

AIR SERVICE PROGRAM APPLICATION*This information is required to apply for Air Service Program funding by authority of P.A. 63 of 2011*

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.

APPLICANT NAME	FEDERAL IDENTIFICATION NO.	TELEPHONE NO.
ADDRESS		CITY, STATE, ZIP CODE
CONTACT PERSON	TITLE	TELEPHONE NO.
PROJECT CATEGORY OF GRANT REQUEST	Capital Improvement & Equipment	Carrier Retention & Recruitment
		Airport Awareness

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

AIR SERVICE PROGRAM FUNDS REQUESTED	LOCAL SHARE OF PROJECT	ESTIMATED COST OF PROJECT
ESTIMATED START DATE		ESTIMATED COMPLETION DATE
HAS 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 the 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 and I also acknowledge that I have read and understand the requirements noted above.

PRINTED NAME and TITLE	SIGNATURE	DATE
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