



# Aviation Project Funding Request – 2016

## Introduction

- Please read the Aviation Project Funding Request instructions prior to completing this application.
- The application instructions, sample application, and draft grant agreement are available on the Oregon Department of Aviation [website](#).
- Submission instructions are detailed in Section 3 of the application instructions.
- Completed application and checklist are required.
- Answer all questions. Enter N/A where applicable.

## 1. Applicant

Organization Name

Address 1

Address 2

City, State, ZIP

Contact Person

Contact Person Title

Phone

E-mail Address

## 2. Project Name and Location

Project Name

Project Location

County tax parcel identification number(s):

## 3. Category of Airport:

Select the category of airport as listed in the current Oregon Aviation Plan (OAP):

## 4. ODOT ConnectOregon region:

Select one ODOT region for the project:

## 5. Certification

- ☐ By checking this box, I certify that supports the proposed project, has the legal authority to pledge matching funds, and has the legal authority to apply for Aviation System Assistance Program funds. I further certify that matching funds are available or will be available for the proposed project. I understand the all State of Oregon rules for contracting, auditing, underwriting (where applicable), and payment will apply to this project. I certify that I have read the Sample Draft Agreement and will sign the Agreement if selected.

Date:

## 6. Project Summary

Provide a brief summary of the project:

## 7. Project Purpose and Description

Provide a detailed project description:

## 8. Project Overview

Select all that apply to the project. Cite supporting documentation and submit with application.

### Supporting Documentation

|  |  |
|--|--|
| a. Prevents future deficiencies and preserves existing facilities  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Eliminates existing deficiencies as described in the current OAP  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Modernizes the airport by exceeding state or federal minimum standards as stated in the current OAP and identified by FAA ACs or other regulations. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Leverages federal funds   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|   |  |
|---|--|
| e. Contributes to the airport's self-sufficiency      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. NPIAS airport                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Existence of airport zoning                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. Maintenance commitment                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i. Potential expansion, both on and off airport       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| j. Availability of adequate surface access to airport | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| k. Significance of environmental impact               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| l. Costs and benefits of improvements                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| m. Economic development                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| n. Evidence of local support                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| o. Local match available                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| p. Minimizes airport redundancy                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### 9. Project Category

Check the category of project for which you are requesting funding. (Please select only one.)

#### Project Category of Funding Request

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Assistance with FAA AIP grant match  |
| <input type="checkbox"/> | Emergency preparedness and infrastructure projects in accordance with the Oregon Resilience Plan |
| <input type="checkbox"/> | Critical/essential services or equipment   |
| <input type="checkbox"/> | Aviation-related business development on airport   |
| <input type="checkbox"/> | Airport development for local economic development   |

### 10. Description of Elements of Project Category

Provide a short description of how the project fits into the project category selected in Question 9. (Document will expand to allow additional lines.)

### 11. Documentation and Permits

Complete the following table regarding pre-construction documentation. Provide the date the document was completed and select "Completed" from the drop-down menu. If the document is currently underway, select "Underway" from the drop-down menu and provide the expected completion date. If the funding proposal is for the purchase of equipment, select the "Equipment" box.

| Document Description              | Date Completed | Est. Completion Date | Status | Equipment                |
|-----------------------------------|----------------|----------------------|--------|--------------------------|
| a. Airport Layout Plan            |                |                      |        | <input type="checkbox"/> |
| b. Environmental Impact Statement |                |                      |        | <input type="checkbox"/> |

Note any required permits, date issued, completion status and required status. Click the "+" button to add another permit.

| Permit Type | Date Issued | Completion Status | Required Status |
|-------------|-------------|-------------------|-----------------|
|             |             |                   |                 |

### 12. Milestones

Complete the following table regarding current and projected milestones for the project. Check to indicate if it is a construction or non-construction project.

|   | <input type="checkbox"/> Construction Projects | <input type="checkbox"/> Other/Non-construction Projects (describe) | Has the milestone been met? | Projected milestone start date | Projected milestone completion date |
|---|--|---|-----------------------------|--------------------------------|-------------------------------------|
| 1 | Scoping and planning                           |   |                             |                                |                                     |
| 2 | Right-of-way, land acquisition                 |   |                             |                                |                                     |
| 3 | Permits  |   |                             |                                |                                     |
| 4 | Final plans/bidding engineering documents      |   |                             |                                |                                     |
| 5 | Construction contract award                    |   |                             |                                |                                     |
| 6 | Project completion                             |   |                             |                                |                                     |

**Statewide Impact of Project**

Per ORS 367.084(3), the applicant MUST answer the following questions:

13. Does the proposed transportation project reduce transportation costs for Oregon businesses or improve access to jobs and sources of labor? If yes, provide a short explanation.

14. Does the proposed transportation project result in an economic benefit to the state? If yes, provide a short explanation.

15. Is the proposed transportation project a critical link connecting elements of Oregon's transportation system that will measurably improve utilization and efficiency of the system? If yes, provide a short explanation.

**16. Budget**

How much of the cost of the proposed transportation project can be borne by the applicant? Provide the funding source and the amount of funding from that source.

- a. Total Project Cost or Total FAA AIP Grant Match Amount:

- b. Applicant Match

Minimum COAR Match Requirement:

Percent  
of Project Cost

0.00%

| Source of Match Funds | Amount | Date Available |
|-----------------------|--------|----------------|
| Total match funds:    |        |                |

- c. Aviation Project Funding Request to ODA

Amount requested from ODA:

- d. Project Budget Summary

Total applicant matching funds:

\$0

Funding request to ODA

\$0

Total project cost or total FAA AIP grant match requirement:

\$0

- e. Pre-Agreement Expenditures

Has the project incurred any expenditures prior to the completion of this agreement, if awarded? If yes, explain.

17. Is the proposed transportation project ready for construction or implementation? Describe any unique construction-readiness, project implementation issues, or possible delays.

18. Does the proposed transportation project have a useful life expectancy that offers maximum benefit to the State? If yes, provide a short explanation.

**19. Submission**

By signing this application, I certify that I am the authorizing representative for the Airport specified in this application. In consideration for receipt of program funds, agrees to keep the airport open for public use for a minimum of 20 years from the date of the Agreement, if selected as a grant recipient and awarded grant funds.

To submit electronically, type your name in the signature box below and submit using a password-protected e-mail account associated with your agency. See instructions for file naming requirements and e-mail address for submission.

Print Name

Title

Signature

Date

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