**PRIMARY, RELIVER, AND GENERAL AVIATION (NPIAS) AIRPORT GRANT APPLICATION**

**OWNER INFORMATION**

|  |  |  |
| --- | --- | --- |
| Airport Name |  | Airport Location |
| Airport Owner |  | Address : Name |
| Airport Owner Representative - Name |  | Address : Street / P.O. Box |
| Title |  | Address : City, State, Zip Code |
| Phone # / Fax # |  | E-Mail Address |

**Current Airport Statistics** Please provide the following information about your airport. (Note: An “operation” is defined as either a landing or a takeoff.)

|  |  |  |
| --- | --- | --- |
| Estimated Number of Annual Aircraft Operations: |  |  |
| Date of Airport Master Plan / Do you have a copy? |  | / |
| Date of Airport Layout Plan / Do you have a copy? |  | / |
| Date of Zoning Ordinance / Do you have a copy? |  | / |
| Runway Length / Width: |  | long / wide |
| Number of Based Aircraft: |  |  |
| Annual Gallons of Fuel Pumped - Avgas / Jet A: |  | / |
| Does the Airport Owner have Title to the airport land? |  |  |

**Local Mill Levy Financing Used for Airport Support** (Authorized by IC 21-403 through 21-406).

Yes No

County Mill: [ ] [ ] % of Two Mills:\_\_\_\_\_\_\_\_\_\_ Amount Derived: \_\_\_\_\_\_\_\_\_\_\_

City Mill: [ ] [ ] % of Three Mills:\_\_\_\_\_\_\_\_\_ Amount Derived: \_\_\_\_\_\_\_\_\_\_\_

Other Sources: [ ] [ ] Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Project to Be Supervised By:**

|  |  |  |
| --- | --- | --- |
| Printed Name: |  |  |
| Printed Title: |  |  |
| Mailing Address: |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **THE SIGNATURE BELOW CERTIFIES THAT THE AIRPORT OWNER HAS THE MATCHING FUNDS AVAILABLE FOR THE STATE FISCAL YEAR 2015 (SFY-15) REQUESTED PROJECT(S).** | | |
| Signature of Owner’s Representative |  |  |
| Date: |  |  |

**CURRENT AIRPORT IMPROVEMENT PROJECT(S) REQUESTED**

**AIRPORT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This application is ONLY for (1) Primary airports requesting IAAP funds, not associated with a FAA-AIP grant OR (2) GA and Relives airports requesting Small Emergency Projects funding assistance for unscheduled or emergency repairs or equipment on the airport. Describe, in some detail, the airport improvement project(s) you are applying for during SFY 2015 (July 1, 2014 to June 30, 2015). Identify the part of the airport, its condition, the problem(s) it has, your corrective action (work item), and the estimated cost. Provide as much detail as possible, including pertinent drawings. Use additional sheets if needed.

|  |  |  |  |
| --- | --- | --- | --- |
| **FUNDING REQUEST FOR SFY-15 (JULY 2014-JUNE 2015)**  **AIRPORT IMPROVEMENT PROJECT(S)** | | | |
| **#** | **Work Item Description** | **Start Date** | **Total Cost** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |