

## AIR SERVICE PROGRAM APPLICATION

*This information is required to apply for Air Service Program funding by authority of P.A. 162 of 2003.*

**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 Michigan Department of Transportation, Office of Aeronautics, 2700 Port Lansing Road, Lansing, Michigan 48906.

<b>APPLICANT NAME</b>	<b>FEDERAL IDENTIFICATION NO.</b>	<b>TELEPHONE NO.</b>
<b>ADDRESS</b>	<b>CITY, STATE, ZIP CODE</b>	
<b>CONTACT PERSON</b>	<b>TITLE</b>	<b>TELEPHONE NO.</b>
<b>PROJECT CATEGORY OF GRANT REQUEST</b>		
Aircraft Rescue & Fire Fighting	Airport Awareness	Capital Improvement & Equipment
		Carrier Recruitment & Retention

**DESCRIPTION OF PROPOSED PROJECT** (Use additional pages as necessary).

**PROJECT JUSTIFICATION** (See guidelines for project evaluation criteria).

**ADDITIONAL INFORMATION YOU WISH THE OFFICE OF AERONAUTICS TO CONSIDER IN EVALUATING THE PROPOSED PROJECT.**

<b>AIR SERVICE PROGRAM FUNDS REQUESTED</b>	<b>LOCAL SHARE OF PROJECT</b>	<b>ESTIMATED COST OF PROJECT</b>
<b>ESTIMATED START DATE</b>		<b>ESTIMATED COMPLETION DATE</b>
<b>HAS FUNDING BEEN APPLIED FOR UNDER ANY OTHER FUNDING SOURCE?</b>		<b>IF YES, WHAT SOURCE?</b>
YES	NO	

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 and project categories in achieving Air Service 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. If a third party, such as a contractor or consultant, is used to perform work on the project, a "third-party agreement" may be required. This agreement may be subject to MDOT review and approval prior to its execution, and prior work being initiated. Failure to obtain such MDOT approval may result in costs being disallowed upon audit of the agreement.

I am aware that local matching funds are required for participation in the Air Service Program.

<b>I acknowledge that I have read and understand the requirements noted above.</b>	<b>SIGNATURE</b>	<b>DATE</b>
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