



August 3, 1987

Association of Bay Area Governments
Metropolitan A-95 Clearinghouse
P. O. Box 2050
Oakland, CA 94604

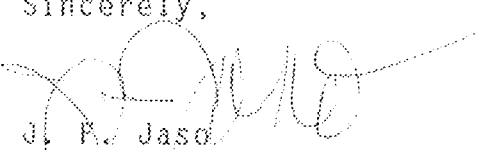
ATTN: Ms. Sally Germain; A-95 Review Section

Dear Ms. Germain:

Enclosed is a copy of SF 424-101 to notify you of the intent of the Santa Clara County Transportation Agency to file an Application for Federal Assistance to the Federal Aviation Administration. The subject of the requested grant is funding to conduct an Airport Noise Exposure Map, Noise Compatibility Program and aviation forecast update for the Palo Alto Airport in accordance with Part 150 of the Federal Aviation Regulations.

Please contact me if you have any questions or require additional information.

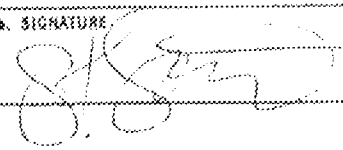
Sincerely,



J. P. Jaso
Director of Aviation

JFJ:rs

Enclosure

FEDERAL ASSISTANCE		2. APPLICANT'S APPLICATION	a. NUMBER	3. STATE APPLICATION IDENTIFIER	a. NUMBER
1. TYPE OF ACTION <input type="checkbox"/> PREAPPLICATION <input checked="" type="checkbox"/> APPLICATION (Mark appropriate box) <input type="checkbox"/> NOTIFICATION OF INTENT (Opl) <input type="checkbox"/> REPORT OF FEDERAL ACTION		b. DATE Year month day 19 87/08/07		b. DATE Year month day ASSIGNED 19	
4. LEGAL APPLICANT/RECIPIENT a. Applicant Name : County of Santa Clara b. Organization Unit : Transportation Agency c. Street/P.O. Box : 2500 Cunningham Av. d. City : San Jose e. County : Santa Clara f. State : California g. ZIP Code: 95148 h. Contact Person (Name & telephone No.) : Jay P. Jaso (408) 299-3551				5. FEDERAL EMPLOYER IDENTIFICATION NO. 94-6000533	
7. TITLE AND DESCRIPTION OF APPLICANT'S PROJECT Airport Noise Compatibility Program (Pursuant to Part 150, Federal Aviation Regulations)				6. PRO. GRAM (From Federal Catalog) x. NUMBER 12 0 0 10 6 y. TITLE Airport Improvement Program (AIP)	
10. AREA OF PROJECT IMPACT (Name of cities, counties, States, etc.) Santa Clara County--northern portion; City of Palo Alto				8. TYPE OF APPLICANT/RECIPIENT A-State H-Community Action Agency B-Interstate I-Higher Educational Institution C-Substate J-Indian Tribe District K-Other (Specify): D-County L-School District E-City M-Special Purpose District Enter appropriate letter <input checked="" type="checkbox"/> D	
11. ESTIMATED NUMBER OF PERSONS BENEFITING 56,000				9. TYPE OF ASSISTANCE A-Basic Grant D-Insurance B-Supplemental Grant E-Other Enter appropriate letter(s) <input checked="" type="checkbox"/> A C-Loss	
13. PROPOSED FUNDING a. FEDERAL \$ 85,230 .00 b. APPLICANT 9,470 .00 c. STATE .00 d. LOCAL .00 e. OTHER .00 f. TOTAL \$ 94,700 .00		14. CONGRESSIONAL DISTRICTS OF: a. APPLICANT 13 b. PROJECT 12		12. TYPE OF APPLICATION A-New C-Revision E-Augmentation B-Renewal D-Continuation Enter appropriate letter <input checked="" type="checkbox"/> A	
15. TYPE OF CHANGE (For 12a or 12b) A-Increase Dollars F-Other (Specify): B-Decrease Dollars C-Increase Duration D-Decrease Duration E-Cancellation N/A				17. PROJECT DURATION 12 Months Enter appropriate letter(s) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
18. ESTIMATED DATE TO BE SUBMITTED TO FEDERAL AGENCY 19 87-08-10				19. EXISTING FEDERAL IDENTIFICATION NUMBER N/A	
20. FEDERAL AGENCY TO RECEIVE REQUEST (Name, City, State, ZIP code) FAA, Airports Dist. Office; 831 Mitten Rd., Burlingame, CA 94010				21. REMARKS ADDED <input checked="" type="checkbox"/> Yes <input 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 its instructions therein, to appropriate clearinghouses and all responses are attached:	
(1) California State Clearinghouse (2) Assn. of Bay Area Governments (3)		(See Part II, Item 3.)		Response attached <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
23. CERTIFYING REPRESENTATIVE J.P. Jaso Director of Aviation		a. TYPED NAME AND TITLE		b. SIGNATURE 	
24. AGENCY NAME				c. DATE SIGNED Year month day 19	
26. ORGANIZATIONAL UNIT		27. ADMINISTRATIVE OFFICE		25. APPLICATION RECEIVED Year month day 19	
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 a. FEDERAL \$.00 b. APPLICANT .00 c. STATE .00 d. LOCAL .00 e. OTHER .00 f. TOTAL \$ 2 .00		33. ACTION DATE Year month day 19	
34. FEDERAL AGENCY A-95 ACTION				35. CONTACT FOR ADDITIONAL INFORMATION (Name and telephone number)	
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.)	

SECTION I - APPLICANT/RECIPIENT DATA

SECTION II - CERTIFICATION

SECTION III - FEDERAL AGENCY ACTION