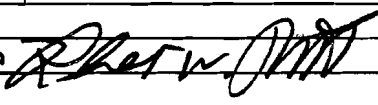


**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION		2. DATE SUBMITTED June 8, 2005	Applicant Identifier	
<i>Application</i> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<i>Pre-application</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY AGENCY	Federal Identifier <Enter Grant Number if Known>	
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)		
County: Craighead		Prefix: Mr.		First Name: Phillip
State: AR Zip Code: 72403		Middle Name:		
Country: United States		Last Name: Steed		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7 1 - 0 4 8 6 2 5 8		Suffix:		
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.) <input type="checkbox"/> <input type="checkbox"/> Other (specify)		7. TYPE OF APPLICANT (See back of form for Application Types) C 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 Rescue and Firefighting (ARFF) Building Construction, ARFF Vehicle, and Airfield Signage		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Jonesboro, AR		14. CONGRESSIONAL DISTRICTS OF:		
13. PROPOSED PROJECT		a. Applicant		
Start Date 7/2005	Ending Date 4/2006	1st		b. Project 1st
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 1,755,316. ⁰⁰	a. YES. <input checked="" type="checkbox"/>	THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. Applicant	\$. ⁰⁰	b. NO. <input type="checkbox"/>	DATE : June 8, 2005	
c. State	\$ 92,385. ⁰⁰	<input type="checkbox"/>	PROGRAM IS NOT COVERED BY E.O. 12372	
d. Local	\$. ⁰⁰	<input type="checkbox"/>	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$. ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$. ⁰⁰	<input type="checkbox"/> Yes, if "Yes", attach an explanation <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 1,847,701. ⁰⁰	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: Bob		Middle Name:
Last Name: Troutt		Suffix:		
b. Title: Airport Commission Chairman		c. Telephone: 870-932-1239		
d. Signature of Authorized Representative: 		e. Date Signed: 6/13/05		