

Application for Federal Assistance SF-424

* 1. Type of Submission <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): - Select One - * Other (Specify)
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* 3. Date Received:	4. Application Identifier:
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5a. Federal Entity Identifier: 280070	* 5b. Federal Award Identifier: 3-28-0070-046-2020
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State Use Only:

6. Date Received by State:	7. State Application Identifier:
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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:
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr. Middle Name: * Last Name: Nash Suffix:	First Name: Cliff
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:

ACN/PCN Study - The airport wishes to analyze and document the existing airfield pavement strength and condition by conducting an ACN/

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: 12/15/2020
18. Estimated Funding (\$):	
*a. Federal	209000
*b. Applicant	5500
*c. State	5500
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	220000
*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.

