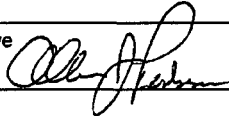


081013 D

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 3/27/2009	Applicant Identifier 2900346008
1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<i>Pre-application</i> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Gainesville-Alachua County Regional Airport Authority		Organizational Unit: Department: Airport Administration	
Organizational DUNS: 13-492-5275		Division: Airport Authority	
Address: Street: 3880 NE 39 th Ave. Suite A		Name and telephone number of the person to be contacted on matters involving this application (give area code): Prefix: Mr. First Name: Allan	
City: Gainesville		Middle Name: John	
County: Alachua		Last Name: Penksa	
State: FL	Zip Code: 32609-	Suffix:	
Country: USA		Email: allan.penksa@flygainesville.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 5 9 — 2 7 7 4 6 4 3		Phone Number (give area code): 352-373-0249	Fax Number (give area code): 352-374-8368
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 instructions for description of letters.) <input type="checkbox"/> <input type="checkbox"/> Other (specify)		7. TYPE OF APPLICANT: (See instructions for Application Types) G Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 . 1 0 6 TITLE (Name of Program): Airport Improvement Program		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, State, etc.): All or portions of Alachua, Bradford, Clay, Columbia, Gilchrest, Levy, Marion, Putnam and Union Counties in north central Florida.		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rehabilitate Apron	
13. PROPOSED PROJECT Start Date: 1/22/2009 Ending Date: 8/01/2010		14. CONGRESSINAL DISTRICTS OF: a. Applicant Fifth District b. Project Fifth District	
15. ESTIMATED FUNDING: a. Federal \$2,400,000.00 b. Applicant (\$0.00) c. State d. Local e. Other f. Program Income g. TOTAL \$2,400,000.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 3/29/2009 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <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 GOVERNING BODY OF THE APPLICANT HAS DULY AUTHORIZED THE DOCUMENT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix: Mr.	First Name: Allan	Middle Name: John	
Last Name: Penksa		Suffix:	
b. Title: CEO		c. Telephone Number (give area code): 352-373-0249	
d. Signature of Authorized Representative 		e. Date Signed: March 27, 2009	