

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 05-27-2009	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction		3-48-0137-33-09

5. APPLICANT INFORMATION

Legal Name: County of Gregg	Organizational Unit: Department: East Texas Regional Airport
Organizational DUNS: 62-784-6884	Division:
Address: Street: 269 Terminal Circle	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mrs. First Name: Virginia
City: Longview	Middle Name
County: Gregg	Last Name Hall
State: Texas Zip Code 75603	Suffix:
Country:	Email: virginia.hall@co.gregg.tx.us

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

76-6000967

Phone Number (give area code) 903-643-3031	Fax Number (give area code) 903-643-7371
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8. TYPE OF APPLICATION:

New Continuation Revision

If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

B

Other (specify)

9. NAME OF FEDERAL AGENCY:
Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
20-106

TITLE (Name of Program):
Airport Improvements Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Year 2009 Taxiway Kilo Reconstruction

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Longview, Kilgore, Gladewater, Gregg County

13. PROPOSED PROJECT

Start Date: June 2009	Ending Date: August 2009
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14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 4	b. Project 4
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15. ESTIMATED FUNDING:

a. Federal	\$	400,000 ⁰⁰
b. Applicant	\$	7,325 ⁰⁰
c. State	\$	⁰⁰
d. Local	\$	⁰⁰
e. Other	\$	⁰⁰
f. Program Income	\$	⁰⁰
g. TOTAL	\$	407,325 ⁰⁰

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE:

b. No. PROGRAM IS NOT COVERED BY E. O. 12372

OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes" attach an explanation. No

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 Bill	Middle Name
Last Name Stoudt	Suffix	
b. Title County Judge	c. Telephone Number (give area code) 903-643-3031	
d. Signature of Authorized Representative	e. Date Signed	