

Application for Federal Assistance SF-424

*1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*2. Type of Application

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

*3. Date Received:

03/03/2025

4. Applicant Identifier:

3-31-0109

5a. Federal Entity Identifier:

3-31-0109-023/024-2025

*5b. Federal Award Identifier:

023/024-

State Use Only:

6. Date Received by State:

7. State Application Identifier: 3-31-0109-023/024-2025 (L05)

8. APPLICANT INFORMATION:

*a. Legal Name: Blair Airport Authority of Blair, Nebraska

*b. Employer/Taxpayer Identification Number (EIN/TIN):

47-6006106

*c. UEI:

MQYYTHCL37C9

d. Address:

*Street 1: 218 South 16th St

Street 2:

*City: Blair

County/Parish:

*State: NE

*Province:

*Country: USA: United States

*Zip / Postal Code 68008-2000

e. Organizational Unit:

Department Name:

Blair Airport Authority of Blair, Nebraska

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mrs. *First Name: Anna

Middle Name:

*Last Name: Lannin

Suffix:

Title: Engineering Division Manager

Organizational Affiliation:

NDOT Division of Aeronautics

*Telephone Number: (402) 471-2371

Fax Number:

*Email: ndot.aeroengineering@nebraska.gov

Application for Federal Assistance SF-424***9. Type of Applicant 1: Select Applicant Type:**

X: Other

Type of Applicant 2: Select Applicant Type:

Pick an applicant type

Type of Applicant 3: Select Applicant Type:

Pick an applicant type

*Other (Specify)

Airport Authority

***10. Name of Federal Agency:**

Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

***12. Funding Opportunity Number:**

N/A

*Title:

N/A

13. Competition Identification Number:

N/A

Title:

N/A

14. Areas Affected by Project (Cities, Counties, States, etc.):

Airside area of the Blair Executive Airport, Blair, Washington County, Nebraska.

***15. Descriptive Title of Applicant's Project:**

Land Acquisition - Runway 13/31 Extension

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424**16. Congressional Districts Of:**

*a. Applicant: NE-003

*b. Program/Project: NE-003

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

*a. Start Date: 06/01/2025

*b. End Date: 06/01/2029

18. Estimated Funding (\$):

*a. Federal	\$ 812,250
*b. Applicant	\$ 32,418
*c. State	\$ 10,332
*d. Local	\$ 0
*e. Other	\$ 0
*f. Program Income	\$ 0
*g. TOTAL	\$ 855,000

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on _____.
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☒ c. Program is not covered by E.O. 12372.

***20. Is the Applicant Delinquent On Any Federal Debt?**☐ Yes ☒ No

If "Yes", explain:

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mr. *First Name: David

Middle Name: _____

*Last Name: Johnson

Suffix: _____

*Title: Chairperson

*Telephone Number: (402) 427-4498

Fax Number:

* Email: djohnson@blairnebraska.org

*Signature of Authorized Representative:

*Date Signed: