

**APPLICATION UNDER
SMALL COMMUNITY AIR SERVICE DEVELOPMENT PROGRAM
DOCKET DOT-OST-2015-0126**

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 <http://www.dot.gov/policy/aviation-policy/small-community-rural-air-service/SCASDP>

A. PROVIDE THE LEGAL SPONSOR AND ITS DUN AND BRADSTREET (D&B) DATA UNIVERSAL NUMBERING SYSTEM (DUNS) NUMBER, INCLUDING +4, EMPLOYEE IDENTIFICATION NUMBER (EIN) OR TAX ID.

Legal Sponsor Name:

Name of Signatory Party for Legal Sponsor:

DUNS Number:

EIN/Tax ID:

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.

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 (explain)**

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 currently receives subsidized Essential Air Service

Community (or Consortium member) previously received a Small Community Air Service Development Program Grant

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. GRANT GOALS: (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 Services² |
| <input type="checkbox"/> Other (explain below) | | |
-
-

1b. GRANT GOALS: (SYNOPSIS)

Concisely describe the scope of the proposed grant project. (For example, “Revenue guarantee to recruit, initiate, and support new daily service between _____ and _____;” or “Marketing program to support existing service between _____ and _____ by _____ Airlines.”)

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

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)
 - 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:

- Full ILS Outer/Middle Marker Published Instrument Approach
- Localizer Other (specify)

J. PROJECT COST: DO NOT ENTER TEXT IN SHADED AREA

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 <u>cash</u> funds		
	3b Non-airport <u>cash</u> funds		
3	Total local <u>cash</u> funds (3a + 3b)		
4	TOTAL CASH FUNDING (1+2+3)		
	<i>In-Kind contribution</i>		
	5a Airport <u>In-Kind</u> contribution**		
	5b Other <u>In-Kind</u> contribution**		
5	TOTAL IN-KIND CONTRIBUTION (5a + 5b)		
6	TOTAL PROJECT COST (4+5)		

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>For Immediate Action</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>For Submission by 5:00 PM EDT on July 22, 2015</i>	
	Communities with active SCASDP grants: notify DOT/X50 of intent to terminate existing grant in order to be eligible for selection in FY2015
	Complete Application for Federal Domestic Assistance (SF424) via www.grants.gov
	Summary Information schedule complete and used as cover sheet (see Appendix B)
	Application of up to 20 one-sided pages (excluding 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 motion for confidential treatment (if applicable) – see Appendix D below.