

AIRPORT STATE FUNDING APPLICATION CHECKLIST

Fiscal Year 2010

Please attach the following documents with your application:

- Application Form
- Project Data Sheet, including a detailed cost breakdown. Use one for each project
- City/sponsor resolution that endorses project, certifying availability of matching funds
- 5-year Capital Improvement Program (CIP)
- Verification that project is identified in a current ALP on file with the Office of Aviation (when applying for new construction of buildings or airfield expansion)
- Pavement maintenance program (verify that you are using the pavement maintenance program provided by the Iowa DOT or similar program when applying for pavement preservation or reconstruction)
- Airport Security Plan on file with the Office of Aviation (when applying for airport security projects)
- Protective land use zoning and/or planning (please answer the following)

Height zoning	<input checked="" type="checkbox"/> Yes	Date adopted	<u>7/1/1995</u>	<input type="checkbox"/> No	<input type="checkbox"/> Pending
Land use planning/zoning	<input checked="" type="checkbox"/> Yes	Date adopted	<u>7/1/2008</u>	<input type="checkbox"/> No	<input type="checkbox"/> Pending
Comprehensive plan adopted with airport land use included	<input checked="" type="checkbox"/> Yes			<input type="checkbox"/> No	<input type="checkbox"/> Pending
Other (please explain)	_____				

Send 1 **signed** copy of the application materials to the address listed below.

Please mail application to:

Iowa Department of Transportation
Office of Aviation
800 Lincoln Way
Ames, Iowa 50010

ATTN: Program Manager
e-mail: kay.thede@dot.iowa.gov
515-239-1048
FAX: 515-233-7983

AIRPORT STATE FUNDING APPLICATION

Fiscal Year 2010

Airport Name: Iowa Airport

Airport Sponsor Name: City of Anywhere

Contact Person: John Doe Title: City Administrator

Complete Mailing Address: 1234 W 4th Street

Anywhere IA 55555 Daytime Phone: 5555555555
City State Zip Code

E-mail Address: john.doe@aol.com FAX Number: 5555555555

Project Description – If applying for more than one project, list in order of priority. A separate project application data sheet is needed for each project.	Project Type (Airfield, Security, Planning, Crack sealing, Vertical infrastructure)	Total Project Amount	State Amount Requested	Percent State Share
Install				

Windsocks – Orders may be placed using this form or by calling 515-239-1691	Indicate quantity needed: <div style="display: flex; justify-content: space-around;"> ___ 18" x 96" ___ 36" x 144" </div>
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The Sponsor certifies that the information contained in this application is accurate and complete to the best of his/her knowledge.

Signature of Authorized Sponsor Representative	Title
Typed Name	Date

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AIRPORT STATE FUNDING APPLICATION PROJECT DATA SHEET

Fiscal Year 2010

Submit a separate data sheet for each project

Airport	Anywhere Airport	Date	04/01/2009
Project Type (check only one)	<input checked="" type="checkbox"/> Airfield <input type="checkbox"/> Security <input type="checkbox"/> Planning <input type="checkbox"/> Airport Signage <input type="checkbox"/> Vertical Infrastructure		
Project Description			
Sketch	Attach separate sketch from ALP if applicable.		
Project Justification (include detailed information and data to support need.)			
Detailed Cost Estimate (Attach separate sheet if necessary.)			
	Total Project Cost:		_____ (%)
	Local Share:		_____ (%)
	Requested State Share:		_____ (%)
Sponsor Signature		Sponsor Title	

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Resolution No. _____

**RESOLUTION OF THE CITY OF _____
APPROVING THE SUBMITTAL OF AN APPLICATION FOR
AIRPORT IMPROVEMENT PROGRAM ASSISTANCE**

WHEREAS, the City of _____ desires to make application for a grant-in-aid;

NOW, THEREFORE, BE IT RESOLVED by the City of _____, Iowa:

1. That the City of _____ desires to _____ for an estimated project cost of \$ _____.
2. That the City of _____ authorizes the submittal of an application for Airport Improvement Program funding – FY _____.
3. That the City of _____ has the funds available to provide a _____ % match for the project not to exceed \$ _____.
4. That the City of _____ certifies that appropriate zoning is in place or will be enacted as part of the Airport Layout Plan (ALP) Update to protect the airport and its environs.

PASSED AND APPROVED this _____ day of _____ 20__.

, Mayor

ATTEST:

, City Administrator/Clerk

FIVE-YEAR AIRPORT CAPITAL IMPROVEMENT PROGRAM (CIP)

Airport Name: Iowa Airport

Telephone: 555-555-5555

Prepared By: John Doe, Airport Consultant

Date Approved: _____

Date Prepared: _____

Project Description	Funding Source	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Runway rehabilitation	Federal	\$ 156,750	\$	\$	\$	\$
	State	\$	\$	\$	\$	\$
	Local	\$ 8,250	\$	\$	\$	\$
	Total	\$ 165,000	\$	\$	\$	\$
Remove obstructions	Federal	\$	\$ 133,000	\$	\$	\$
	State	\$	\$	\$	\$	\$
	Local	\$	\$ 7,000	\$	\$	\$
	Total	\$	\$ 140,000	\$	\$	\$
Extend runway - environmental	Federal	\$	\$	\$ 71,250	\$	\$
	State	\$	\$	\$	\$	\$
	Local	\$	\$	\$ 3,750	\$	\$
	Total	\$	\$	\$ 75,000	\$	\$
Hangar rehabilitation	Federal	\$	\$	\$	\$	\$
	State	\$ 72,250	\$	\$	\$	\$
	Local	\$ 12,750	\$	\$	\$	\$
	Total	\$ 85,000	\$	\$	\$	\$
Runway crack filling	Federal	\$	\$	\$	\$	\$
	State	\$	\$	\$	\$	\$ 5,000
	Local	\$	\$	\$	\$	\$ 5,000
	Total	\$	\$	\$	\$	\$ 10,000
	Federal	\$	\$	\$	\$	\$
	State	\$	\$	\$	\$	\$
	Local	\$	\$	\$	\$	\$
	Total	\$	\$	\$	\$	\$