Application for Federal Assistance SF-424

*1. Type of Submission:	*2. Type of Application	* If Revision, select appropriate letter(s):
Preapplication	New	
Application	Continuation	* Other (Specify)
Changed/Corrected Application	Revision	

*3. Date Received:	4. Applicant Identifier:

5a. Federal Entity Identifier:	*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:	7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name:

*b. Employer/Taxpayer Identification Number (EIN/TIN):	*c. UEI:

d. Address:

*Street 1:

Street 2:

*City:

County/Parish:

*State: Province:

*Country:

*Zip / Postal Code

e. Organizational Unit:

Department Name:	Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: *First Name:

Middle Name:

*Last Name:

Suffix:

Title:

Organizational Affiliation:

*Telephone Number:	Fax Number:

*Email:

Application for Federal Assistance SF-424

*9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

*10. Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

*15. Descriptive Title of Applicant's Project:

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: *b. Program/Project:

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

*a. Start Date: *b. End Date:

18. Estimated Funding ($):

*a. Federal   _____

*b. Applicant   _____

*c. State   _____

*d. Local   _____

*e. Other   _____

*f. Program Income _____

*g. TOTAL   _____

*19. Is 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 _____ .

     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.

*20. Is the Applicant Delinquent On Any Federal Debt?
         Yes   No

If "Yes", explain:

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

     ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: _____   *First Name: _____

Middle Name: _____

*Last Name: _____

Suffix: _____

*Title:

*Telephone Number: Fax Number:

* Email:

*Signature of Authorized Representative: *Date Signed:

GRANT AGREEMENT
ENGINEERING WORKSHEET

PART A (PREPARED BY AIRPORT OWNER'S ENGINEER OR REPRESENTATIVE)

Airport:				Location:		Proj. No.:		
Brief Item Description *(See reverse for typical descriptions)*	% Fed	Units	RW	(1) Const or Land Cost	(2) Eng./Land Incidental	(3) Admin	(4) Total	(5) Federal	(6) Non-Federal
TOTALS									

(7) Recommended work description for grant offer:

(8) Justification for any increase in T/A amount of _____ *(if no increase, enter "N/A"):*

Signature of Airport Owner's Engineer: **Date:**

PART B (PREPARED BY FAA ENGINEER)
Land Acquisition and Relocation Assistance Only

	Yes	No		Yes	No
1. People or businessed (were/are) loc'd on land?			4a. Land costs are based on apprasials, or		
2. Only necessary land is included?			b. based on actual costs for reimbursements?		
3. Land costs are reasonable?			5. Requested land not in previous GA & deleted?		

All Projects (Land and Construction)

	Yes	No		Yes	No
6. Exhibit "A" received and correct?			12. P & S are in accordance with EIS / FONSI?		
7. Project application signed and correct?			13. Costs are reasonable?		
8. All work in P & S in grant offer?			14. Air/water quality certification received?		
9. Stage construction?			15. Sponsor legally obligated to relocate utility?		
10. Cost based on bids?			16a. Surplus property land sale proceeds available?		
11. Force account?			b. If so, are they applied to this project?		

17. Comments on above numbered items

18. Recommended special conditions for grant:

Signature of FAA Project Manager: **Date:**

JAN-ADO 5100-4 (4/3/2001)

Foley Municipal Airport

8/28/2023

Project Name	Projected Amount	FAA Amount	State Amount	Local Amount
Foley Municipal Airport				
2024				
Construct Access Taxilanes - AIP (Reimbursement - Phase I)	$166,667.00	(90.0%) $150,000.00	(5.0%) $8,333.00	(5.0%) $8,334.00
Construct Terminal Building - ATP	$2,042,500.00	(95.0%) $1,940,375.00	(0.0%) $0.00	(5.0%) $102,125.00
Construct 8-Unit T-Hangar - AIG (Reimbursement - Phase I)	$176,667.00	(90.0%) $159,000.00	(5.0%) $8,833.00	(5.0%) $8,834.00
Year Total	$2,385,834.00	$2,249,375.00	$17,166.00	119,293.00
2025				
Construct 8-Unit T-Hangar - Phase II Reimbursement_ AIG	$176,667.00	(90.0%) $159,000.00	(5.0%) $8,833.00	(5.0%) $8,834.00
Construct Access Taxilanes - AIP (Reimbursement - Phase II)	$75,324.00	(90.0%) $67,792.00	(5.0%) $3,766.00	(5.0%) $3,766.00
Year Total	$251,991.00	$226,792.00	$12,599.00	12,600.00
2026				
Construct 8-Unit T-Hangar - Phase III Reimbursement_ AIG	$176,667.00	(90.0%) $159,000.00	(5.0%) $8,833.00	(5.0%) $8,834.00
Year Total	$176,667.00	$159,000.00	$8,833.00	8,834.00
2027				
Rehabilitate Runway 18/36 Design (AIP)	$225,550.00	(90.0%) $202,995.00	(5.0%) $11,278.00	(5.0%) $11,277.00
Year Total	$225,550.00	$202,995.00	$11,278.00	11,277.00
2028				
Rehabilitate Runway 18/36 (AIP Discretionary)	$1,052,750.00	(90.0%) $947,475.00	(5.0%) $52,638.00	(5.0%) $52,637.00
Year Total	$1,052,750.00	$947,475.00	$52,638.00	52,637.00
Airport Total	$4,092,792.00	$3,785,637.00	$102,514.00	204,641.00
Grand Total	$4,092,792.00	$3,785,637.00	$102,514.00	204,641.00

CAPITAL IMPROVEMENT PLAN
FISCAL YEAR 2024

Construct 8-Unit T-Hangar (Reimbursement – Phase I) (AIG)

The Sponsor intends to use their Federal AIP funding for Fiscal Year 2024 for reimbursement for the construction of a new pre-engineered 8-unit T-hangar constructed in FY 2023.
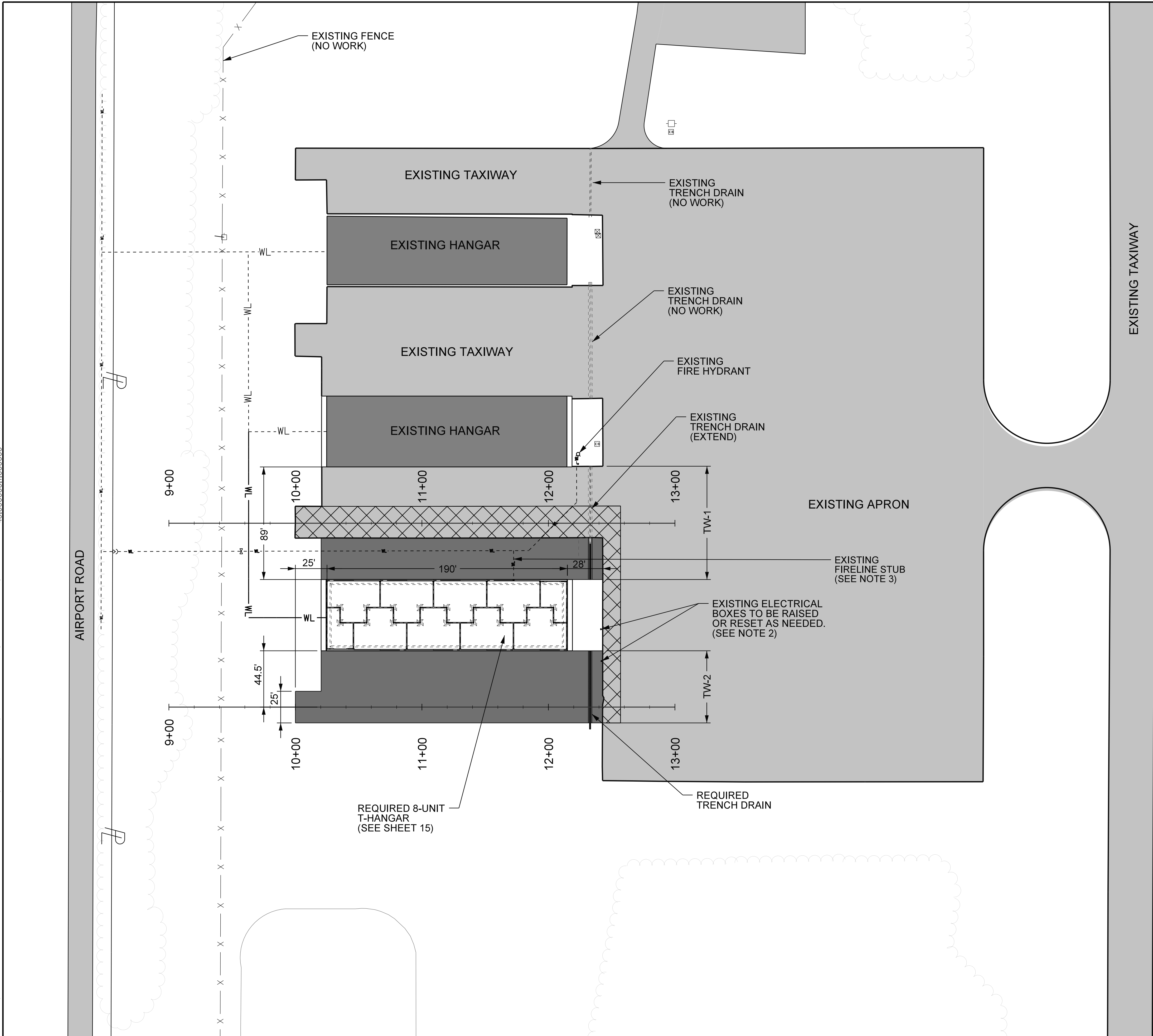
Project Breakdown

SUMMARY OF ESTIMATED PROJECT COST FY24 CONSTRUCT 8-UNIT T-HANGAR (REIMBURSEMENT – PH I) (AIG)	
PROJECT TOTAL	**$967,031.00**
FY23 AIG PROJECT FUNDING RECEIVED	
FAA TOTAL PORTION (90%)	$304,000.00
ALDOT TOTAL PORTION (5%)	$16,889.00
LOCAL TOTAL PORTION (5%)	$16,889.00
FY23 AIG FUNDING RECEIVED	$337,778.00
REMAINING BLANACE FOR FY24 FUNDING	**$629,253.00**
FY24 PHASE I REIMBURSMENT FUNDING	
FAA TOTAL PORTION (90%)	$159,000.00
ALDOT TOTAL PORTION (5%)	$8,833.00
LOCAL TOTAL PORTION (5%)	$8,833.00
FY24 AIG FUNDING	**$176,666.00**
BALANCE REMAINING	**$452,587.00**

EXISTING FENCE
(NO WORK)

N

EXISTING TAXIWAY

EXISTING
TRENCH DRAIN
(NO WORK)

GRAPHIC SCALE
0 20 40   80
(IN FEET)

EXISTING HANGAR

EXISTING
TRENCH DRAIN
(NO WORK)

EXISTING TAXIWAY

LEGEND

EXISTING PAVEMENTS (TO REMAIN)

EXISTING PAVEMENT TO BE
MILLED AND OVERLAID

EXISTING
FIRE HYDRANT

EXISTING HANGAR

REQUIRED PAVEMENT

EXISTING TAXIWAY

EXISTING
TRENCH DRAIN
(EXTEND)

—WL— REQUIRED ¾" PVC SCH 40 WATERLINE

9+00

EXISTING APRON

TW-1

----WL---- EXISTING ¾" POTABLE WATERLINE

10+00

11+00

12+00

13+00

– – – – – EXISTING 6" DUCTILE IRON FIRE
WATERLINE

89'

EXISTING TREES

EXISTING
FIRELINE STUB
(SEE NOTE 3)

25'   190'   28'

EXISTING ELECTRICAL
BOXES TO BE RAISED
OR RESET AS NEEDED.
(SEE NOTE 2)

WL

NOTES:

44.5'

1. CONTRACTOR SHALL INSTALL THE REQUIRED
¾" PVC SCHEDULE 40 WATERLINE TO THE
NEW T-HANGAR AS SHOWN. THE REQUIRED
WATERLINE WILL SERVICE THE REQUIRED
HOSE BIBS ON EACH CORNER OF THE NEW
T-HANGAR. SEE SHEET 15. THE REQUIRED
WATERLINE AND HOSE BIBS SHALL BE
SUBSIDIARY TO THE REQUIRED T-HANGAR,
PAY ITEM SP-2-1.

25'

TW-2

9+00

10+00

11+00

12+00

13+00

2. CONTRACTOR SHALL REMOVE AND RESET OR
RAISE THE EXISTING ELECTRICAL UTILITY BOXES
AS NEEDED. THESE EFFORTS SHALL BE
SUBSIDIARY TO THE REQUIRED T-HANGAR,
PAY ITEM SP-2-1.

REQUIRED 8-UNIT
T-HANGAR
(SEE SHEET 15)

REQUIRED
TRENCH DRAIN

3. CONTRACTOR SHALL LOCATE AND REMOVE THE
EXISTING FIRE WATERLINE STUB AS SHOWN.
CONTRACTOR SHALL INSTALL SLEEVE ON THE
FIREWATER LINE TO REMAIN. THESE EFFORTS
SHALL BE SUBSIDIARY TO THE REQUIRED T-HANGAR,
PAY ITEM SP-2-1.

4. CONTRACTOR SHALL VERIFY ELEVATIONS OF EXISTING
HANGAR FOUNDATION AND TAXILANE PRIOR TO
COMMENCING CONSTRUCTION.

AIRPORT ROAD

FOLEY MUNICIPAL AIRPORT
FOLEY, ALABAMA
CONSTRUCT ACCESS TAXILANE
& 8-UNIT T-HANGAR

DESIGNED BY: J.H.S.   SUBMITTAL: BID SET
DETAILED BY: D.L.H.   SCALE: AS NOTED
REVIEWED BY: H.Z.E.   DATE: 03 / 20 / 2023

AIP NO.   3-01-0031-024-2023
PROJECT NO. 1059406

NO. DATE REVISIONS DESCRIPTION BY

PROJECT
LAYOUT

SHEET NO.
6

Approval/Signature Timeline

Timestamp	Change	Name