**COMMUNITY (NON-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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Filing Status:** Request for Grant Funds [ ] or Information Update Only [ ]

**Project to Be Supervised By:**

|  |  |  |
| --- | --- | --- |
| Printed Name: |  |  |
| Printed Title: |  |  |
| Mailing Address: |  |  |
|  |  |  |
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|  |  |  |
| **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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. You may include multiple work items; however the total cost of all work items should not exceed $200,000 in a year, if possible. 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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**FUTURE AIRPORT IMPROVEMENT PROJECTS**

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

Describe, in some detail, the airport improvement project(s) you anticipate applying for during SFY 2016 through SFY 2019. Identify the part of the airport, its condition, the problem(s) it has, your corrective action (work item), and the estimated cost. You may include multiple work items; however the total cost of all work items should not exceed $200,000 in a year, if possible. Provide as much detail as possible, including pertinent drawings. Use additional sheets if needed.

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Work Item Description** | **Start Date** | **Total Cost** |
| **PROPOSED SFY-16 (JULY 2015-JUNE 2016) AIRPORT PROJECTS** | | | |
|  |  |  |  |
|  |  |  |  |
| **PROPOSED SFY-17 (JULY 2016-JUNE 2017) AIRPORT PROJECTS** | | | |
|  |  |  |  |
|  |  |  |  |
| **PROPOSED SFY-18 (JULY 2017-JUNE 2018) AIRPORT PROJECTS** | | | |
|  |  |  |  |
|  |  |  |  |
| **PROPOSED SFY-19 (JULY 2018-JUNE 2019) AIRPORT PROJECTS** | | | |
|  |  |  |  |
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**FORCE ACCOUNT (IN-KIND) REQUEST FORM (SFY-15 ONLY)**

**PAGE 1 OF 2**

|  |  |  |  |
| --- | --- | --- | --- |
| **Airport:** | | **Funding Year SFY-\_\_\_\_\_\_\_\_** | |
| **Owner:** | | **Work Item Number** | |
| **Work Item Description:** | | | |
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|  | | | |
|  | | | |
| **1. Work To Be Performed By:** | | | |
|  | | | |
|  | | | |
|  | | | |
| **2. Labor** | | | |
| Item Description | Hours | Rate | Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 2a. Labor Sub-Total: | | |  |
| **3. Equipment** | | | |
| Item Description | Hours | Rate | Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 3a. Equipment Sub-Total: | | |  |
| **4. Materials and Supplies** | | | |
| Item Description | Quantity | Unit Cost | Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
| 4a. Materials and Supplies Sub-Total: | | |  |
|  | | | |
| 1. The value of the force account (in-kind) work shall not exceed the amount of the   Sponsor/Owner’s designated match for this project. **Grand Total (sum of 2a, 3a, and 4a):** | | |  |

**FORCE ACCOUNT (IN-KIND) REQUEST FORM (SFY-15 ONLY)**

**PAGE 2 OF 2**

|  |  |
| --- | --- |
| **6. Describe the methodology by which the items and values listed in 2, 3, and 4 were determined. Provide as much detail as possible.** | |
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| **7. List your reasons why it is "in the public interest" to provide the items in 2 through 4 by Force Account Procedures and the work quality and cost justification.** | |
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| **Requested By:** | **Approved By** |
| **Printed Name:** | **Printed Name:** |
| **Printed Title:** | **Printed Title:** |
| **Address and Phone No:** | **Address and Phone No:** |
| **Signature:** | **Signature:** |
| **Date:** | **Date:** |

**ANTICIPATED PROJECT BUDGET DETAILS SFY-15 REQUEST**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Work Item #1 - Brief Description:** | | | | | | |
| **Total State Match Calculation:** | | **Total Item Cost [Multiplied by] State Match Rate for your Airport**  **$0,000 [X] 0.75 (75%) or 0.50 (50%) =** | | | **$** | |
| **Total Local Cost Calculation:** | | **Total Item Cost [Minus] the State Match Amount** | | | **$** | |
| **Force Account Contribution:** | | **Amount for this Work Item from Forms Above.** | | | **$** | |
| **Local Cash Contribution:** | | **Total Local Cost Amount [Minus] Force Account Contribution** | | | **$** | |
| **Work Item Total Cost:** | | **State Match [Plus] Force Account [Plus] Local Cash** | | | **$** | |
|  | | | | | | |
| **Work Item #2 - Brief Description:** | | | | | | |
| **Total State Match Calculation:** | | **Total Item Cost [Multiplied by] State Match Rate for your Airport**  **$0,000 [X] 0.75 (75%) or 0.50 (50%) =** | | | **$** | |
| **Total Local Cost Calculation:** | | **Total Item Cost [Minus] the State Match Amount** | | | **$** | |
| **Force Account Contribution:** | | **Amount for this Work Item from Forms Above.** | | | **$** | |
| **Local Cash Contribution:** | | **Total Local Cost Amount [Minus] Force Account Contribution** | | | **$** | |
| **Work Item Total Cost:** | | **State Match [Plus] Force Account [Plus] Local Cash** | | | **$** | |
|  | | | | | | |
| **Work Item #3 - Brief Description:** | | | | | | |
| **Total State Match Calculation:** | | **Total Item Cost [Multiplied by] State Match Rate for your Airport**  **$0,000 [X] 0.75 (75%) or 0.50 (50%) =** | | | **$** | |
| **Total Local Cost Calculation:** | | **Total Item Cost [Minus] the State Match Amount** | | | **$** | |
| **Force Account Contribution:** | | **Amount for this Work Item from Forms Above.** | | | **$** | |
| **Local Cash Contribution:** | | **Total Local Cost Amount [Minus] Force Account Contribution** | | | **$** | |
| **Work Item Total Cost:** | | **State Match [Plus] Force Account [Plus] Local Cash** | | | **$** | |
|  | | | | | | |
| **Work Item #4 - Brief Description:** | | | | | | |
| **Total State Match Calculation:** | | **Total Item Cost [Multiplied by] State Match Rate for your Airport**  **$0,000 [X] 0.75 (75%) or 0.50 (50%) =** | | | **$** | |
| **Total Local Cost Calculation:** | | **Total Item Cost [Minus] the State Match Amount** | | | **$** | |
| **Force Account Contribution:** | | **Amount for this Work Item from Forms Above.** | | | **$** | |
| **Local Cash Contribution:** | | **Total Local Cost Amount [Minus] Force Account Contribution** | | | **$** | |
| **Work Item Total Cost:** | | **State Match [Plus] Force Account [Plus] Local Cash** | | | **$** | |
|  | | | | | | |
| **PROJECT BUDGET DETAILS** | | | | | | |
| **WORK ITEM** | **STATE MATCH** | | **FORCE ACCOUNT** | **LOCAL CASH** | | **ITEM TOTAL** |
| Work Item #1 | **$** | | **$** | **$** | | **$** |
| Work Item #2 | **$** | | **$** | **$** | | **$** |
| Work Item #3 | **$** | | **$** | **$** | | **$** |
| Work Item #4 | **$** | | **$** | **$** | | **$** |
| **COST DETAILS** | **$** | | **$** | **$** | | **$** |