

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED		Applicant Identifier	
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 3-22-0060-015	
5. APPLICANT INFORMATION					
Legal Name: City of Slidell, LA			Organizational Unit: Department: Slidell Municipal Airport		
Organizational DUNS: 02-085-5748			Division:		
Address: Street: 1330 Bayou Lane #113			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Slidell			Prefix: Mr.	First Name: Sam	
County: St. Tammany			Middle Name		
State: Louisiana			Last Name Carver		
Zip Code 70458			Suffix:		
Country: USA			Email: scarver@cityofslidell.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7 2 - 6 0 0 1 3 4 1			Phone Number (give area code) 985-641-7590		Fax Number (give area code) 985-847-9831
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Government Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 2 0 - 1 0 6			9. NAME OF FEDERAL AGENCY: Federal Aviation Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Slidell and St. Tammany Parish			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Runway 18-36 Pavement Rehabilitation		
13. PROPOSED PROJECT Start Date: June 2009			14. CONGRESSIONAL DISTRICTS OF: a. Applicant LA Dist. 1		
Ending Date: August 2009			b. Project LA Dist. 1		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	707,634	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:		
b. Applicant	\$.00	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$.00			
g. TOTAL	\$	707,634			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Ben		Middle Name O.	
Last Name Morris			Suffix		
b. Title Mayor			c. Telephone Number (give area code) 985-646-4333		
d. Signature of Authorized Representative 			e. Date Signed		