

**APPLICATION FOR
FEDERAL ASSISTANCE**

		2. DATE SUBMITTED 3-14-2008	Applicant Identifier 3-40-0021-007-2008										
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE	State Application Identifier										
Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier AIP 3-40-0021-007-2008										
5. APPLICANT INFORMATION													
Legal Name: City of Clinton		Organizational Unit Department: N/A											
Organizational DUNS: 08-247-9700		Division:											
Address: Street: P. O. Box 1177		Name and telephone number of person to be contacted on matters involving this application (give area code)											
City: Clinton		Prefix Mr.	First Name: Grayson										
County: Custer		Middle Name:											
State: Oklahoma		Last Name: Bottom											
Zip Code: 73601	Suffix:												
Country: USA		Email: citymanager@clintonokla.org											
6. EMPLOYER IDENTIFICATION NUMBER (EIM):		Phone number (give area code): 580-323-0261	FAX number (give area code): 580-323-0346										
<table border="1"> <tr> <td>7</td><td>3</td><td>-</td><td>6</td><td>0</td><td>0</td><td>5</td><td>1</td><td>4</td><td>9</td> </tr> </table>		7	3	-	6	0	0	5	1	4	9		
7	3	-	6	0	0	5	1	4	9				
8. TYPE OF APPLICATION:		7. TYPE OF APPLICANT: (See back of form for Application Types)											
<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)		<input type="checkbox"/> C Other (specify)											
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER		9. NAME OF FEDERAL AGENCY											
<table border="1"> <tr> <td>2</td><td>0</td><td>-</td><td>1</td><td>0</td><td>6</td> </tr> </table>		2	0	-	1	0	6	DOT/FAA ASW-630					
2	0	-	1	0	6								
TITLE: Airport Improvement Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Plans and Specs Only For Taxiway From Terminal Apron To Parallel Taxiway at Clinton Regional Airport											
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): City of Clinton and Custer County		14. CONGRESSIONAL DISTRICTS OF											
13. PROPOSED PROJECT		a. Applicant 3	b. Project 3										
Start Date 6-9-08	Ending Date 10-10-08												
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS N/A											
a. Federal	\$ 44,650 .00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON											
b. Applicant	\$ 2,350 .00	DATE:											
c. State	\$.00	b. No. <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	\$ 47,000 .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 Lynn	Middle Name E.											
Last Name Norman		Suffix											
b. Title Mayor		c. Telephone number (give area code) 580-323-0261											
d. Signature of Authorized Representative		e. Date Signed 3-14-08											