

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED May 28, 2009	Applicant Identifier 195210364
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier AIP No. 3-23-0016-06-2009

1. TYPE OF SUBMISSION:

Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction
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5. APPLICANT INFORMATION

Legal Name: Town of Dexter	Organizational Unit: Department:
Organizational DUNS: 043765122	Division:
Address: Street: 23 Main Street	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: William
City: Dexter	Middle Name: A.
County: Penobscot	Last Name: Gerrish
State: Maine Zip Code: 04930-1374	Suffix:
Country: United States	Email: bill.gerrish@stantec.com

6. EMPLOYER IDENTIFICATION NUMBER EIM:

0	1	-	6	0	0	0	1	4	0
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Phone number (give area code): **(207) 764-6700** FAX number (give area code): **(207) 764-7007**

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)

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

TITLE: **Airport Improvement Program**

7. TYPE OF APPLICANT: (See back of form for Application Types)
C

Other (specify)

9. NAME OF FEDERAL AGENCY
Federal Aviation Administration

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Airport Improvements to Include Reconstruction of Runway 16-34

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
Town of Dexter, Penobscot County, State of Maine

13. PROPOSED PROJECT

Start Date January 1, 2009	Ending Date August 1, 2010
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14. CONGRESSIONAL DISTRICTS OF

a. Applicant 2nd ME	b. Project 2nd ME
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15. ESTIMATED FUNDING

a. Federal	\$	2,785,000	.00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program income	\$.00
g. TOTAL	\$	2,785,000	.00

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

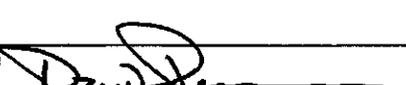
OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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 David	Middle Name
Last Name Pearson		Suffix
b. Title Town Manager		c. Telephone number (give area code) (207) 924-7351
d. Signature of Authorized Representative 		e. Date Signed May 28, 2009