

CA

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

91761

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

* First Name:

Kevin

Middle Name:

* Last Name:

Keith

Suffix:

Title:

Director of Planning

Organizational Affiliation:

* Telephone Number:

909-544-5225

Fax Number:

* Email:

kkeith@flyontario.org

Application for Federal Assistance SF-424

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

Public Authority with Transportation Function

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Department of Transportation

11. Catalog of Federal Domestic Assistance Number:

20.933

CFDA Title:

National Infrastructure Investments

*** 12. Funding Opportunity Number:**

DTOS59-22-RA-RAISE

* Title:

FY 2022 National Infrastructure Investments

13. Competition Identification Number:

Title:

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

Ontario, CA

Add Attachment

Delete Attachment

View Attachment

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

This project will realign and reconstruct E. Avion and Jurupa Streets between S. Archibald and S. Vineyard Streets adjacent to Ontario International Airport

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 **CA-35**

* b. Program/Project **[Redacted]**

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: **3/1/2023**

* b. End Date: **5/1/2025**

18. Estimated Funding (\$):

* a. Federal	11,581,881
* b. Applicant	13,255,411
* c. State	[Redacted]
* d. Local	[Redacted]
* e. Other	[Redacted]
* f. Program Income	[Redacted]
* g. TOTAL	24,774,292

*** 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: * First Name: **Kevin**
Middle Name:
* Last Name: **Keith**
Suffix:

* Title: **Director of Planning**

* Telephone Number: **909-544-5225** Fax Number:

* Email: **kkeith@flyontario.org**

* Signature of Authorized Representative: Completed by Grants.gov upon submission.

* Date Signed: Completed by Grants.gov upon submission.