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Michigan Department
of Transportation
1579 (10/2024)

STATE LOCAL PROGRAM APPLICATION

This information is required to apply for State Local Program funding

INSTRUCTIONS: Use a separate form for each category of requested assistance. Complete all sections below, using additional sheets as necessary, sign and date the form. Retain a copy for your records. Return completed form to James Hartman at Michigan Department of Transportation, Office of Aeronautics, 2700 Port Lansing Road, Lansing, Michigan 48906 or e-mail HartmanJ1@Michigan.gov.

AIRPORT NAME		LOCATION ID	TELEPHONE NUMBER
ADDRESS		ASSOCIATED CITY	
CONTACT PERSON	TITLE	E-MAIL ADDRESS	
PROJECT CATEGORY OF GRANT REQUEST			
Maintenance	Capital Improvement	Revenue - Generating	Equipment
DESCRIPTION OF PROPOSED PROJECT - include details as appropriate. (Use additional pages as necessary.)			
PROJECT NARRATIVE WITH JUSTIFICATION AND EXPECTED BENEFITS (Use additional pages as necessary.)			
ADDITIONAL INFORMATION YOU WISH THE OFFICE OF AERONAUTICS TO CONSIDER IN EVALUATING THE PROPOSED PROJECT (Use additional pages as necessary. Provide letters of support for proposed projects.)			
STATE LOCAL PROGRAM FUNDS REQUESTED		ESTIMATED TOTAL COST OF PROJECT	
ESTIMATED START DATE		ESTIMATED COMPLETION DATE	
HAS OTHER FUNDING BEEN APPLIED FOR UNDER ANY OTHER FUNDING SOURCE?		IF YES, WHAT SOURCE?	
YES NO			
I understand that I may be required to gather and submit to the Office of Aeronautics appropriate information concerning project results, so that the effectiveness of projects in achieving State Local Program goals can be monitored and documented. I further understand that no state funds are committed prior to execution of an agreement, and that no costs which are incurred prior to agreement execution are eligible for reimbursement.			
I acknowledge that I have read and understand the requirements noted above and included in the specific year call for projects.	SIGNATURE		DATE