

October 29, 2015

VIA UPS

Ms. Rachel Keith
Airport Manager
City of Foley
407 East Laurel Avenue
Foley, AL 36535

Dear Ms. Keith:

Attached please find one (4) copies of the Pre-Application for Federal Assistance (Fiscal Year 2016) for the Foley Municipal Airport. The pre-application serves as the federal and state application and consists of the following documents:

- Pre-Application for Federal Assistance (Form 424)
- Attachment A
- Project Description and Estimate
- Pre-Construction Photos
- ALP Sketch
- Resolution
- Capital Improvement Plan

Three original copies of the entire application package should be sent to the Alabama Department of Transportation (ALDOT) at the following address:

Dr. John C. Eagerton, IV
Chief, Aeronautics Bureau
Alabama Department of Transportation
1409 Coliseum Boulevard
Montgomery, Alabama 36110-2060

As a reminder, the due date for submitting the Pre-Application to ALDOT is November 16, 2015.

If you have any questions or need additional information please call.

Sincerely,
VOLKERT, INC.

Bobby Odom, P.E.
Assistant Vice President

/rlb

Enclosures

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): - Select One - * Other (Specify)
* 3. Date Received:		4. Application Identifier:		
5a. Federal Entity Identifier: 20.106		* 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. Organizational DUNS: 072630544	
d. Address:				
* Street1: Street 2: 407 East Laurel Avenue * City: Foley County: * State: AL Province: Country: USA *Zip/ Postal Code: 36535				
e. Organizational Unit:				
Department Name: Foley Municipal Airport			Division Name:	
f. Name and contact information of person to be contacted on matters involving this application:				
Prefix: Mrs. Middle Name: * Last Name: Keith Suffix: First Name: Rachel Title: Purchasing Agent/Airport Manager Organizational Affiliation:				
* Telephone Number: (251) 943-1545			Fax Number: (251) 970-2144	
* 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:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

* Other (specify):

* 10. Name of Federal Agency:

Federal Aviation Administration (FAA)

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

*12. Funding Opportunity Number: 3-01-0031-014-2016

Title: 1. Drainage Improvements - Phase II

13. Competition Identification Number:

Title:

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

* 15. Descriptive Title of Applicant's Project:

1. Drainage Improvements - Phase II

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: AL 1st

*b. Program/Project: AL 1st

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

17. Proposed Project:

*a. Start Date: 09/01/2015

*b. End Date: 02/28/2016

18. Estimated Funding (\$):

*a. Federal	361,309.00
*b. Applicant	
*c. State	20,072.50
*d. Local	20,072.50
*e. Other	
*f. Program Income	
*g. TOTAL	401,454.00

***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 on next page.)**

☐ Yes ☒ No

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: Mr.

*First Name: John

Middle Name: E.

*Last Name: Koniar

Suffix:

*Title: Mayor

*Telephone Number: (251) 943-1545

Fax Number: (251) 952-4014

* Email: rkeith@cityoffoley.org

*Signature of Authorized Representative:

*Date Signed:

Application for Federal Assistance SF-424

***Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

Item	Entry
1.	Type of Submission: (Required) Select one type of submission in accordance with agency instructions. • Preapplication • Application • Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date.
2.	Type of Application: (Required) Select one type of application in accordance with agency instructions. • New – An application that is being submitted to an agency for the first time. • Continuation – An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • Revision – Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify)
3.	Date Received: Leave this field blank. This date will be assigned by the Federal agency.
4.	Applicant Identifier: Enter the entity identifier assigned by the Federal agency, if any, or applicant's control number, if applicable.
5a.	Federal Entity Identifier: Enter the number assigned to your organization by the Federal Agency, if any.
5b.	Federal Award Identifier: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.
6.	Date Received by State: Leave this field blank. This date will be assigned by the State, if applicable.
7.	State Application Identifier: Leave this field blank. This identifier will be assigned by the State, if applicable.
8.	Applicant Information: Enter the following in accordance with agency instructions: Legal Name: (Required) Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website. Employer/Taxpayer Number (EIN/TIN): (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444. Organizational DUNS: (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website. Address: Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US). Organizational Unit: Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the assistance activity, if applicable. Name and contact information of person to be contacted on matters involving this application: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.
9.	Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions: - State Government - County Government - City or Township Government - Special District Government - Regional Organization - U.S. Territory or Possession - Independent School District - Public/State Controlled Institution of Higher Education - Indian/Native American Tribal Government (Federally Recognized) - Indian/Native American Tribal Government (Other than Federally Recognized) - Indian/Native American Tribally Designated Organization - Public/Indian Housing Authority - Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) - Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) - Private Institution of Higher Education - Individual - For-Profit Organization (Other than Small Business) - Small Business - Hispanic-serving Institution

Item	Entry
	T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)
10.	Name Of Federal Agency: (Required) Enter the name of the Federal agency from which assistance is being requested with this application.
11.	Catalog Of Federal Domestic Assistance Number/Title: Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.
12.	Funding Opportunity Number/Title: Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.
13.	Competition Identification Number/Title: Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.
14.	Areas Affected By Project: List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.
15.	Descriptive Title of Applicant's Project: (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For preapplications, attach a summary description of the project.
16.	Congressional Districts Of: (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5 th district, CA-012 for California 12 th district, and NC-103 for North Carolina's 103 rd district. • If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. • If nationwide, i.e. all districts within all states are affected, enter US-all. • If the program/project is outside the US, enter 00-000.
17.	Proposed Project Start and End Dates: (Required) Enter the proposed start date and end date of the project.
18.	Estimated Funding: (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.
19.	Is Application Subject to Review by State Under Executive Order 12372 Process? Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State.
20.	Is the Applicant Delinquent on any Federal Debt? (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes. If yes, include an explanation on the continuation sheet.
21.	Authorized Representative: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required), title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)

ATTACHMENT A

GRANT AGREEMENT ENGINEERING WORKSHEET

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

Airport: Foley Municipal Airport				Location: Foley, Alabama			Project No. 3-01-0031-014-2016		
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
Airfield Drainage Improvements - Phase II	90			\$401,454	\$0	\$0	\$401,454	\$361,309	\$40,145
TOTALS				\$401,454	\$0	\$0	\$401,454	\$361,309	\$40,145
(7) Recommended work description for grant offer: Miscellaneous Airport Improvements - Phase II									
(8) Justification for any increase in T/A amount of \$ <u>N/A</u> (if no increase, enter "N/A"):									
Signature of Airport Owner's Engineer: Bobby Odom, P.E., Asst. Vice President Date: _____									

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

	Yes	No		Yes	No
1. People or businesses (were/are) loc'd 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:					
18. Recommended special conditions for grant:					
Signature of FAA Project Manager: _____ Date: _____					

ITEM 1	CONSTRUCTION	Tabulate all bid items into one of the items listed in the brief item description column.
	LAND	Enter total of land acquisition cost (appraised value or actual).
ITEM 2	ENGINEERING	Enter total of all engineering, testing, resident inspection and surveying, etc., prorated to cost in column 1.
	LAND INCIDENTAL	Enter total of appraisals, legal, surveying, etc. prorated according to cost in column 1 if more than one entry of land.
ITEM 3	ADMINISTRATIVE	Enter all administrative cost prorated to cost in column 1.
ITEM 4	TOTAL	Sum of columns 1, 2 and 3 added horizontally.
ITEM 5	FEDERAL	Enter results of multiplying column 4 by % Federal for each brief item description.
ITEM 6	NON-FEDERAL	Enter difference of total cost less Federal.

WORK DESCRIPTION

Planning

Master planning (partial /update)
State system planning
Metropolitan system planning
Regional system planning
Noise compatibility planning
Vertiport/tilt rotor planning
Miscellaneous planning

Safety

Aircraft rescue & fire fighting veh.
Safety related buildings (ARFF, ARFF/service, etc.)
Hazard/obstruction removal, marking and/or lighting
Fire fighting training facilities (land, equipment, and/or construction of facilities for ARFF personnel)
Runway/taxiway signs (Part 139)
Airplane deicing facilities. (excluding environmental mitigation to reduce contamination of storm water discharges by the deicing fluid.)
Miscellaneous safety improvements (safety equipment; i.e., ARFF protective clothing, tools, power sweepers, etc.)

Security (Part 107 Requirements Only)

Security improvements (access control systems, security fencing, etc. required to meet FAR Part 107 standards)

Runways

Runway construction
Runway improvements (excluding friction treatment)
Runway extension
Runway grooving
Runway friction treatment
Runway seal coat
Landing area for helicopters (at other than heliports. For heliports use regular codes, D01, etc.)
RW development for noise compatibility
Miscellaneous runway Improvements
Runway safety area
Construction of V/TOL runway (at other than vertiports. For vertiports use regular codes, D01, etc.)
Mitigation of environmental impact associated with runway development

Taxiways

Taxiway construction
Taxiway improvements
Taxiway extension
Taxiway seal coat
TW development for noise compatibility
Other
Mitigation of environmental impact associated with taxiway development

WORK DESCRIPTION

Aprons

Apron construction
Apron improvement
Apron expansion
Apron seal coat
Miscellaneous apron improvements
Mitigation of environmental impact associated with apron development

Lighting

High intensity runway lighting
Medium intensity runway lighting
Runway centerline lighting
Rehabilitate runway lighting
Rehabilitate taxiway lighting
Runway and/or taxiway signs (not required by FAR Part 139)
Lighting for noise compatibility
Miscellaneous lighting improvements

NAVAIDS

Instrument approach aid
Partial instrument approach aid
Visual approach aid
Relocation of air navigation facilities (other than approach facilities, includes ATCT and radar)
NAVAIDS for noise compatibility
Miscellaneous NAVAIDS improvements

Weather Equipment

Snow removal equipment
Runway sensors
Weather report equipment
Taxiway sensors
Misc. weather equipment improvements

Terminal Development

Terminal building construction
Terminal building improvements
Terminal building expansion
Terminal building bond retirement
Terminal parking (nonrevenue producing at non-hub)
Misc. terminal building improvements
Mitigation of environmental impact associated with terminal development

Buildings (Other Than Safety, Security Or Terminal Development)

Building const. (snow removal equipt.)
Building improvements
Miscellaneous building improvements

Roadways

Access road construction
Access road improvements
Service road construction
Service road improvements
Miscellaneous roadway improvements

WORK DESCRIPTION

Noise Compatibility (Other Than Land)

Noise barrier
Landscaping to reduce noise
Noise suppressing equipment
Soundproofing
Miscellaneous noise control measures

Land (Including Environmental Land)

Land for development
Land for approaches
Land for noise compatibility
Relocation assistance
Relocation assistance for noise compatibility
Acquire airport
Miscellaneous airport land

Miscellaneous

Miscellaneous airport improvements
Fuel farm, parking lot, & utility develop. (Military Airport Program only)
Mitigation of environmental impact not associated with runway, taxiway, apron, or terminal development.

State Block Grant

Commercial Service, Reliever, General
Aviation assistance
Noise compatibility assistance

PROJECT DESCRIPTIONS

1. Airfield Drainage Improvements - Phase II

The proposed project will provide for phase II of the repair to critical drainage structures throughout the airfield. Many of the structures responsible for the drainage in critical areas of the airfield have reached the end of their design life and have started to fail. This failure causes unsafe operating conditions for aircraft using the airfield in wet weather conditions. In addition to poor performance, many of the structures have developed major erosion around the structures. This project will restore the selected drainage structures to a safe and operational form. Phase I was completed under FY2015.

**2016 PRE-APPLICATION PHOTOS
FOLEY MUNICIPAL AIRPORT**

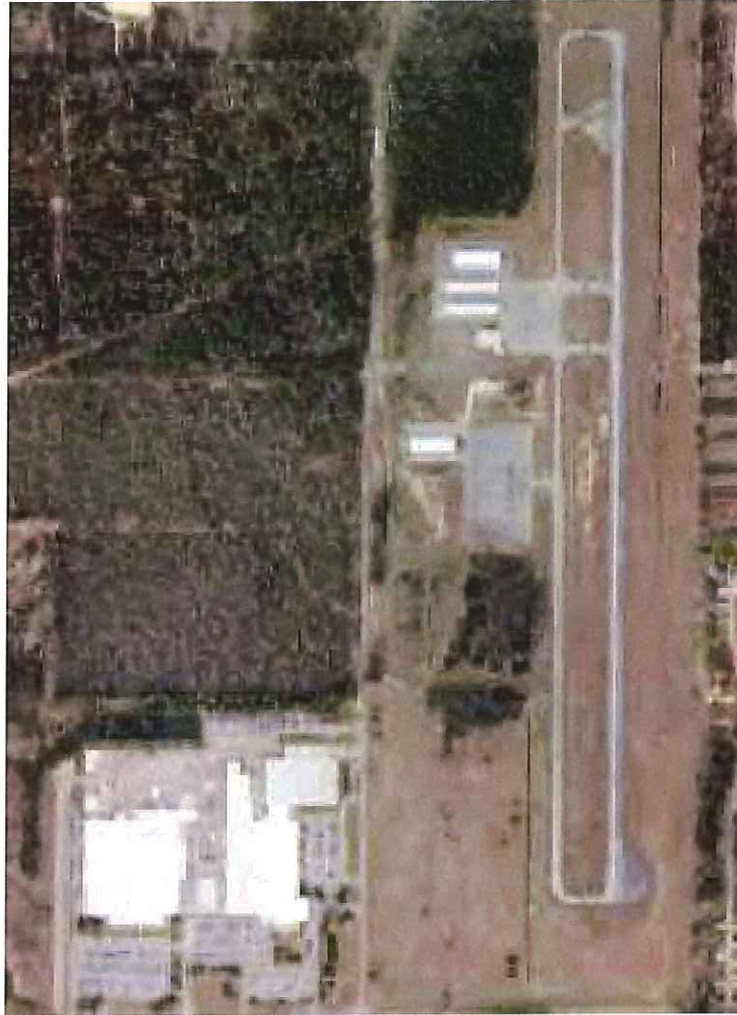


Existing Drainage Structure

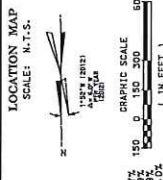
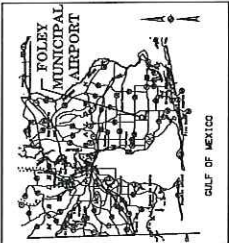


Existing Drainage Structure

**2016 PRE-APPLICATION PHOTOS
FOLEY MUNICIPAL AIRPORT**



Aerial View of the Airport



SOURCE: U. S. WEATHER BUREAU, CLIMATOGRAPHY OF THE UNITED STATES		WIND ROSE	
STATION NO. 8211	FOR BATES FIELD, MOBILE, ALABAMA		
LOCATION: 2 MILES NORTHWEST OF CITY OF MOBILE, ALABAMA			
PERCENTAGE OF WIND COVERAGE TO 10 KNOTS	CROSSWIND COMPONENT	94	79
PERCENTAGE OF WIND COVERAGE TO 15 KNOTS	CROSSWIND COMPONENT	94	79
PERCENTAGE OF WIND COVERAGE TO 20 KNOTS	CROSSWIND COMPONENT	94	79
PERCENTAGE OF WIND COVERAGE TO 25 KNOTS	CROSSWIND COMPONENT	94	79
PERCENTAGE OF WIND COVERAGE TO 30 KNOTS	CROSSWIND COMPONENT	94	79
PERCENTAGE OF WIND COVERAGE TO 35 KNOTS	CROSSWIND COMPONENT	94	79
PERCENTAGE OF WIND COVERAGE TO 40 KNOTS	CROSSWIND COMPONENT	94	79
PERCENTAGE OF WIND COVERAGE TO 45 KNOTS	CROSSWIND COMPONENT	94	79
PERCENTAGE OF WIND COVERAGE TO 50 KNOTS	CROSSWIND COMPONENT	94	79
PERCENTAGE OF WIND COVERAGE TO 55 KNOTS	CROSSWIND COMPONENT	94	79
PERCENTAGE OF WIND COVERAGE TO 60 KNOTS	CROSSWIND COMPONENT	94	79
PERCENTAGE OF WIND COVERAGE TO 65 KNOTS	CROSSWIND COMPONENT	94	79
PERCENTAGE OF WIND COVERAGE TO 70 KNOTS	CROSSWIND COMPONENT	94	79
PERCENTAGE OF WIND COVERAGE TO 75 KNOTS	CROSSWIND COMPONENT	94	79
PERCENTAGE OF WIND COVERAGE TO 80 KNOTS	CROSSWIND COMPONENT	94	79
PERCENTAGE OF WIND COVERAGE TO 85 KNOTS	CROSSWIND COMPONENT	94	79
PERCENTAGE OF WIND COVERAGE TO 90 KNOTS	CROSSWIND COMPONENT	94	79
PERCENTAGE OF WIND COVERAGE TO 95 KNOTS	CROSSWIND COMPONENT	94	79
PERCENTAGE OF WIND COVERAGE TO 100 KNOTS	CROSSWIND COMPONENT	94	79

FY-2015 APPLICATION

1. AIRFIELD DRAINAGE IMPROVEMENTS - PHASE II

RUNWAY PROTECTION ZONE DIMENSIONS		
RWY END	EXISTING	FUTURE/ULTIMATE
15	1000' L X 300' W	1000' L X 300' W
35	1000' L X 300' L X 100' DN	1000' L X 300' L X 100' DN

RUNWAY SAFETY AREA DIMENSIONS		
RWY END	EXISTING	FUTURE/ULTIMATE
15	150' W X 300' BEYOND END OF RUNWAY	150' W X 300' BEYOND END OF RUNWAY
35	150' W X 300' BEYOND END OF RUNWAY	150' W X 300' BEYOND END OF RUNWAY

RUNWAY OBSTACLE FREE AREA DIMENSIONS		
RWY END	EXISTING	FUTURE/ULTIMATE
15	500' W X 300' BEYOND END OF RUNWAY	500' W X 300' BEYOND END OF RUNWAY
35	500' W X 300' BEYOND END OF RUNWAY	500' W X 300' BEYOND END OF RUNWAY

RUNWAY OBSTACLE FREE ZONE DIMENSIONS		
RWY END	EXISTING	FUTURE/ULTIMATE
15	250' W X 200' BEYOND END OF RUNWAY	250' W X 200' BEYOND END OF RUNWAY
35	250' W X 200' BEYOND END OF RUNWAY	250' W X 200' BEYOND END OF RUNWAY

BUILDING DATA		
NO.	STRUCTURE	ELEVATION
01	ALUMINUM HANGAR	69' 6"
02	T. HANGAR	95' 5"
03	T. HANGAR	91' 8"
04	PUMP HOUSE	71' 35"
B5	TERMINAL & HANGAR	72' 03"
B6	STORAGE BUILDING	70' 00"

CONSTRUCTION NOTICE REQUIREMENT	
1	OPTIONAL SAFETY
2	CONSTRUCTION ON THE
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VIOLATIONS TO FAR PART 77 SURFACES			
	DESCRIPTION	ELEVATION	VIOLATION
V1	FERN AVE.	76.48'	4.66'
V2	FERN AVE.	73.15'	1.28'

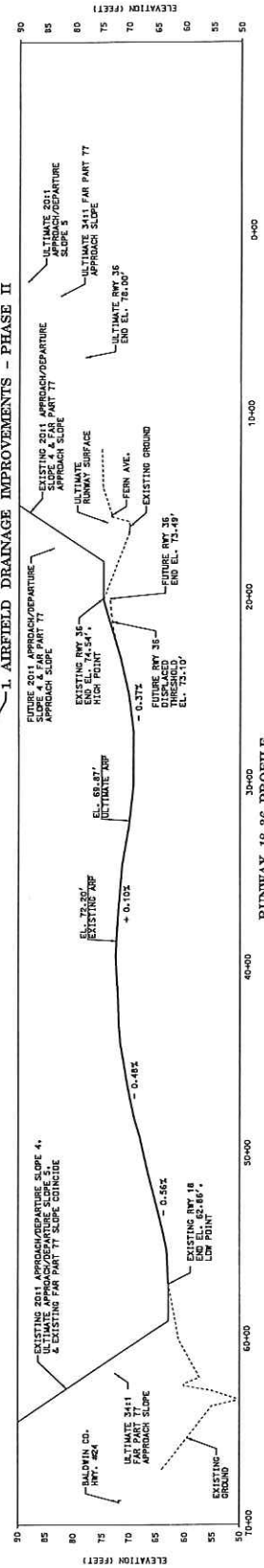
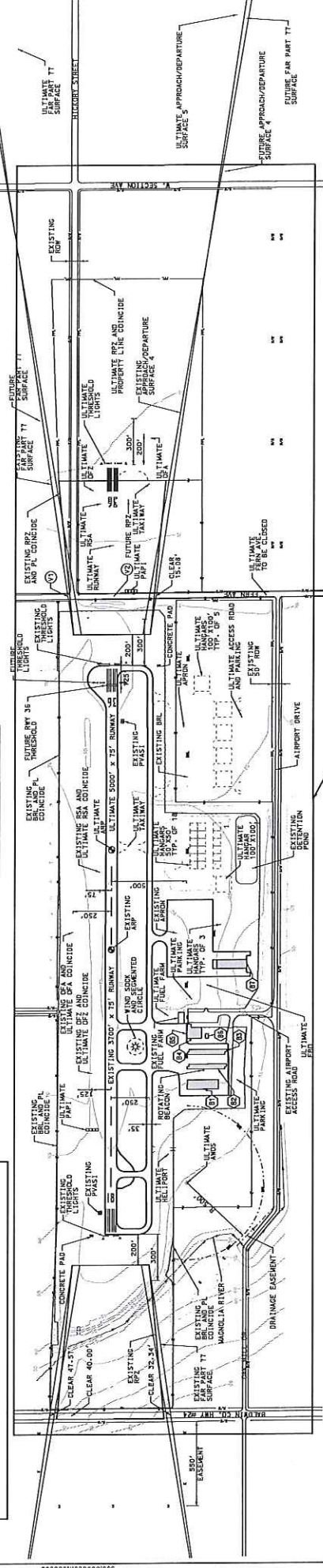
AIRPORT DATA			
AIRPORT REFERENCE POINT	EXISTING	FUTURE	ULTIMATE
COORDINATES (NAD 83)	NAD 83 31.44°	SAME	NAD 83 31.40°
MEAN MAX. TEMP.	71.44°	SAME	70.71°
HOTTEST MONTH	JULY	SAME	SAME
MEAN MIN. TEMP.	71.24°	73.49°	73.49°
HOTTEST MONTH	JULY	78.00°	SAME
NAVIGATIONAL AIDS	NDB, GPS	SAME	SAME
RUNWAY DATA 18/36			
AIRPORT REFERENCE CODE	EXISTING	FUTURE	ULTIMATE
CRITICAL ALCANT	P-TT	SAME	SAME
WEIGHT-BEARING CAPACITY	UNCLAS	SAME	CLAYTON III
MINIMUMS	13.00' WIL	40.00' WIL	40.00' WIL
RUNWAY LENGTH	3,700'	SAME	5,000'
RUNWAY WIDTH	75'	SAME	SAME
APPROACH SLOPE	20:1/20:1	SAME	SAME
APPROACH TYPE	NON-PRECISION	SAME	SAME
MARKINGS	NON-PRECISION	SAME	SAME
APPROACH AIDS	PAR/11L	PAR/11L	PAR/11L
% WIND COVERAGE (10 NOTES)	94.7%	SAME	SAME
% WIND COVERAGE (13 NOTES)	97.9%	SAME	SAME
% WIND COVERAGE (16 NOTES)	99.9%	SAME	SAME
% WIND COVERAGE (20 NOTES)	100.0%	SAME	SAME
TRUE ROLLING ANGLE	NAD 83 0.32°	SAME	SAME
EFFECTIVE GRADIENT	NAD 83 0.32%	0.23%	0.30%
PAVEMENT CONSTRUCTION	ASPHALT	SAME	SAME
PAVEMENT STRENGTH	28,000 LBS.	SAME	60,000 LBS.
RUNWAY END COORDINATES (NAD 83)	RYT 10 NAD 83 25.97° W87 42.03 48'	SAME	SAME
RUNWAY END ELEVATION	RYT 35 NAD 83 78.51° W87 42.03 48'	73.49°	78.00°

	A.P. NO.	PROJECT NO.	SHEET NO.
			1

LARGEND					
	EXISTING	ULTIMATE			
	TO	NOT SHOWN			
GRADE CONTOURS					
AIRPORT PROPERTY LINE					
ADJACENT LOT PROPERTY LINE					
BUILDING RESTRICTION LINE (B.R.L.)					
FENCE LINE					
THRESHOLD LIGHTS					
REIL					
PWMI					
PART OF					
PAVED					
PECAN TREE					
WOODS					

EXISTING DECLARED DISTANCE TABLE				
	TORA	10DA	ASDA	LDA
RWY 18	3700'	3700'	3700'	3700'
RWY 36	3700'	3700'	3700'	3700'

FUTURE DECLARED DISTANCE TABLE				
	TORA	10DA	ASDA	LDA
RWY 18	3575'	3575'	3575'	3700'
RWY 36	3700'	3700'	3700'	3575'



SCALE: HORIZ.: 1"=300'

RUNWAY 18-36 PROFILE

SPONSOR APPROVAL		NO.		DATE		DESCRIPTION		BY	

Volkert

FOLEY MUNICIPAL AIRPORT
FOLEY, ALABAMA

FY-2016 PRE-APPLICATION

AIRPORT LAYOUT PLAN

PROJECT NO.

RESOLUTION NUMBER _____

WHEREAS, the City of Foley intends to apply for state matching funds for an airport improvement project for the Foley Municipal Airport during fiscal year 2016.

THEREFORE BE IT RESOLVED, by the City of Foley as follows:

1. That the City of Foley is authorized to make an application for airport improvement funding assistance from the State of Alabama Department of Transportation, for the purpose of undertaking a project in fiscal year 2016 to make improvements at the Foley Municipal Airport.
2. That the application be submitted for and on behalf of the City of Foley by its Mayor who is authorized by this resolution to sign the application and any related forms or documents on behalf of the City of Foley.
3. That the City of Foley is authorized to enter into an airport improvement funding agreement with the State of Alabama, acting by and through the Alabama Department of Transportation, for the purpose of undertaking a project to make improvements at the Foley Municipal Airport, with partial funding provided by the State of Alabama.
4. That the agreement be executed in the name of the City of Foley for and on behalf of the City of Foley by its Mayor.
5. That the authority of the City of Foley to enter into contracts with the State of Alabama has been reviewed by the City of Foley's attorney, and in his/her opinion, the City of Foley is duly authorized to commit the City of Foley to an agreement with the Alabama Department of Transportation.

BE IT FURTHER RESOLVED, that the City of Foley hereby affirms that the local matching share of funds in the amount required for this airport improvement project has been officially approved, placed into the budget of the airport and is available for expenditure upon execution of the State of Alabama's funding agreement and the start of the project.

I, the undersigned qualified and acting as the Mayor of City of Foley, do hereby certify that the above and foregoing is a true copy of a resolution lawfully passed and adopted by the City of Foley named therein, at a regular meeting of such body held on the _____ day of _____, 20____, and that such resolution is on file in the office of the City of Foley.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City of Foley on this _____ day of _____, 20____.

John E. Koniar, Mayor



State of Alabama
Department of Transportation
Aeronautics Bureau

**AIRPORT CAPITAL IMPROVEMENT PLAN
FISCAL YEARS 2016 TO 2021**

AIRPORT: Foley Municipal Airport		COUNTY: Baldwin County	AIRPORT CONTACT:		
ADDRESS: 510 North Airport Road Foley, AL 36535			PHONE: (251) 943-1545	FAX: (251) 970-2144	EMAIL: rkeith@cityoffoley.org
FISCAL YEAR	PROJECT DESCRIPTION (BY PRIORITY ORDER)	FEDERAL FUNDS	STATE FUNDS	LOCAL FUNDS	PROJECT TOTAL
2016	Drainage Improvements - Phase II	\$148,500.00	\$8,250.00	\$8,250.00	\$165,000.00
2017	Construct Access Taxiways (50' x 300') - Phase II	\$360,000.00	\$20,000.00	\$200,000.00	\$400,000.00
2017	Construct 10-unit Nested T-Hangar - Phase I	\$0.00	\$200,000.00	\$200,000.00	\$400,000.00
2018	Rehab Existing Access Taxiways	\$270,000.00	\$15,000.00	\$15,000.00	\$300,000.00
2018	Relocate Beacon	\$67,500.00	\$3,750.00	\$3,750.00	\$75,000.00
2018	Rehabilitate Terminal Building	\$0.00	\$125,000.00	\$125,000.00	\$250,000.00
2019	Rehabilitate Northeast Apron (320 X 350)	\$360,000.00	\$20,000.00	\$20,000.00	\$400,000.00
2020	Land Acquisition along Runway 18/36	\$90,000.00	\$5,000.00	\$5,000.00	\$100,000.00
2021	Expand South Apron (300 X 300)	\$540,000.00	\$30,000.00	\$30,000.00	\$600,000.00
2021	Extend Runway 18 and Taxiway (300 ft)	\$450,000.00	\$25,000.00	\$25,000.00	\$500,000.00