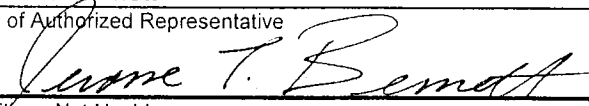


APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED Applicant Identifier		
		3. DATE RECEIVED BY STATE State Application Identifier		
<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY AGENCY Federal Identifier AIP No. 3-06-0182-04		
5. APPLICANT INFORMATION				
Legal Name: County of Santa Clara, California		Organizational Unit: Department of Roads and Airports		
Address (give city, county, state and zip code): County of Santa Clara 2500 Cunningham Avenue San Jose, California 95148		Name and telephone of the person to be contacted on matters involving this application (give area code) Jerome T. Bennett, Director of Airports (408)929-1060		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 6 0 0 0 5 3 3		7. TYPE OF APPLICANT: (enter appropriate letter in box) <table border="1" style="float: right; margin-left: 20px;"> <tr><td style="width: 20px; height: 20px; text-align: center;">B</td></tr> </table>		B
B				
8. TYPE OF APPLICATION <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es)		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify):		
A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify):		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NO. 2 0 - 1 0 6 TITLE: AIRPORT IMPROVEMENT PROGRAM		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Airport Master Plan for Palo Alto Airport		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Santa Clara County and San Jose				
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:		
Start Date 01/00	Ending Date 01/02	a. Applicant 16 th	b. Project 16 th	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	135,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON : DATE <u>September 1999</u>		
b. Applicant	15,000.00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372		
c. State	.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	.00			
e. Other	.00			
f. Program Income	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	150,000.00	<input type="checkbox"/> Yes, If "Yes", attach an explanation <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION 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 AWARDED				
a. Typed Name of Authorized Representative Jerome T. Bennett		b. Title Director of Airports	c. Telephone (408) 929-1060	
d. Signature of Authorized Representative 			e. Date Signed 5-23-2000	

PART II

PROJECT APPROVAL INFORMATION SECTION A

Item 1.

Does this assistance request requires State, local, regional, or other priority rating? Yes X No

Name of Governing Body Primary Rating

Item 2.

Does this assistance request require State, or local advisory, educational or health clearances? Yes X No

Name of Agency or Board (Attach Documentation)

Item 3.

Does this assistance request require clearinghouse review in accordance with OMB Circular A-95? X Yes No

(Attach Comments) No Comments Received

Item 4.

Does this assistance request require State, local, regional or other planning approval? Yes X No

Name of Approving Agency Date

Item 5.

Is the proposal project covered by an approved Comprehensive plan? (Master Plan) Yes X No

Check one: State Local Regional Location of Plan

Item 6.

Will the assistance requested serve a Federal installation? Yes X No

Name of Federal Installation Federal Population benefiting from Project

Item 7.

Will the assistance requested be on Federal land or installation? Yes X No

Name of Federal Installation Location of Federal Land Percent of Project

Item 8.

Will the assistance requested have an impact or effect on the environment? Yes X No

See instruction for additional information to be Provided

Item 9.

Will the assistance requested cause the displacement of individuals families, businesses, or farms? Yes X No

Number of: Individuals Families Businesses Farms

Item 10.

Is there other related Federal assistance on this project previous, pending, or anticipated? Yes X No

See instructions for additional information to be provided.

PART II - SECTION C

The Sponsor hereby represents and certifies as follows:

1. Compatible Land Use. - The Sponsor has taken the following actions to assure compatible usage of land adjacent to or in the vicinity of the airport:

None

2. Defaults. - The Sponsor is not in default on any obligation to the United States or any agency of the United States Government relative to the development, operation, or maintenance of any airport, except as stated herewith:

None

3. Possible Disabilities. - There are no facts or circumstances (including the existence of effective or proposed leases, use agreements or other legal instruments affecting use of the Airport or the existence of pending litigation or other legal proceedings) which in reasonable probability might make it impossible for the Sponsor to carry out and complete the Project or carry out the provisions of Part V of this Application, either by limiting its legal or financial ability or otherwise, except as follows:

None

4. Land. - (a) The Sponsor holds the following property interest in the following areas of land* which are to be developed or used as part of or in connection with the Airport, subject to the following exceptions, encumbrances, and adverse interests, all of which areas are identified on the aforementioned property map designated as Exhibit "A":

Fee simple.

An Exhibit "A" map has not been prepared for this airport. A copy of the most recent airport layout plan is attached.

**State character of property interest in each area and list and identify for each all exceptions, encumbrances, and adverse interests of every kind and nature, including liens, easements, leases, etc. The separate areas of land need only be identified here by the area numbers shown on the property map.*

PART II - SECTION C (Continued)

The Sponsor further certifies that the above is based on a title examination by a qualified attorney or title company and that such attorney or title company has determined that the Sponsor holds the above interests.

(b) The Sponsor will acquire within a reasonable time, but in any event prior to the start of any construction work under the Project, the following property interest in the following areas of land* on which such construction work is to be performed, all of which areas are identified on the aforementioned property map designated as Exhibit "A":

Not applicable.

(C) The Sponsor will acquire within a reasonable time, and if feasible prior to the completion of all construction work under the Project, the following property interest in the following areas of land* which are to be developed or used as part of or in connection with the Airport as it will be upon completion of the Project, all of which areas are identified on the aforementioned property map designated as Exhibit "A":

Not applicable.

5. Exclusive Rights. - There is no grant of an exclusive right for the conduct of any aeronautical activity at any airport owned or controlled by the Sponsor except as follows:

Not applicable.

State character of property interest in each area and list and identify for each all exceptions, encumbrances, and adverse interests of every kind and nature, including liens, easements, leases, etc. The separate areas of land need only be identified here by the area numbers shown on the property map.

PART III - BUDGET INFORMATION - CONSTRUCTION

SECTION A - GENERAL

1. Federal Domestic Assistance Catalog No. 20.106

2. Functional or Other Breakout _____

SECTION B - CALCULATION OF FEDERAL GRANT

Cost Classification	Use only for revisions		Total Amount Required
	Latest Approved Amount	Adjustment + or (-)	
1. Administration expense	\$		\$
2. Preliminary expense			
3. Land, structures, right-of-way			
4. Architectural engineering basic fees	150,000.00		
5. Other Architectural engineering fees			
6. Project inspection fees			
7. Land development			
8. Relocation Expenses			
9. Relocation payments to Individuals and Businesses			
10. Demolition and removal			
11. Construction and project improvement			
12. Equipment			
13. Miscellaneous			
14. Total (Lines 1 through 13)	150,000.00		
15. Estimated Income (if applicable)	N/A		
16. Net Project Amount (Line 14 minus 15)	150,000.00		
17. Less: Ineligible Exclusions	N/A		
18. Add: Contingencies	N/A		
19. Total Project Amt. (Excluding Rehabilitation Grants)	150,000.00		
20. Federal Share requested of Line 19	135,000.00		
21. Add Rehabilitation Grants Requested (100 Percent)	N/A		
22. Total Federal grant requested (lines 20 & 21)	135,000.00		
23. Grantee share	15,000.00		
24. Other shares	N/A		
25. Total Project (Lines 22, 23 & 24)	\$150,000.00		\$

SECTION C – EXCLUSIONS

26 Classification	Ineligible for Participation (1)	Excluded From Contingency Provision (2)
a.	\$	\$
b.		
c.		
d.		
e.		
f.		
g. Totals	\$	\$

SECTION D - PROPOSED METHOD OF FINANCING NON-FEDERAL SHARE

27. Grantee Share	\$
a. Securities	
b. Mortgages	
c. Appropriations (By Applicant)	15,000.00
d. Bonds	
e. Tax Levies	
f. Non Cash	
g. Other (Explain)	
h. TOTAL - Grantee share	
28. Other Shares	
a. State	
b. Other	
c. Total Other Shares	
29. TOTAL	\$15,000.00

SECTION E – REMARKS

- Part V Sponsor Assurances are incorporated in this Application.
- Title VI Assurances are incorporated in this Application.

PART IV PROGRAM NARRATIVE (Attach - See Instructions)