

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:

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: _____

Airport:				Location:			Proj. No.:		
Brief Item Description <i>(See reverse for typical descriptions)</i>	% 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:				

	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					
18. Recommended special conditions for grant:					
Signature of FAA Project Manager:			Date:		

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

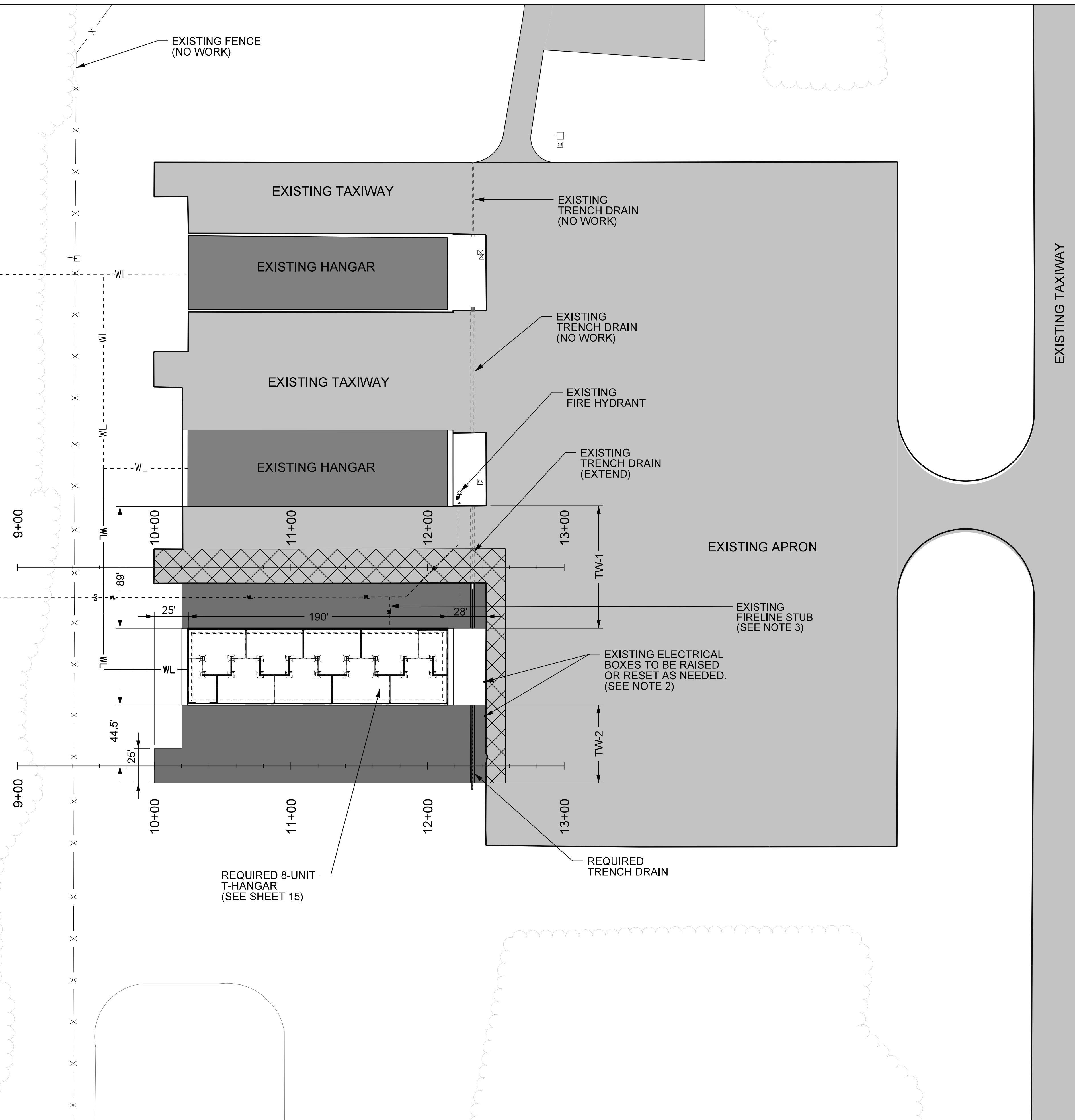
CAPITAL IMPROVEMENT PLAN FISCAL YEAR 2024

Construct Access Taxilanes (Reimbursement – Phase I) (AIP)

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

Project Breakdown

SUMMARY OF ESTIMATED PROJECT COST FY24 CONSTRUCT ACCESS TAXILANES (REIMBURSEMENT – PH I) (AIP)	
PROJECT TOTAL	\$494,855.00
FY23 AIP PROJECT FUNDING RECEIVED	
FAA TOTAL PORTION (90%)	\$227,579.00
ALDOT TOTAL PORTION (5%)	\$12,643.00
LOCAL TOTAL PORTION (5%)	\$12,643.00
FY23 AIP FUNDING RECEIVED	\$252,865.00
REMAINING BLANACE FOR FY24 FUNDING	\$241,990.00
FY24 PHASE I REIMBURSEMENT FUNDING	
FAA TOTAL PORTION (90%)	\$150,000.00
ALDOT TOTAL PORTION (5%)	\$8,333.00
LOCAL TOTAL PORTION (5%)	\$8,333.00
FY24 AIP FUNDING	\$166,666.00
BALANCE REMAINING	\$75,324.00



LEGEND

- | | |
|---|---|
|  | EXISTING PAVEMENTS (TO REMAIN) |
|  | EXISTING PAVEMENT TO BE MILLED AND OVERLAID |
|  | REQUIRED PAVEMENT |
|  | REQUIRED 3/4" PVC SCH 40 WATERLINE |
|  | EXISTING 3/4" POTABLE WATERLINE |
|  | EXISTING 6" DUCTILE IRON FIRE WATERLINE |
|  | EXISTING TREES |

NOTES:

1. CONTRACTOR SHALL INSTALL THE REQUIRED $\frac{3}{4}$ " 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.
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.
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.



VOLKERT

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

**FOLEY MUNICIPAL AIRPORT
FOLEY, ALABAMA**

CONSTRUCT ACCESS TAXILANE & 8-UNIT T-HANGAR

[illegible]

PROJECT LAYOUT

SHEET NO.
6

Approval/Signature Timeline

Timestamp	Change	Name
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