

**APPLICATION FOR  
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 04-13-2009	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 3-48-0137-32-09

**5. APPLICANT INFORMATION**

Legal Name: County of Gregg	Organizational Unit: Department: East Texas Regional Airport
Organizational DUNS: 62-784-6884	Division:
Address: Street: 269 Terminal Circle	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mrs. First Name: Virginia Middle Name
City: Longview	Last Name Hall
County: Gregg	Suffix:
State: Texas	Zip Code 75603
Country:	Email: virginia.hall@co.gregg.tx.us

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**  
7 6 - 6 0 0 0 9 6 7

Phone Number (give area code) 903-643-3031	Fax Number (give area code) 903-643-7371
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**8. TYPE OF APPLICATION:**  
 New  Continuation  Revision  
If Revision, enter appropriate letter(s) in box(es)  
(See back of form for description of letters.)  
Other (specify)

**7. TYPE OF APPLICANT:** (See back of form for Application Types)  
B  
Other (specify)

**9. NAME OF FEDERAL AGENCY:**  
Federal Aviation Administration

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  
2 0 - 1 0 6

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
Year 2009 Taxiway Hotel Removal

TITLE (Name of Program):  
Airport Improvements Program

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**  
Longview, Kilgore, Gladewater, Gregg County

**13. PROPOSED PROJECT**

Start Date: June 2009	Ending Date: July 2009
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**14. CONGRESSIONAL DISTRICTS OF:**  
a. Applicant 4 b. Project 4

**15. ESTIMATED FUNDING:**

a. Federal	\$	144,100
b. Applicant	\$	
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	144,100

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**  
a. Yes.  THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:  
b. No.  PROGRAM IS NOT COVERED BY E. O. 12372  
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**  
 Yes If "Yes" attach an explanation.  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 Bill	Middle Name
Last Name Stoudt		Suffix
b. Title County Judge		c. Telephone Number (give area code) 903-643-3031
d. Signature of Authorized Representative <i>Bill Stoudt</i>		e. Date Signed 4/15/09