

Application for Federal Assistance SF-424

*1. Type of Submission:

☒ Preapplication

☐ Application

☐ Changed/Corrected Application

*2. Type of Application

☒ New

☐ Continuation

☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

*3. Date Received:

2025-08-20

4. Applicant Identifier:

5R4 2

5a. Federal Entity Identifier:

10031

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: City of Foley

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

63-6001263

*c. UEI:

H1R1JL526DY5

d. Address:

*Street 1: 407 East Laurel Avenue

Street 2:

*City: Foley

County/Parish: BALDWIN COUNTY

*State: Province: AL

*Country:

*Zip / Postal Code United States

36535-_____

e. Organizational Unit:

Department Name:

Foley, BALDWIN COUNTY

Division Name:

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

Prefix: Mrs. *First Name: Rachel

Middle Name:

*Last Name: Keith

Suffix:

Title: Airport Manager

Organizational Affiliation:

City of Foley

*Telephone Number: 251-970-2418

Fax Number:

*Email: 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:

Pick an applicant type

Type of Applicant 3: Select Applicant Type:

Pick an 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:**

*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):***15. Descriptive Title of Applicant's Project:**

Construct 8-Unit T-Hangar - Phase III Reimbursement_ AIG

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424**16. Congressional Districts Of:**

*a. Applicant: 1st

*b. Program/Project: 1st

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	137000.00
*b. Applicant	\$ 0
*c. State	3605.00
*d. Local	3605.00
*e. Other	\$ 0
*f. Program Income	\$ 0
*g. TOTAL	144,210.00

***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?**☐ 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: The Honorat *First Name: Ralph

Middle Name: _____

*Last Name: Hellmich

Suffix: _____

*Title: Mayor

*Telephone Number: 251-943-1545

Fax Number:

* Email: rhellmich@cityoffoley.org

*Signature of Authorized Representative:

*Date Signed:

Airport: 5R4				Location: Foley, Alabama		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
Construct 8-Unit T-Hangar - Phase III Reimbursement_AIG	95%			\$144,210	\$0	\$0	\$144,210	\$137,000	\$7,210
TOTALS				\$144,210	\$0	\$0	\$144,210	\$137,000	\$7,210
(7) Recommended work description for grant offer:									
(8) Justification for any increase in T/A amount of \$0 (if no increase, enter "N/A"):									
N/A									
Signature of Airport Owner's Engineer:					Date:				

	Yes	No		Yes	No
1. People or business(es) located on land?			4a. Land costs are based on appraisals, 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					
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18. Recommended special conditions for grant:					
Signature of FAA Project Manager:			Date:		

Foley Municipal Airport

8/20/2025

Project Name	Projected Amount	FAA Amount	State Amount	Local Amount
Foley Municipal Airport				
2026				
Construct 8-Unit T-Hangar - Phase III Reimbursement_ AIG	\$144,210.00	(95.0%) \$137,000.00	(2.5%) \$3,605.00	(2.5%) \$3,605.00
Construct Terminal Building - ATP	\$2,274,500.00	(95.0%) \$2,160,775.00	(0.0%) \$0.00	(5.0%) \$113,725.00
Airfield Drainage Improvements - AIP	\$266,100.00	(95.0%) \$252,795.00	(2.5%) \$6,652.00	(2.5%) \$6,653.00
Construct 10-Unit T-Hangar (ALDOT 50:50)	\$1,348,720.00	(0.0%) \$0.00	(37.0%) \$499,026.00	(63.0%) \$849,694.00
Construct Access Taxilanes for 10-Unit T-hangar (AIP)	\$526,430.00	(95.0%) \$500,108.00	(2.5%) \$13,161.00	(2.5%) \$13,161.00
Year Total	\$4,559,960.00	\$3,050,678.00	\$522,444.00	986,838.00
2027				
Construct 10-Unit T-Hangar & Access Taxiway - Reimbursement Ph I (AIP)	\$157,894.00	(95.0%) \$149,999.00	(2.5%) \$3,947.00	(2.5%) \$3,948.00
Year Total	\$157,894.00	\$149,999.00	\$3,947.00	3,948.00
2028				
Rehabilitate Runway 18/36 and Replace Lighting & Signage Systems (AIP)	\$2,147,995.00	(95.0%) \$2,040,595.00	(2.5%) \$53,700.00	(2.5%) \$53,700.00
Construct 10-Unit T-Hangar & Access Taxiway - Reimbursement Ph II (AIP)	\$314,946.00	(95.0%) \$299,199.00	(2.5%) \$7,874.00	(2.5%) \$7,873.00
Year Total	\$2,462,941.00	\$2,339,794.00	\$61,574.00	61,573.00
2029				
Taxiway A - Pavement Maintenance (AIP)	\$206,529.00	(95.0%) \$196,203.00	(2.5%) \$5,163.00	(2.5%) \$5,163.00
Year Total	\$206,529.00	\$196,203.00	\$5,163.00	5,163.00
2030				
Construct 10-Unit T-Hangar & Access Taxiway (AIP)	\$1,949,332.00	(95.0%) \$1,851,865.00	(2.5%) \$48,733.00	(2.5%) \$48,734.00
Year Total	\$1,949,332.00	\$1,851,865.00	\$48,733.00	48,734.00
Airport Total	\$9,336,656.00	\$7,588,539.00	\$641,861.00	1,106,256.00
Grand Total	\$9,336,656.00	\$7,588,539.00	\$641,861.00	1,106,256.00

FOLEY MUNICIPAL AIRPORT
FOLEY, ALABAMA

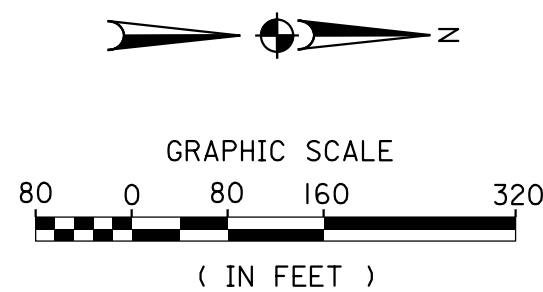
CAPITAL IMPROVEMENT PLAN

DESIGNED BY: J.H.S.	SUBMITTAL:
DETAILED BY: D.L.H.	SCALE: AS NOTED
REVIEWED BY: H.Z.E.	DATE: 10 /01 /2021

[illegible]

**FY26 - CONSTRUCT
8-UNIT T-HANGAR
(REIMBURSEMENT
PH III)**

SHEET
II-4



FY26 PROPOSED PROJECTS:

1. CONSTRUCT 8-UNIT T-HANGAR (REIMBURSEMENT PH. III)

-1. CONSTRUCT 8-UNIT T-HANGAR

SOUTH APRON

NORTH APRON

TAXIWAY A