REQUEST FOR STATE AIRPORT AID

NORTH DAKOTA AERONAUTICS COMMISSION

SFN 11639 (Rev. 12-2011)

NO:

INSTRUCTIONS: Please complete page one and have the airport authorized representative sign at the bottom. Complete a separate page two for <u>each</u> project the airport would like to request state funding and participation. Return all pages and attachments to:

ND Aeronautics Commission, PO Box 5020, Bismarck, ND 58502
Telephone: (701) 328-9650 Fax: (701) 328-9656 Email: ndaero@nd.gov

Applicant Information

Name of Airport	Airport Authority Name		
Name of Airport Authorized Representative	Title		Telephone Number
Mailing Address	City	State	ZIP Code
Email Address	County	Application Date	

Number of Projects Sponsor is Applying for Within This Grant Application

Estimated Annual Airport Revenue

County Mill Levies (Number)	City Mill Levies (Number)	Township Mill Levies (Number)		
County Mill Levy Revenue $	City Mill Levy Revenue $	Township Mill Levy Revenue $	Other $	Total (approximate) $

Estimated Annual Airport Operating Expenses

Personnel $	Maintenance & Operations $	Insurance & Fees $	Other $	Total (approximate) $

Approximate Total Annual Revenue Minus Total Operating Expenses $

Sponsor's Project Certification

(ND Century Code 2-06-13) The authority is authorized to accept, receive, receipt for, disburse, and expend state moneys and other moneys, public or private, made available by grant or loan or both. The authority may enter into an agreement with the said Aeronautics Commission prescribing the terms and conditions of the agency in accordance with such terms and conditions as are prescribed by the United States.

The Sponsor hereby represents and certifies as follows:

The authority possesses legal authority to apply for a state grant and that a resolution, motion or similar action has been duly adopted or passed as an official act of the Sponsor's governing body, authorizing the person designated below to act in connection with this request and to provide such additional information as may be required.

The Sponsor certifies that the information contained in this application is accurate and complete to the best of their knowledge. The Sponsor also certifies they have read the Aeronautics Commission Policy on Airport Grant Funding and will comply with all state grant assurances upon the successful approval of this grant application.

Signature of Airport Authorized Representative	Title	Date

Project Information

Please complete this page for each project.

Project Title	Total Estimated Cost	Estimated Completion Date
Type of Funding Request ☐ First-Time Request ☐ Repeat Request ☐ Supplemental Request		NDAC Priority Rating
Project Description		
Describe Need or Justification for the Project		
For National Plan of Integrated Airport Systems (NPIAS) Airports: Is this project listed on the airport's approved Airport Layout Plan and Capital Improvement Program? ☐ Yes ☐ No If unknown, contact North Dakota Aeronautics Commission		
Name of Contact Person for Project	Title	
Telephone Number / Fax Number	Email Address	

Project Cost Estimate Summary

Is this a Federal Aviation Administration project? ☐ Yes ☐ No	If yes, Airport Improvement Program (AIP) Number	Year

Provide a summary of the estimated cost of the project, including the source of all funding.

Source of Funding		Estimated Dollar Funding	Estimated Percent of Total Funding
Federal Share		$	%
State Share		$	%
Sponsor Share	Airport	$	%
	Other:	$	%
Project Totals		$	100%

Supporting Documentation

If possible, please provide the following documentation as attachments to the grant submittal:

1. A detailed cost estimate or accepted bid.
2. Pictures and/or a drawing of the affected area (with the proposed work area and dimensions noted).
3. If the project is land related, provide a map with the specific land areas being affected highlighted.
4. If the project is for a fuel facility or a community hangar, provide a business plan.