

<b>Application for Federal Assistance SF-424</b>	
<b>*1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	
<b>*2. Type of Application</b> * If Revision, select appropriate letter(s): <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____	
<b>*3. Date Received:</b> NA	<b>4. Applicant Identifier:</b> TUP (Tupelo Regional) Tupelo, MS
<b>*5b. Federal Entity Identifier:</b> 280070	<b>*5b. Federal Award Identifier:</b>
<b>State Use Only:</b>	
<b>6. Date Received by State:</b>	<b>7. State Application Identifier:</b>
<b>8. APPLICANT INFORMATION:</b>	
<b>*a. Legal Name:</b> Tupelo Airport Authority	
<b>*b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 64-0631825	<b>*c. Organizational DUNS:</b> 10-180-9887
<b>d. Address:</b>	
*Street 1: _____ Street 2: _____ *City: <u>TUPELO</u> County: _____ *State: <u>MS</u> Province: _____ *Country: <u>USA: United States</u> *Zip / Postal Code: _____	
<b>e. Organizational Unit:</b>	
Department Name:	Division Name:
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>	
Prefix: <u>Mr.</u> *First Name: <u>Clifton</u> Middle Name: _____ *Last Name: <u>Nash</u> Suffix: _____	
Title: <u>Executive Director</u>	
Organizational Affiliation:	
*Telephone Number: <u>662-841-6570 x162</u>	Fax Number:
*Email: <u>c.nash@flytupelo.com</u>	

**Application for Federal Assistance SF-424**

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

X. Airport Sponsor

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10. Name of Federal Agency:**

**Federal Aviation Administration**

**11. Catalog of Federal Domestic Assistance Number:**

20.106 \_\_\_\_\_

CFDA Title:

Airport Program

**\*12. Funding Opportunity Number:**

NA \_\_\_\_\_

\*Title:

NA \_\_\_\_\_

**13. Competition Identification Number:**

NA \_\_\_\_\_

Title:

NA \_\_\_\_\_

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

**\*15. Descriptive Title of Applicant's Project:**

Any purpose for which airport funds may be lawfully used, as found in the Office of Airports Revenue Use Policy, except airport development or land acquisition.

**Attach supporting documents as specified in agency instructions.**

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<b>16. Congressional Districts Of:</b>	
*a. Applicant: 1	*b. Program/Project:
Attach an additional list of Program/Project Congressional Districts if needed.	
<b>17. Proposed Project:</b>	
*a. Start Date: NA	*b. End Date: NA
<b>18. Estimated Funding (\$):</b>	
*a. Federal	<u>\$1,055,781.</u>
*b. Applicant	<u>\$0</u>
*c. State	<u>\$0</u>
*d. Local	<u>\$0</u>
*e. Other	<u>\$0</u>
*f. Program Income	<u>\$0</u>
*g. TOTAL	<u>\$1,055,781.</u>
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>	
<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	
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation in attachment.)</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach _____	
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 218, 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.	
<b>Authorized Representative:</b>	
Prefix: Mr. _____	*First Name: Clifton _____
Middle Name: _____	
*Last Name: Nash _____	
Suffix: _____	
*Title: Executive Director	
*Telephone Number: 662-841-6570 x162	Fax Number:
* Email: c.nash@flytupelo.com	
*Signature of Authorized Representative:	*Date Signed: