

**COMMUNITY (NON-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: _____	

Filing Status: Request for Grant Funds [] or Information Update Only []

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 _____

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. You may include multiple work items; however the total cost of all work items should not exceed \$200,000 in a year, if possible. 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

FUTURE AIRPORT IMPROVEMENT PROJECTS

AIRPORT NAME _____

Describe, in some detail, the airport improvement project(s) you anticipate applying for during SFY 2016 through SFY 2019. Identify the part of the airport, its condition, the problem(s) it has, your corrective action (work item), and the estimated cost. You may include multiple work items; however the total cost of all work items should not exceed \$200,000 in a year, if possible. Provide as much detail as possible, including pertinent drawings. Use additional sheets if needed.

#	Work Item Description	Start Date	Total Cost
PROPOSED SFY-16 (JULY 2015-JUNE 2016) AIRPORT PROJECTS			
PROPOSED SFY-17 (JULY 2016-JUNE 2017) AIRPORT PROJECTS			
PROPOSED SFY-18 (JULY 2017-JUNE 2018) AIRPORT PROJECTS			
PROPOSED SFY-19 (JULY 2018-JUNE 2019) AIRPORT PROJECTS			

FORCE ACCOUNT (IN-KIND) REQUEST FORM (SFY-15 ONLY)
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Airport:	Funding Year SFY- _____		
Owner:	Work Item Number		
Work Item Description:			
1. Work To Be Performed By:			
2. Labor			
Item Description	Hours	Rate	Amount
2a. Labor Sub-Total:			
3. Equipment			
Item Description	Hours	Rate	Amount
3a. Equipment Sub-Total:			
4. Materials and Supplies			
Item Description	Quantity	Unit Cost	Amount
4a. Materials and Supplies Sub-Total:			
5. The value of the force account (in-kind) work shall not exceed the amount of the Sponsor/Owner's designated match for this project. Grand Total (sum of 2a, 3a, and 4a):			

ANTICIPATED PROJECT BUDGET DETAILS SFY-15 REQUEST

AIRPORT NAME _____

Work Item #1 - Brief Description:		
Total State Match Calculation:	Total Item Cost [Multiplied by] State Match Rate for your Airport \$0,000 [X] 0.75 (75%) or 0.50 (50%) =	\$
Total Local Cost Calculation:	Total Item Cost [Minus] the State Match Amount	\$
Force Account Contribution:	Amount for this Work Item from Forms Above.	\$
Local Cash Contribution:	Total Local Cost Amount [Minus] Force Account Contribution	\$
Work Item Total Cost:	State Match [Plus] Force Account [Plus] Local Cash	\$

Work Item #2 - Brief Description:		
Total State Match Calculation:	Total Item Cost [Multiplied by] State Match Rate for your Airport \$0,000 [X] 0.75 (75%) or 0.50 (50%) =	\$
Total Local Cost Calculation:	Total Item Cost [Minus] the State Match Amount	\$
Force Account Contribution:	Amount for this Work Item from Forms Above.	\$
Local Cash Contribution:	Total Local Cost Amount [Minus] Force Account Contribution	\$
Work Item Total Cost:	State Match [Plus] Force Account [Plus] Local Cash	\$

Work Item #3 - Brief Description:		
Total State Match Calculation:	Total Item Cost [Multiplied by] State Match Rate for your Airport \$0,000 [X] 0.75 (75%) or 0.50 (50%) =	\$
Total Local Cost Calculation:	Total Item Cost [Minus] the State Match Amount	\$
Force Account Contribution:	Amount for this Work Item from Forms Above.	\$
Local Cash Contribution:	Total Local Cost Amount [Minus] Force Account Contribution	\$
Work Item Total Cost:	State Match [Plus] Force Account [Plus] Local Cash	\$

Work Item #4 - Brief Description:		
Total State Match Calculation:	Total Item Cost [Multiplied by] State Match Rate for your Airport \$0,000 [X] 0.75 (75%) or 0.50 (50%) =	\$
Total Local Cost Calculation:	Total Item Cost [Minus] the State Match Amount	\$
Force Account Contribution:	Amount for this Work Item from Forms Above.	\$
Local Cash Contribution:	Total Local Cost Amount [Minus] Force Account Contribution	\$
Work Item Total Cost:	State Match [Plus] Force Account [Plus] Local Cash	\$

PROJECT BUDGET DETAILS

WORK ITEM	STATE MATCH	FORCE ACCOUNT	LOCAL CASH	ITEM TOTAL
Work Item #1	\$	\$	\$	\$
Work Item #2	\$	\$	\$	\$
Work Item #3	\$	\$	\$	\$
Work Item #4	\$	\$	\$	\$
COST DETAILS	\$	\$	\$	\$