

## STATE LOCAL PROGRAM APPLICATION

This information is required to apply for State Local Program funding

**INSTRUCTIONS:** Use a separate form for each category of requested assistance. Complete all sections below, using additional sheets as necessary, sign and date the form. Retain a copy for your records. Return completed form to James Hartman at Michigan Department of Transportation, Office of Aeronautics, 2700 Port Lansing Road, Lansing, Michigan 48906 or e-mail [HartmanJ1@Michigan.gov](mailto:HartmanJ1@Michigan.gov).

AIRPORT NAME		LOCATION ID		TELEPHONE NUMBER	
ADDRESS			ASSOCIATED CITY		
CONTACT PERSON		TITLE		E-MAIL ADDRESS	
PROJECT CATEGORY OF GRANT REQUEST					
Maintenance		Capital Improvement		Revenue - Generating	
Equipment					
DESCRIPTION OF PROPOSED PROJECT - include details as appropriate. (Use additional pages as necessary.)					
PROJECT NARRATIVE WITH JUSTIFICATION AND EXPECTED BENEFITS (Use additional pages as necessary.)					
ADDITIONAL INFORMATION YOU WISH THE OFFICE OF AERONAUTICS TO CONSIDER IN EVALUATING THE PROPOSED PROJECT (Use additional pages as necessary. Provide letters of support for proposed projects.)					
STATE LOCAL PROGRAM FUNDS REQUESTED			ESTIMATED TOTAL COST OF PROJECT		
ESTIMATED START DATE			ESTIMATED COMPLETION DATE		
HAS OTHER FUNDING BEEN APPLIED FOR UNDER ANY OTHER FUNDING SOURCE?		YES      NO		IF YES, WHAT SOURCE?	
I understand that I may be required to gather and submit to the Office of Aeronautics appropriate information concerning project results, so that the effectiveness of projects in achieving State Local Program goals can be monitored and documented. I further understand that no state funds are committed prior to execution of an agreement, and that no costs which are incurred prior to agreement execution are eligible for reimbursement.					
I acknowledge that I have read and understand the requirements noted above and included in the specific year call for projects.		SIGNATURE			DATE