Application for Federal Assistance SF-424

*1. Type of Submission:	*2. Type of Application	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	*Other (Specify)
☐ Changed/Corrected Application	☐ Revision	_____

*3. Date Received:	4. Applicant Identifier: AIG 3-40-0021-024-2026	

5a. Federal Entity Identifier:	*5b. Federal Award Identifier: AIG 3-40-0021-024-2026

State Use Only:

6. Date Received by State:	7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: **City of Clinton**

*b. Employer/Taxpayer Identification Number (EIN/TIN): 73-6005149	*c. UEI: V4NURBN6Z8Q1

d. Address:

*Street 1: 415 Gary Boulevard

Street 2: PO Box 1177

*City: Clinton

County: Custer

*State: OK

Province:

*Country: United States of America

*Zip / Postal Code: 73601

e. Organizational Unit:

Department Name:	Division Name:

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

Prefix: Mr.   *First Name: Robert

Middle Name:

*Last Name: Johnston

Suffix:

Title: City Manager

Organizational Affiliation:
City of Clinton

*Telephone Number: 580-323-0261	Fax Number: 580-323-0346

*Email: robert.johnston@clintonok.gov

Application for Federal Assistance SF-424

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

C. City Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

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*10. Name of Federal Agency:

DOT, Federal Aviation Administration, ASW-630

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

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12. Funding Opportunity Number:

Title:

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13. Competition Identification Number:

Title:

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

City of Clinton, Custer County, Oklahoma

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*15. Descriptive Title of Applicant's Project:

Construct T-Hangar - Phase 2

Clinton Regional Airport

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: 3   *b. Program/Project: 3

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

17. Proposed Project:

*a. Start Date: 09/01/2025   *b. End Date: 11/01/26

18. Estimated Funding ($):

*a. Federal	82,100.00
*b. Applicant	4,322.00
*c. State	88,538.40
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	174,960.40

*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.)

☐ Yes   ☒ No

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: Mr.   *First Name: David

Middle Name:

*Last Name: Berrong

Suffix:

*Title: Mayor

*Telephone Number: 580-323-0261   Fax Number: 580-323-0346

* Email: mayor@clintonok.gov

*Signature of Authorized Representative: *Date Signed:

Application for Federal Assistance SF-424

*1. Type of Submission:	*2. Type of Application	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	*Other (Specify)
☐ Changed/Corrected Application	☐ Revision	_____

*3. Date Received:	4. Applicant Identifier:
	AIG 3-40-0021-023-2025

5a. Federal Entity Identifier:	*5b. Federal Award Identifier:
	AIG 3-40-0021-023-2025

State Use Only:

6. Date Received by State:	7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: **City of Clinton**

*b. Employer/Taxpayer Identification Number (EIN/TIN):	*c. UEI:
73-6005149	V4NURBN6Z8Q1

d. Address:

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Street 2: PO Box 1177

*City: Clinton

County: Custer

*State: OK

Province:

*Country: United States of America

*Zip / Postal Code 73601

e. Organizational Unit:

Department Name:	Division Name:

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

Prefix: Mr.   *First Name: Robert

Middle Name:

*Last Name: Johnston

Suffix:

Title: City Manager

Organizational Affiliation:
City of Clinton

*Telephone Number: 580-323-0261	Fax Number: 580-323-0346

*Email: robert.johnston@clintonok.gov

Application for Federal Assistance SF-424

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

C. City Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

*10. Name of Federal Agency:

DOT, Federal Aviation Administration, ASW-630

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

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

City of Clinton, Custer County, Oklahoma

*15. Descriptive Title of Applicant's Project:

Construct T-Hangar - Phase 1

Clinton Regional Airport

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: 3   *b. Program/Project: 3

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

17. Proposed Project:

*a. Start Date: 09/01/2025   *b. End Date: 11/01/26

18. Estimated Funding ($):

*a. Federal	585,000.00
*b. Applicant	30,790.00
*c. State	84,051.60
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	699,841.60

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Authorized Representative:

Prefix: Mr.	*First Name: David
Middle Name:	
*Last Name: Berrong	
Suffix:	

*Title: Mayor

*Telephone Number: 580-323-0261	Fax Number: 580-323-0346

* Email: mayor@clintonok.gov

*Signature of Authorized Representative:	*Date Signed:

Application for Federal Assistance SF-424

*1. Type of Submission:	*2. Type of Application	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
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5a. Federal Entity Identifier:	*5b. Federal Award Identifier: AIP 3-40-0021-022-2025

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8. APPLICANT INFORMATION:

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*Zip / Postal Code 73601

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Prefix: Mr. *First Name: Robert

Middle Name:

*Last Name: Johnston

Suffix:

Title: City Manager

Organizational Affiliation:
City of Clinton

*Telephone Number: 580-323-0261	Fax Number: 580-323-0346

*Email: robert.johnston@clintonok.gov

Application for Federal Assistance SF-424

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

 C. City Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

---

*10. Name of Federal Agency:

DOT, Federal Aviation Administration, ASW-630

---

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

---

12. Funding Opportunity Number:

Title:

---

13. Competition Identification Number:

Title:

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

City of Clinton, Custer County, Oklahoma

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*15. Descriptive Title of Applicant's Project:

Construct Hangar

Clinton Regional Airport

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: 3   *b. Program/Project: 3

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

17. Proposed Project:

*a. Start Date: 09/01/2025   *b. End Date: 11/01/26

18. Estimated Funding ($):

*a. Federal	390,483
*b. Applicant	20,552
*c. State	1,198
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	412,233

*19. Is Application Subject to Review By State Under Executive Order 12372 Process?

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☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

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☐ Yes   ☒ No

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)

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Authorized Representative:

Prefix: Mr.	*First Name: David
Middle Name:	
*Last Name: Berrong	
Suffix:	

*Title: Mayor

*Telephone Number: 580-323-0261   Fax Number: 580-323-0346

* Email: mayor@clintonok.gov

*Signature of Authorized Representative: *Date Signed: