

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 5, 2009		Applicant Identifier MRY	
Preapplication <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: Monterey Peninsula Airport District			Organizational Unit: Department: Planning and Development		
Organizational DUNS: 05-706-9445			Division:		
Address: Street: 200 Fred Kane Dr, Suite 200			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mrs First Name: Chris		
City: Monterey			Middle Name:		
County: Monterey			Last Name: Morello		
State: CA		Zip Code: 93940		Suffix:	
Country: USA			Email: cmorello@montereyairport.com		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 6 0 0 0 9 4 4			Phone number (give area code): (831) 648-7000 x219		FAX number (give area code): (831) 648-7021
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) G Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER TITLE: Airport Improvement Program (AIP) 2 0 - 1 0 6			9. NAME OF FEDERAL AGENCY FAA		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Monterey, Monterey County, California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Overlay main runway 10R-28L including Safety Area Improvements (grinding, shoulder construction, drainage, lighting, marking, grooving, and improved conspicuity/improved grading for safety areas, etc.)		
13. PROPOSED PROJECT Start Date: 06/30/2009 Ending Date: 10/31/2010			14. CONGRESSIONAL DISTRICTS OF a. Applicant: 16 b. Project: 16		
15. ESTIMATED FUNDING			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS		
a. Federal	\$	4,300,485	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$	.00	DATE:		
c. State	\$	.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$	.00	<input checked="" 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	\$	4,300,485			
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 Mark		Middle Name	
Last Name Bautista				Suffix	
b. Title Deputy General Manager of Planning and Development				c. Telephone number (give area code) (831) 648-7000 x212	
d. Signature of Authorized Representative				e. Date Signed	