

FEDERAL ASSISTANCE

1. TYPE OF ACTION (Mark appropriate box) <input type="checkbox"/> PREAPPLICATION <input checked="" type="checkbox"/> APPLICATION <input type="checkbox"/> NOTIFICATION OF INTENT (Opt.) <input type="checkbox"/> REPORT OF FEDERAL ACTION	2. APPLICANT'S APPLICATION Leave Blank	a. NUMBER 007C7103	3. STATE APPLICATION IDENTIFIER	a. NUMBER 83042604
		b. DATE Year month day 19 84 03 20		b. DATE Year month day ASSIGNED 19 83 04 26

4. LEGAL APPLICANT/RECIPIENT		5. FEDERAL EMPLOYER IDENTIFICATION NO. 94-6000533	
a. Applicant Name : County of Santa Clara	b. Organization Unit : Transportation Agency	6. PRO-GRAM (From Federal Catalog)	a. NUMBER 2 0 • 1 0 2
c. Street/P.O. Box : 1555 Berger Drive	d. City : San Jose		b. TITLE Airport Improvement Program
f. State : California	e. County : g. ZIP Code:		
h. Contact Person (Name & telephone No.) : James H. Graebner (408) 299-2884			

7. TITLE AND DESCRIPTION OF APPLICANT'S PROJECT Expand aircraft tiedown apron (approx. 43,000 sq) including road relocation, drainage, lighting, fencing, tiedowns and markings at Reid-Hillview Airport.	8. TYPE OF APPLICANT/RECIPIENT A-State B-Interstate C-Substate District D-County E-City F-School District G-Special Purpose District H-Community Action Agency I-Higher Educational Institution J-Indian Tribe K-Other (Specify):
	9. TYPE OF ASSISTANCE A-Basic Grant B-Supplemental Grant C-Loan D-Insurance E-Other Enter appropriate letter(s) <input type="checkbox"/> A

10. AREA OF PROJECT IMPACT (Names of cities, counties, States, etc.) San Jose and Santa Clara County	11. ESTIMATED NUMBER OF PERSONS BENEFITING 500,000	12. TYPE OF APPLICATION A-New B-Renewal C-Revision D-Continuation E-Augmentation Enter appropriate letter <input type="checkbox"/> A
13. PROPOSED FUNDING	14. CONGRESSIONAL DISTRICTS OF:	15. TYPE OF CHANGE (For 12c or 12e) A-Increase Dollars B-Decrease Dollars C-Increase Duration D-Decrease Duration E-Cancellation F-Other (Specify): N/A
a. FEDERAL \$ 900,000.00	a. APPLICANT 10	19. EXISTING FEDERAL IDENTIFICATION NUMBER AIP 3-06-0225-02
b. APPLICANT 100.00.00	b. PROJECT 10	
c. STATE .00	16. PROJECT START DATE Year month day 19 85 06	
d. LOCAL .00	17. PROJECT DURATION 12 Months	
e. OTHER .00	18. ESTIMATED DATE TO BE SUBMITTED TO FEDERAL AGENCY Year month day 1984 03 22	
f. TOTAL \$ 1,000,000.00		

20. FEDERAL AGENCY TO RECEIVE REQUEST (Name, City, State, ZIP code) FAA Airport Div., S.F. Airport Dist. Ofc., Burlingame, CA 94010		21. REMARKS ADDED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
22. THE APPLICANT CERTIFIES THAT	a. To the best of my knowledge and belief, data in this preapplication/application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is approved.	b. If required by OMB Circular A-95 this application was submitted, pursuant to instructions therein, to appropriate clearinghouses and all responses are attached: (1) Association of Bay Area Governments <input type="checkbox"/> <input checked="" type="checkbox"/> (2) State of California Clearing House <input type="checkbox"/> <input checked="" type="checkbox"/> (3) <input type="checkbox"/> <input checked="" type="checkbox"/>

23. CERTIFYING REPRESENTATIVE Zoe Lofgren Chairperson, Board of Supervisors	b. SIGNATURE 	c. DATE SIGNED Year month day 19 APR 3 1984
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24. AGENCY NAME		25. APPLICATION RECEIVED	
26. ORGANIZATIONAL UNIT		27. ADMINISTRATIVE OFFICE	
29. ADDRESS		28. FEDERAL APPLICATION IDENTIFICATION	
31. ACTION TAKEN <input type="checkbox"/> a. AWARDED <input type="checkbox"/> b. REJECTED <input type="checkbox"/> c. RETURNED FOR AMENDMENT <input type="checkbox"/> d. DEFERRED <input type="checkbox"/> e. WITHDRAWN		32. FUNDING	33. ACTION DATE Year month day 19
		a. FEDERAL \$.00	35. CONTACT FOR ADDITIONAL INFORMATION (Name and telephone number)
		b. APPLICANT .00	
		c. STATE .00	
		d. LOCAL .00	
		e. OTHER .00	
		f. TOTAL \$.00	34. STARTING DATE Year month day 19
36. FEDERAL AGENCY A-95 ACTION		37. REMARKS ADDED <input type="checkbox"/> Yes <input type="checkbox"/> No	
a. In taking above action, any comments received from clearinghouses were considered. If agency response is due under provisions of Part 1, OMB Circular A-95, it has been or is being made.		b. FEDERAL AGENCY A-95 OFFICIAL (Name and telephone no.)	

4/19/84 ORIG + 4 TO 1A FOR DIST & REB. (1/18/7)

PART II

PROJECT APPROVAL INFORMATION SECTION A

Item 1. Does this assistance request require State, local, regional, or other priority rating? Name of Governing Body Priority Rating Yes X No

Item 2. Does this assistance request require State, or local advisory, educational or health clearances? Name of Agency or Board Yes X No (Attach Documentation)

Item 3. Does this assistance request require clearinghouse review in accordance with OMB Circular A-95? (Attach Comments) Previously attached with PFA. X Yes No

Item 4. Does this assistance request require State, local, regional or other planning approval? Name of Approving Agency Date Yes X No

Item 5. Is the proposed project covered by an approved comprehensive plan? Check one: State Local Regional Location of plan Yes X No

Item 6. Will the assistance requested serve a Federal installation? Name of Federal Installation Federal Population benefiting from Project Yes X No

Item 7. Will the assistance requested be on Federal land or installation? Name of Federal Installation Location of Federal Land Percent of Project Yes X No

Item 8. Will the assistance requested have an impact or effect on the environment? See instruction for additional information to be provided. Yes X No

Item 9. Will the assistance requested cause the displacement of individuals families, businesses, or farms? Number of: Individuals Families Businesses Farms Yes X No

Item 10. Is there other related Federal assistance on this project previous, pending, or anticipated? See instructions for additional information to be provided. Yes X No