

Application for Federal Assistance SF-424

* 1. Type of Submission		* 2. Type of Application		* If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New		- Select One -	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
* 3. Date Received:		4. Application Identifier:			
5a. Federal Entity Identifier: 280070		* 5b. Federal Award Identifier: 3-28-0070-045-2020			
State Use Only:					
6. Date Received by State:			7. State Application Identifier:		
8. APPLICANT INFORMATION:					
* a. Legal Name: Tupelo Regional Airport Authority					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 64-0631825			*c. Organizational DUNS: 101809887		
d. Address:					
* Street1: 2704 West Jackson Street Street 2: * City: Tupelo County: Lee * State: Mississippi Province: Country: United States *Zip/ Postal Code: 38801					
e. Organizational Unit:					
Department Name: Tupelo Regional Airport			Division Name:		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr.		First Name: Cliff			
Middle Name:					
* Last Name: Nash					
Suffix:					
Title: Executive Director					
Organizational Affiliation: Airport Authority					
* Telephone Number: (662) 841-6570			Fax Number: (662) 841-6571		
* Email: c.nash@flytupelo.com					

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*9. Type of Applicant 1: Select Applicant Type:

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

* Other (specify):

* 10. Name of Federal Agency:

Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

*12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

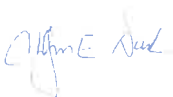
14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Tupelo, Mississippi and Lee County, Mississippi

* 15. Descriptive Title of Applicant's Project:

Taxiway Crack Seal and Seal Coat - Maintain the integrity of the taxiway pavement system by applying a sealcoat of Taxiway Alpha and Papa as well as a crackseal and sealcoat of the T-Hangar Apron. This project would also include restriping of taxiway pavement markings, Hold

Attach supporting documents as specified in agency instructions.

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16. Congressional Districts Of:	
*a. Applicant: MS-01	*b. Program/Project: MS-01
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
*a. Start Date: 07/15/2020	*b. End Date: 10/15/2020
18. Estimated Funding (\$):	
*a. Federal	708864
*b. Applicant	18655
*c. State	18654
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	746173
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input checked="" type="checkbox"/> c. Program is not covered by E.O. 12372	
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation on next page.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: Mr.	*First Name: Cliff
Middle Name:	
*Last Name: Nash	
Suffix:	
*Title: Executive Director	
*Telephone Number: (662) 841-6570	Fax Number:
* Email: c.nash@flytupelo.com	
*Signature of Authorized Representative: 	*Date Signed: 7/1/2020

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***Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

