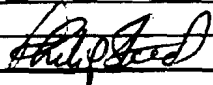


APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED April 20, 2006		Applicant Identifier	
1. TYPE OF SUBMISSION Application <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 AGENCY Federal Identifier AIP 3-05-0033-014-2006	
5. APPLICANT INFORMATION			
Legal Name: Jonesboro Municipal Airport Commission		Organizational Unit: Jonesboro Municipal Airport Commission	
Organizational DUNS: 073540288		Department:	
Address: Street: P.O. Box 1293		Division:	
City: Jonesboro		Name and telephone of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Phillip	
County: Craighead		Middle Name:	
State: AR Zip Code: 72403		Last Name: Steed	
Country: United States		Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7 1 - 6 0 1 3 7 4 9		Email: psteedjac@yahoo.com	
		Phone Number (give area code) Fax Number (give area code) (870) 935 - 8669 (870) 935 - 8669	
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)		7. TYPE OF APPLICANT (See back of form for Application Types) Municipal Other (Specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NO. 2 0 - 1 0 6		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration	
TITLE (Name of Program): Airport Improvement Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Airfield Lighting and Marking Rehabilitation- Schedule 2	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Jonesboro Craighead County, Arkansas			
13. PROPOSED PROJECT Start Date: 6/2006 Ending Date: 10/2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 01 b. Project: 01	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 1,458,322. ⁰⁰	a. YES. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE : <u>June 8, 2005</u>	
b. Applicant	\$ 0. ⁰⁰	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
c. State	\$ 76,753. ⁸⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$. ⁰⁰		
e. Other	\$. ⁰⁰		
f. Program Income	\$. ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 1,535,076. ⁰⁰	<input type="checkbox"/> Yes, if "Yes", attach an explanation <input checked="" type="checkbox"/> 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: Phillip		Middle Name:	
Last Name: Steed		Suffix:	
b. Title: Airport Manager		c. Telephone: 870-932-1239	
d. Signature of Authorized Representative: 		e. Date Signed: 5/3/06	

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