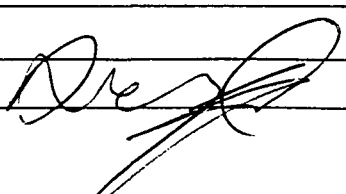


APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED See Block 18e		Applicant Identifier LNS	
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction 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: Lancaster Airport Authority		Organizational Unit: Department: N/A	
Organizational DUNS: 063885362		Division: N/A	
Address: Street: 500 East Airport Road, Suite G		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: David	
City: Lititz		Middle Name: F.	
County: Lancaster		Last Name: Eberly	
State: Pennsylvania Zip Code: 17543-9341		Suffix: Jr.	
Country: USA		Email: deberly@lancasterairport.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 2 3 - 6 0 0 5 8 1 7		Phone number (give area code): (717) 569-1221	
		FAX number (give area code): (717) 569-1952	
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) <input type="checkbox"/> <input type="checkbox"/> Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) N Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 2 0 - 1 0 6		9. NAME OF FEDERAL AGENCY FAA/HADO	
TITLE:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rehabilitate Taxiway "A"	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):			
13. PROPOSED PROJECT Start Date: Summer 2009 Ending Date: Fall 2010		14. CONGRESSIONAL DISTRICTS OF a. Applicant: Sixteen b. Project: Sixteen	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$ 3,250,000.00		
b. Applicant	\$.00		
c. State	\$.00		
d. Local	\$.00		
e. Other	\$.00		
f. Program income	\$.00		
g. TOTAL	\$ 3,250,000.00	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 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 David		Middle Name F.	
Last Name Eberly		Suffix Jr.	
b. Title Airport Director		c. Telephone number (give area code) (717) 569-1221	
d. Signature of Authorized Representative 		e. Date Signed 6/11/2009	