**Application for Assistance**

MassDOT Aeronautics Division Form AD1 (Last Modified: November 27, 2023)

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| --- | --- | --- | --- | --- | --- | --- |
| **1. DATE SUBMITTED** | {Insert date and delete this text} | | **AIRPORT:** | | {Insert Airport name and delete this text} | |
| APPLICATION | CONSTRUCTION | | **CITY/TOWN:** | | {Insert City/Town and delete this text} | |
| PRE-APPLICATION | PLANNING | | PUBLIC | | | PRIVATE |
| **MASSACHUSETTS AIRPORT SYSTEM PLAN (MASP) AIRPORT RANKING:** | | | |  | | |
| **AIRPORT CONSULTANT:** | | {Insert consultant name or insert “N/A”} | | | | |
| **CONGRESSIONAL DISTRICT:** | | {Insert congressional district} | | | | |

|  |  |
| --- | --- |
| **2. PROJECT TITLE:** | {Insert project title} |
| **PROJECT DESCRIPTION:**  {Insert project description and delete this text} | |
| Attach an 8.5" x 11” sketch showing the location of the project if applicable | |
| **PROJECT JUSTIFICATION:**  {Insert justification and delete this text} | |

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| **3. PROJECT COST BREAKDOWN:** | | | | |
|  | AIP ELIGIBLE | ASMP ELIGIBLE | INELIGIBLE | TOTAL |
| CONSULTANT |  |  |  |  |
| CONSTRUCTION |  |  |  |  |
| EQUIPMENT |  |  |  |  |
| OTHER COSTS |  |  |  |  |
| ADMINISTRATION |  |  |  |  |
|  |  |  |  |  |
| TOTAL PROJECT COST |  |  |  |  |

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| **4. PROJECT FUNDING BREAKDOWN:** | | | | |
|  | AIP ELIGIBLE | ASMP ELIGIBLE | INELIGIBLE | TOTAL |
| FAA SHARE |  |  |  |  |
| STATE SHARE |  |  |  |  |
| LOCAL SHARE |  |  |  |  |
|  |  |  |  |  |
| TOTAL PROJECT COST |  |  |  |  |

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| **5. PROJECT SCHEDULE:** | |  | |
| START DATE: | {Insert start date and delete this text} | COMPLETION DATE: | {Insert date and delete this text} |

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| **6. PROJECT COST EXPENDITURE SCHEDULE:** | | | | | | |
| CALENDAR YEAR | FISCAL YEAR | FISCAL QUARTER**[[1]](#footnote-2)** | FAA  SHARE | STATE  SHARE | LOCAL  SHARE | TOTAL |
|  |  |  |  |  |  |  |
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| **7. OTHER INFORMATION:** | YES | NO | N/A |
| IS PROJECT REFLECTED IN STATE CAPITAL IMPROVEMENT PROGRAM (CIP)? |  |  |  |
| IS PROJECT REFLECTED IN FEDERAL CAPITAL IMPROVEMENT PROGRAM (CIP)? |  |  |  |
| IS PROJECT REFLECTED IN AIRPORT MASTER PLAN (AMP)? |  |  |  |
| IS PROJECT REFLECTED IN AIRPORT LAYOUT PLAN (ALP)? |  |  |  |
| DOES PROJECT CORRECT INSPECTION DEFICIENCY? |  |  |  |

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| **8. SPONSOR CERTIFICATIONS (STRIKETHROUGH TERMS IN BOLD THAT DO NOT APPLY):** | **YES** | **NO** | **N/A** |
| 1. SPONSOR **WILL COMPLY/HAS COMPLIED** WITH THE MASSACHUSETTS GENERAL LAWS FOR THE PROCUREMENT OF THE PROJECT. |  |  |  |
| 1. SPONSOR **WILL OBTAIN/HAS OBTAINED** ALL ENVIRONMENTAL PERMITS FOR THE PROJECT. |  |  |  |
| 1. SPONSOR **WILL MEET/HAS MET** DBE**[[2]](#footnote-3)** OR M/WBE**[[3]](#footnote-4)** REQUIREMENTS FOR THE PROJECT.   ENTER ANTICIPATED % DBE**2** or M/WBE**3** PARTICIPATION: \_\_ |  |  |  |
| 1. SPONSOR **WILL ASSURE/HAS ASSURED** THAT ALL NECESSARY SAFETY PRECAUTIONS HAVE BEEN TAKEN FOR CONSTRUCTION ON THE AIRPORT. |  |  |  |
| 1. SPONSOR **WILL NOTIFY/HAS NOTIFIED** ALL AIRPORT USERS OF PROPOSED PROJECT. |  |  |  |
| 1. SPONSOR **WILL HAVE/DOES HAVE** AVAILABLE FUNDS FOR LOCAL SHARE OF PROJECT. |  |  |  |

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| **9. TITLE:** | **NAME & SIGNATURE (DO NOT WRITE-IN MASSDOT CONTACTS):** | **DATE:** |
| AIRPORT CONSULTANT |  |  |
| AIRPORT MANAGER |  |  |
| AIRPORT COMMISSION CHAIR |  |  |
| MASSDOT AERONAUTICS DIVISION CHEIF OF AVIATION PLANNING |  |  |
| MASSDOT AERONAUTICS DIVISION CHIEF ENGINEER |  |  |
| MASSDOT AERONAUTICS DIVISION ADMINISTRATOR |  |  |

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| **10. MASSDOT AERONAUTICS DIVISION COMMENTS:** |
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1. – Q1 = July to September | Q2 = October to December | Q3 = January to March | Q4 = April to June [↑](#footnote-ref-2)
2. – DBE Goal is used for projects with any amount of federal participation; cross out M/WBE. [↑](#footnote-ref-3)
3. – M/WBE Goal is used for projects with no federal participation; cross out DBE. [↑](#footnote-ref-4)