

**APPLICATION UNDER  
SMALL COMMUNITY AIR SERVICE DEVELOPMENT PROGRAM  
DOCKET DOT-OST-2013-0120**

**SUMMARY INFORMATION**

**(Note : Only blue shaded areas in Sections A-L can be edited)**

**All applicants must submit this Summary Information schedule, as the application coversheet, a completed form SF424 and the full application proposal on**

**<http://www.grants.gov>**

**For your preparation convenience, this Summary Information Form 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.**

<b>Legal Sponsor Name:</b>	
<b>DUNS Number</b>	
<b>EIN/TIN</b>	

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

<b>1.</b>	
<b>2.</b>	
<b>3.</b>	
<b>4.</b>	

**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).**

<b>1.</b>	
<b>2.</b>	
<b>3.</b>	
<b>4.</b>	

<b>D. LIST THE 2-DIGIT CONGRESSIONAL DISTRICT CODE APPLICABLE TO THE SPONSORING ORGANIZATION, AND IF A CONSORTIUM, TO EACH PARTICIPATING COMMUNITY.</b>	
1.	
2.	
3.	
4.	

<b>E. APPLICANT INFORMATION: (CHECK ALL THAT APPLY)</b>		
<input type="checkbox"/> Not a Consortium	<input type="checkbox"/> Interstate Consortium	<input type="checkbox"/> Intrastate Consortium
<input type="checkbox"/> Community now receives subsidized Essential Air Service		
<input type="checkbox"/> Community (or Consortium member) previously received a Small Community Air Service Development Program (SCASDP) Grant		
If previous recipient: Year(s) of grant(s): <input type="text"/>		

<b>F. PUBLIC/PRIVATE PARTNERSHIPS: (LIST ORGANIZATION NAMES)</b>			
<b>PUBLIC</b>		<b>PRIVATE</b>	
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	

<b>G. PROJECT PROPOSAL: (CHECK ALL THAT APPLY)</b>		
<input type="checkbox"/> Marketing	Upgrade Aircraft	New Route
<input type="checkbox"/> Travel Bank	Service Restoration	Subsidy
<input type="checkbox"/> Surface Transportation	Regional Service	Revenue Guarantee
Launch New Carrier	Start-up Cost Offset	First Service
Study	Secure Additional Service	
Other (describe)		

<b>H. EXISTING LANDING AIDS AT LOCAL AIRPORT: (CHECK ALL THAT APPLY)</b>		
Full ILS	Outer/Middle Marker	Published Instrument Approach
Localizer	Other (specify)	

I. PROJECT COST: (ONLY ENTER DATA IN BLUE SHADED AREAS)				
LINE	DESCRIPTION		SUBTOTAL	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)			

**J. 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.

**K. IS THIS APPLICATION SUBJECT TO REVIEW BY 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) <input type="text"/>
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.

**L. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? (IF "YES", PROVIDE EXPLANATION)**

No	Yes (explain)	
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