

Application for Federal Assistance SF-424			
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
		<b>* If Revision, select appropriate letter(s):</b> [ ] <b>* Other (Specify):</b> [ ]	
<b>* 3. Date Received:</b> 05/04/2017		<b>4. Applicant Identifier:</b> 5R4 2017-1	
<b>5a. Federal Entity Identifier:</b> 10031		<b>5b. Federal Award Identifier:</b> [ ]	
<b>State Use Only:</b>			
<b>6. Date Received by State:</b> [ ]		<b>7. State Application Identifier:</b> [ ]	
<b>8. APPLICANT INFORMATION:</b>			
<b>* a. Legal Name:</b> City of Foley			
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 63-6001263		<b>* c. Organizational DUNS:</b> 072630544	
<b>d. Address:</b>			
<b>* Street1:</b> 407 East Laurel Avenue		[ ]	
<b>Street2:</b> [ ]		[ ]	
<b>* City:</b> Foley		[ ]	
<b>County/Parish:</b> BALDWIN COUNTY		[ ]	
<b>* State:</b> AL: Alabama		[ ]	
<b>Province:</b> [ ]		[ ]	
<b>* Country:</b> USA: UNITED STATES		[ ]	
<b>* Zip / Postal Code:</b> 36535- [ ]		[ ]	
<b>e. Organizational Unit:</b>			
<b>Department Name:</b> Foley Municipal Airport		<b>Division Name:</b> [ ]	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>			
<b>Prefix:</b> Mrs.		<b>* First Name:</b> Rachel	
<b>Middle Name:</b> [ ]		[ ]	
<b>* Last Name:</b> Keith		[ ]	
<b>Suffix:</b> [ ]		[ ]	
<b>Title:</b> Airport Manager			
<b>Organizational Affiliation:</b> [ ]			
<b>* Telephone Number:</b> 251-943-1545		<b>Fax Number:</b> 251-970-2144	
<b>* Email:</b> rkeith@cityoffoley.org			

**Application for Federal Assistance SF-424**

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

**\* 10. Name of Federal Agency:**

Federal Aviation Administration

**11. Catalog of Federal Domestic Assistance Number:**

20.106

CFDA Title:

Airport Improvement Program

**\* 12. Funding Opportunity Number:**

3-01-0031-015-2017

\* Title:

Rehabilitate Airport Drainage, Phase III (reimbursement)

**13. Competition Identification Number:**

Title:

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

Add Attachment

Delete Attachment

View Attachment

**\* 15. Descriptive Title of Applicant's Project:**

Rehabilitate Airport Drainage, Phase III (reimbursement)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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	<input type="text" value="78,678.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="4,371.00"/>
* d. Local	<input type="text" value="4,371.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="87,420.00"/>

\* 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? (If "Yes," provide explanation in attachment.)

Yes  No

If "Yes", provide explanation and attach

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:

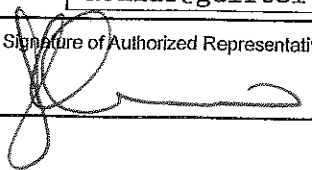
\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative: 

\* Date Signed:



## PROJECT DESCRIPTIONS

### 1. **Airport Drainage Improvements - Phase III**

The proposed project will include drainage improvements identified as “critical structures” and “needs improvement structures” in the Airport Drainage Study, dated February 23, 2015 prepared by Volkert, Inc. The project will include pipe and headwall replacement for approximately thirty (30) drainage structures, relining one (1) drainage structure, and grading/seed/sod in the air operations area. Portions of the asphalt taxiway will be removed and replaced as part of the project. The project construction funding is being phased as shown below.

<b>TOTAL PROJECT AMOUNT:</b>	<b>\$619,798.26</b>
<b>2015 Grant Project Amount:</b>	<b>\$178,561.00</b>
<b>2016 Grant Project Amount:</b>	<b>\$353,820.00</b>
<b>2017 Grant Project Amount:</b>	<b>\$87,417.26</b>