

**APPLICATION UNDER
SMALL COMMUNITY AIR SERVICE DEVELOPMENT PROGRAM
DOCKET DOT-OST-2023-0066
SUMMARY INFORMATION¹**

All applicants must submit this Summary Information schedule, as the application coversheet, a completed standard form SF424 and the full application proposal on www.grants.gov.

For your preparation convenience, this Summary Information schedule is located at <https://www.transportation.gov/policy/aviation-policy/small-community-rural-air-service/SCASDP>

A. PROVIDE THE LEGAL SPONSOR AND ITS UNIQUE ENTITY IDENTIFIER (UEI)

Legal Sponsor Name:

Name of Signatory Party for Legal

Sponsor:

UEI:

B. LIST THE NAME OF THE COMMUNITY OR CONSORTIUM OF COMMUNITIES APPLYING:

1. _____
2. _____
3. _____
4. _____

C. PROVIDE THE FULL AIRPORT NAME AND 3-LETTER IATA AIRPORT CODE FOR THE APPLICANT(S) AIRPORT(S) (ONLY PROVIDE CODES FOR THE AIRPORT(S) THAT ARE ACTUALLY SEEKING SERVICE).

1.

2.

3.

4.

¹ Note that the Summary Information does not count against the 20-page limit of the SCASDP application.

IS THE AIRPORT SEEKING SERVICE NOT LARGER THAN A SMALL HUB AIRPORT UNDER FAA HUB CLASSIFICATIONS EFFECTIVE ON THE NOFO'S SET APPLICATION DUE DATE?

☐ **YES** ☐ **NO**

Does the airport seeking service hold an airport operating certificate issued by the Federal Aviation Administration under 14 CFR Part 139? (If "No", Please explain whether the airport intends to apply for a certificate or whether an application under Part 139 is pending.)

☐ **YES** ☐ **NO**

D. SHOW THE DRIVING DISTANCE FROM THE APPLICANT COMMUNITY TO THE NEAREST:

1. Large hub airport: _____

2. Medium hub airport: _____

3. Small hub airport: _____

4. Airport with jet service: _____

Note: Provide the airport name and distance, in miles, for each category.

E. LIST THE 2-DIGIT CONGRESSIONAL DISTRICT CODE APPLICABLE TO THE SPONSORING ORGANIZATION, AND IF A CONSORTIUM, TO EACH PARTICIPATING COMMUNITY.

1.	2.
_____	_____
3.	4.
_____	_____

F. APPLICANT INFORMATION: (CHECK ALL THAT APPLY)

- ☐ Not a Consortium ☐ Interstate Consortium ☐ Intrastate Consortium
- ☐ Community (or Consortium member) previously received a Small Community Air Service Development Program Grant

NOTE: A community that currently receives subsidized Essential Air Service funding, receives assistance under the Alternate Essential Air Service Pilot Program, or is a participant in, and has received a grant under, the Community Flexibility Pilot Program, is not eligible for SCASDP grant funds. See Section C.1. (“Essential Air Service Communities”)

If previous recipient: Provide year of grant(s): _____; and, the text of the grant agreement section(s) setting forth the scope of the grant project:

G. PUBLIC/PRIVATE PARTNERSHIPS: (LIST ORGANIZATION NAMES)

PUBLIC	PRIVATE
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

H. PROJECT PROPOSAL:

1a. BROAD GRANT GOAL(S): (CHECK ALL THAT APPLY)

- | | | |
|---|--|---|
| <input type="checkbox"/> Launch New Carrier | <input type="checkbox"/> Secure Additional Service | <input type="checkbox"/> Upgrade Aircraft |
| <input type="checkbox"/> First Service | <input type="checkbox"/> New Route | <input type="checkbox"/> Service Restoration |
| <input type="checkbox"/> Regional Service | <input type="checkbox"/> Surface Transportation | <input type="checkbox"/> Professional Services ² |

² “Professional Services” involve a community contracting with a firm to produce a product such as a marketing plan, study, air carrier proposal, etc.

☐ **Other** (explain below)

1b. GRANT PURPOSE:

CONCISELY DESCRIBE THE BROAD PURPOSE OF THE PROPOSED GRANT PROJECT THAT WILL ADDRESS THE COMMUNITY’S AIR SERVICE NEEDS OR DEFICIENCIES (FOR EXAMPLE, ‘GAIN ACCESS TO A MAJOR HUB’, OR ‘NEW SERVICE TO THE EASTERN UNITED STATES’).

1c. GRANT SCOPE:

CONCISELY DESCRIBE THE SPECIFIC SCOPE OF THE PROPOSED GRANT PROJECT (THAT WILL SERVE TO ACHIEVE THE GOALS OF THE GRANT PURPOSE STATED ABOVE), AS YOU WOULD ENVISION THE SCOPE LANGUAGE WOULD APPEAR IN A FORMAL GRANT AGREEMENT, USING THE FORMAT/STRUCTURE USED IN THESE EXAMPLES: “REVENUE GUARANTEE TO RECRUIT, INITIATE, AND SUPPORT NEW DAILY SERVICE BETWEEN _____AND _____;” OR “MARKETING PROGRAM TO SUPPORT EXISTING (OR NEW) SERVICE BETWEEN _____AND _____BY _____AIRLINES.”)

1d. GRANT HISTORY:

DOES THIS APPLICATION SEEK TO REPEAT A PAST GRANT PROJECT OF THE COMMUNITY OR CONSORTIUM (FOR EXAMPLE, A SPECIFIC DESTINATION AIRPORT)?

YES NO

IF THE ANSWER TO THE ABOVE QUESTION IS ‘YES’:

A: WHAT YEAR WAS THE FORMER GRANT AGREEMENT SIGNED? _____

B: HAVE 10 YEARS PASSED SINCE THE PREVIOUS GRANT AGREEMENT WAS SIGNED?

YES NO

IF THE ANSWER TO ‘B’ ABOVE IS ‘NO,’ THE APPLICANT SHOULD APPLY FOR A FORMAL WAIVER OF THE FIVE-YEAR SAME PROJECT LIMITATION (SEE SECTION C.1. “SAME PROJECT LIMITATION”). THE REQUEST FOR WAIVER SHOULD INCLUDE A) A STATEMENT THAT THE COMMUNITY OR CONSORTIUM IS REQUESTING A WAIVER OF THE LIMITATION IN ACCORDANCE WITH THE PROVISIONS OF 49 U.S.C. § 41743(C)(4)(C); AND B) INFORMATION AND EVIDENCE TO SUPPORT A FINDING THAT THE APPLICANT SPENT LITTLE OR NO MONEY ON ITS PREVIOUS PROJECT OR ENCOUNTERED INDUSTRY OR ENVIRONMENTAL CHALLENGES, DUE TO CIRCUMSTANCES THAT WERE REASONABLY BEYOND THE CONTROL OF THE COMMUNITY OR CONSORTIUM. IF YOU HAVE ANY QUESTIONS ABOUT YOUR COMMUNITY’S PAST GRANTS, PLEASE CONTACT THE DEPARTMENT.

1e. RESTORATION OF SERVICE:

DOES THE APPLICANT SEEK TO RESTORE SCHEDULED PASSENGER SERVICE THAT HAS BEEN TERMINATED OR SUBSTANTIALLY REDUCED (SEE SECTION E(1)(a) ON PAGE 16 OF THIS ORDER)?

☐ **YES** ☐ **NO**

IF ‘YES,’ WHEN USING THE DESCRIBED DATA METRICS (ENPLANEMENTS, CAPACITY (SEATS), SCHEDULES, CONNECTIONS, OR ROUTES) TO SUPPORT THIS RESTORATION OF SERVICE MERIT CRITERION, THE APPLICANT MUST IDENTIFY WHICH DATA METRIC(S) IT WILL BE USING, AND PROVIDE THE DATA IN QUESTION, OR CITATIONS TO THOSE DATA, AS A PART OF ITS APPLICATION IN THIS PROCEEDING. APPLICANTS SHOULD BE PREPARED TO PROVIDE ADDITIONAL INFORMATION, SHOULD THE DEPARTMENT DEEM IT NECESSARY, TO ENABLE THE DEPARTMENT TO VERIFY THE ACCURACY AND RELEVANCE OF SUCH DATA. FURTHER, THE DEPARTMENT MAY REQUIRE ADDITIONAL INFORMATION OR SUBMISSIONS IF THE AIR CARRIER IN QUESTION IS NOT REQUIRED, UNDER DEPARTMENT REGULATIONS, TO REPORT T-100 TRAFFIC DATA. IN ADDITION, THE DEPARTMENT WILL VIEW MORE RECENT REDUCTIONS AS BEING MOST RELEVANT TO EVALUATING THE COMMUNITY’S CURRENT AIR SERVICE DEFICIENCIES. TO THAT END, APPLICANTS SHOULD DISCUSS HOW THESE REDUCTIONS HAVE AFFECTED THE COMMUNITY, FOCUSING ON MORE RECENT IMPACTS.

2. FINANCIAL TOOLS TO BE USED: (CHECK ALL THAT APPLY)

- ☐ **Marketing (including Advertising):** promotion of the air service to the public
- ☐ **Start-up Cost Offset:** offsetting expenses to assist an air service provider in setting up a new station and starting new service (for example, ticket counter reconfiguration). **NOTE:** While the Department will consider the eligibility of start-up costs to offset some expenses of a service/origin (such as ticket counter reconfiguration), the use of SCASDP grant funding is not eligible for inclusion in a grant proposal to support the following types of direct benefits to an air carrier:
- the establishment of a new air carrier, or other direct benefits to an air carrier or a company seeking to become an air carrier;
 - the purchase of aircraft;
 - relocation of personnel, including crews; or
 - relocation of ground equipment such as airport tugs or other ancillary aircraft

equipment.

Also note that this is not an exhaustive list, and the Department reserves the right to review, and consider the eligibility of, any start-up cost proposals made by an applicant.

- ☐ **Revenue Guarantee:** an agreement with an air service provider setting forth a minimum guaranteed profit margin, a portion of which is eligible for reimbursement by the community
 - ☐ **Recruitment of U.S. Air Carrier:** air service development activities to recruit new air service, including expenses for airport marketers to meet with air service providers to make the case for new air service
 - ☐ **Fee Waivers:** waiver of airport fees, such as landing fees, to encourage new air service; counted as in-kind contributions only
 - ☐ **Ground Handling Fee:** reimbursement of expenses for passenger, cabin, and ramp (below wing) services provided by third party ground handlers
 - ☐ **Travel Bank:** travel pledges, or deposited monetary funds, from participating parties for the purchase of air travel on a U.S. air carrier, with defined procedures for the subsequent use of the pledges or the deposited funds; counted as in-kind contributions only
 - ☐ **Other** (explain below)
-
-

I. EXISTING LANDING AIDS AT LOCAL AIRPORT:

- | | | |
|------------------------------------|--|--|
| <input type="checkbox"/> Full ILS | <input type="checkbox"/> Outer/Middle Marker | <input type="checkbox"/> Published Instrument Approach |
| <input type="checkbox"/> Localizer | <input type="checkbox"/> Other (specify) | |

J. PROJECT COST:

REMINDER: LOCAL CASH CONTRIBUTIONS MAY NOT BE PROVIDED BY AN AIR CARRIER (*SEE “TYPES OF CONTRIBUTIONS” FOR REFERENCE*).

LINE	DESCRIPTION	SUB TOTAL	TOTAL AMOUNT
1	Federal amount requested		
2	State <u>cash</u> financial contribution		
	<i>Local cash financial contribution</i>		
	3a Airport operations <u>cash</u> funds		
	3b Non-airport-operations <u>cash</u> funds		
3	Total local <u>cash</u> funds (<i>3a + 3b</i>)		
4	TOTAL CASH FUNDING (<i>1+2+3</i>)		
	<i>In-Kind contribution</i>		
	5a Airport <u>In-Kind</u> contribution**		
	5b Other <u>In-Kind</u> contribution**		
5	TOTAL IN-KIND CONTRIBUTION (<i>5a + 5b</i>)		
6	TOTAL PROJECT COST (<i>4+5</i>)		

Is this project supported by any other Federal Funds?

☐ YES ☐ NO

If “Yes” please describe the source(s) and the value (\$) of such funding:

K. IN-KIND CONTRIBUTIONS**

For funds in lines 5a (Airport In-Kind contribution) and 5b (Other In-Kind contribution), please describe the source(s) of fund(s) and the value (\$) of each.

L. Is This Application Subject To Review By an Affected State Under Executive Order 12372 Process?

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on (date) _____.
- ☐ 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.

M. Is The Lead Applicant or Any Co-Applicants Delinquent On Any Federal Debt? (If “Yes”, Provide Explanation)

- ☐ No ☐ Yes (explain)

APPLICATION CHECKLIST

INCLUDED?	ITEM
<i><u>For Immediate Action</u></i>	
	Determine Eligibility
	New Grants.gov users must register with www.grants.gov . Existing Grants.gov users <i>must verify existing www.grants.gov account has not expired and the Authorized Organization Representative (AOR) is current.</i>
<i><u>For Submission by 4:00 PM EDT on July 25, 2024</u></i>	
	Communities with active SCASDP grants: notify DOT/X50 of intent to terminate existing grant in order to be eligible for selection.
	Complete Application for Federal Domestic Assistance (SF424) via www.grants.gov
	Summary Information schedule complete and used as cover sheet (<i>see Appendix B</i>)
	Application of up to 20 one-sided pages (excluding Form SF-424, Form SF-LLL, the completed Summary Information Schedule, and any letters from the community or an air carrier showing support for the application), to include:
	<ul style="list-style-type: none"> • A description of the community's air service needs or deficiencies.
	<ul style="list-style-type: none"> • The driving distance, in miles, to the nearest large, medium, and small hub airports, and airport with jet service.
	<ul style="list-style-type: none"> • A strategic plan for meeting those needs under the Small Community Program, including a concise synopsis of the scope of the proposed grant project.
	<ul style="list-style-type: none"> • For service to or from a specific city or market, such as New York, Chicago, Los Angeles, or Washington, D.C., for example), a list of the airports that the applicant considers part of the market.
	<ul style="list-style-type: none"> • A detailed description of the funding necessary for implementation of the community's project.
	<ul style="list-style-type: none"> • An explanation of how the proposed project differs from any previous projects for which the community received SCASDP funds (if applicable).
	<ul style="list-style-type: none"> • Designation of a legal sponsor responsible for administering the program.
	<ul style="list-style-type: none"> • A completed Form SF-LLL, Disclosure of Lobbying Activities – see Appendix D below.
	<ul style="list-style-type: none"> • A request for waiver of the Five Year Same Project Limitation (if applicable) –see Appendix B above.
	<ul style="list-style-type: none"> • A motion for confidential treatment (if applicable) – see Appendix D below.