APPLICATION UNDER

SMALL COMMUNITY AIR SERVICE DEVELOPMENT PROGRAM

DOCKET DOT-OST-2013-0120

SUMMARY INFORMATION

**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**](http://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:** |  |
| **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.** |

**D. List the 2-digit congressional district code applicable to the sponsoring organization, and if a consortium, to each participating community.**

|  |  |
| --- | --- |
| **1.** | **2.** |
| **3.** | **4.** |

**E. Applicant Information: (Check All That Apply)**

# Not a Consortium Interstate Consortium Intrastate Consortium

# Community now receives subsidized Essential Air Service

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

# If previous recipient: Year of grant(s):

**F. Public/Private Partnerships: (List Organization names)**

|  |  |
| --- | --- |
| **PUBLIC** | **PRIVATE** |
| **1.** | **1.** |
| **2.** | **2.** |
| **3.** | **3.** |
| **4.** | **4.** |
| **5.** | **5.** |

**G. Project Proposal: (check all that apply)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Marketing |  | Upgrade Aircraft |  | New Route |
|  | Travel Bank |  | Service Restoration |  | Subsidy |
|  | Surface Transportation |  | Regional Service |  | Revenue Guarantee |
|  | Launch New Carrier |  | Start-up Cost Offset |  | First Service |
|  | Study |  | Secure Additional Service |  | Other (explain below) |
|  | | | | | |
|  | | | | | |

**H. Existing Landing Aids at Local Airport:**

Full ILS Outer/Middle Marker Published Instrument Approach

Localizer Other (specify)

**I. Project Cost: Do not enter text in shaded area**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Line** | **Description** | | **Sub Total** | **Total Amount** |
| 1 | Federal amount requested | |  |  |
| 2 | State cash financial contribution | |  |  |
|  | *Local cash financial contribution* | |  |  |
|  | **3a** | Airport cash funds |  |  |
|  | **3b** | Non-airport cash funds |  |  |
| 3 | Total local cash funds (***3a + 3b***) | |  |  |
| 4 | TOTAL CASH FUNDING (***1+2+3***) | |  |  |
|  | *In-Kind contribution* | |  |  |
|  | **5a** | Airport In-Kind contribution\*\* |  |  |
|  | **5b** | Other In-Kind 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?

1. This application was made available to the state under the Executive Order 12372 Process for review on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_.
2. Program is subject to E.O. 12372, but has not been selected by the state for review.
3. Program is not covered by E.O. 12372.

L. Is The Applicant Delinquent On Any Federal Debt? (If “Yes”, Provide Explanation)

No Yes (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_