

**APPLICATION UNDER
SMALL COMMUNITY AIR SERVICE DEVELOPMENT PROGRAM
DOCKET DOT-OST-2019-0071**

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.transportation.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.

IS THE AIRPORT SEEKING SERVICE NOT LARGER THAN A SMALL HUB AIRPORT UNDER FAA HUB CLASSIFICATION EFFECTIVE ON THE DATE OF SERVICE OF THE ATTACHED ORDER

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. 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 DCA AND ROA. OR "MARKETING PROGRAM TO SUPPORT EXISTING SERVICE BETWEEN IAD AND CMH BY XYZ 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.

1c. 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 application can be considered by the Department only if the applicant applies for, and receives, a formal waiver of the ten year same project limitation (See Section C.1. "Same Project Limitations"). An affected community or consortium that wishes to request such a waiver must include that request in its grant application. 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

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 (<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>) | | | |

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 must verify existing www.grants.gov account has not expired and the Authorized Organization Representative (AOR) is current. |
| | <i>For Submission by 4:00 PM EDT on July 15, 2019</i> |
| | Communities with active SCASDP grants: notify DOT/X50 of intent to terminate existing grant in order to be eligible for selection in FY2018 |
| | 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. |
| | <ul style="list-style-type: none"> • A request for a waiver of the ten year same project limitation (if applicable) See Appendix B |