

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION <i>Application</i> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<i>Pre-application</i> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier
			3. DATE RECEIVED BY STATE	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION				
Legal Name: CITY OF FOLEY		Organizational Unit: Department: FOLEY MUNICIPAL AIRPORT		
Organizational DUNS: 072630544		Division:		
Address: Street: P.O. Box 1750		Name and telephone number of the person to be contacted on matters involving this application (give area code): Prefix: MR. First Name: JOSEPH		
City: FOLEY		Middle Name: A.		
County: BALDWIN		Last Name: BOUZAN		
State: ALABAMA		Suffix:		
Zip Code: 36536-		Email: jbouzan@cityoffoley.org		
Country: USA		Phone Number (give area code): 251-943-1545		
		Fax Number (give area code): 251-970-2144		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 6 3 - 6 0 0 1 2 6 3		7. TYPE OF APPLICANT: (See instructions for Application Types) C Other (specify)		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See instructions for description of letters.) <input type="checkbox"/> <input type="checkbox"/> Other (specify)		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 • 1 0 6 TITLE (Name of Program): Airport Improvement Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 1. Displace Runway 36 Threshold (Construction) 2. Construct Fuel Farm		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, State, etc.): BALDWIN COUNTY		14. CONGRESSIONAL DISTRICTS OF: a. Applicant ALABAMA FIRST b. Project ALABAMA FIRST		
13. PROPOSED PROJECT Start Date: 8/1/2013 Ending Date: 2/1/2014		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING: a. Federal \$604,193.00 b. Applicant \$33,566.50 c. State \$33,566.50 d. Local \$0.00 e. Other \$0.00 f. Program Income \$0.00 g. TOTAL \$671,326.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes", attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE GOVERNING BODY OF THE APPLICANT HAS DULY AUTHORIZED THE DOCUMENT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix: MR. First Name: John		Middle Name: .		
Last Name: Koniar		Suffix:		
b. Title: Mayor		c. Telephone Number (give area code): 251-943-1545		
d. Signature of Authorized Representative		e. Date Signed:		

