

**PRIMARY, RELIVER, AND GENERAL AVIATION (NPIAS) AIRPORT GRANT APPLICATION
OWNER INFORMATION**

_____	_____
Airport Name	Airport Location
_____	_____
Airport Owner	Address : Name
_____	_____
Airport Owner Representative - Name	Address : Street / P.O. Box
_____	_____
Title	Address : City, State, Zip Code
_____	_____
Phone # / Fax #	E-Mail Address

Current Airport Statistics Please provide the following information about your airport. (Note: An “operation” is defined as either a landing or a takeoff.)

Estimated Number of Annual Aircraft Operations: _____

Date of Airport Master Plan / Do you have a copy? _____ / _____

Date of Airport Layout Plan / Do you have a copy? _____ / _____

Date of Zoning Ordinance / Do you have a copy? _____ / _____

Runway Length / Width: _____ long / _____ wide

Number of Based Aircraft: _____

Annual Gallons of Fuel Pumped - Avgas / Jet A: _____ / _____

Does the Airport Owner have Title to the airport land? _____

Local Mill Levy Financing Used for Airport Support (Authorized by IC 21-403 through 21-406).

Yes No

County Mill: [] [] % of Two Mills: _____ Amount Derived: _____

City Mill: [] [] % of Three Mills: _____ Amount Derived: _____

Other Sources: [] [] Specify: _____

Project to Be Supervised By:

Printed Name: _____

Printed Title: _____

Mailing Address: _____

THE SIGNATURE BELOW CERTIFIES THAT THE AIRPORT OWNER HAS THE MATCHING FUNDS AVAILABLE FOR THE STATE FISCAL YEAR 2015 (SFY-15) REQUESTED PROJECT(S).

Signature of Owner’s Representative _____

Date: _____

CURRENT AIRPORT IMPROVEMENT PROJECT(S) REQUESTED

AIRPORT NAME _____

This application is ONLY for (1) Primary airports requesting IAAP funds, not associated with a FAA-AIP grant OR (2) GA and Relives airports requesting Small Emergency Projects funding assistance for unscheduled or emergency repairs or equipment on the airport. Describe, in some detail, the airport improvement project(s) you are applying for during SFY 2015 (July 1, 2014 to June 30, 2015). Identify the part of the airport, its condition, the problem(s) it has, your corrective action (work item), and the estimated cost. Provide as much detail as possible, including pertinent drawings. Use additional sheets if needed.

FUNDING REQUEST FOR SFY-15 (JULY 2014-JUNE 2015)			
AIRPORT IMPROVEMENT PROJECT(S)			
#	Work Item Description	Start Date	Total Cost