

Airport Capital Improvement Project - Data Sheet

Airport	X	Local Priority No.		Updated	
Name		Phone	9	Grant FY	

Overall Development Objective Description/Scope:

Justification:

Scaled-ALP/5010/Airport Drawing (or attachment):

NAVAID Impact? ___ Approach Procedure Impact? ___ Probable EA/CE/EIS Reimbursable Required?- ___

Estimated NTP (Month/Year): _____

Estimated Project Duration (Year): _____

Cost Estimate (Thousands)		Financing Plan (Thousands)	
Engineering & Design	\$	AIP	\$
Land Acquisition	\$	PFC Pay GO	\$
Environmental Assessment	\$	PFC Bond Capital	\$
Construction	\$	PFC Bond Financing	\$
Project Management	\$	Local Pay Go	\$
Total Capital	\$	Local Bond Capital	\$
Financing	\$	Local Financing	\$
Grand Total	\$	Total	\$

FAA USE ONLY

ACIP Plan Year(s)	ODO Purpose Code	NAVAID/Approach Procedure Issue?	Entitlement	Discretionary / State	Max Fed Anticipated \$