

hub airports (as defined in section 41731(a)(3)) to facilitate joint-fare arrangements consistent with normal industry practice.

(g) *Designation of Responsible Official*—The Secretary shall designate an employee of the Department of Transportation—

(1) to function as a facilitator between small communities and air carriers;

(2) to carry out this section;

(3) to ensure that the Bureau of Transportation Statistics collects data on passenger information to assess the service needs of small communities;

(4) to work with and coordinate efforts with other Federal, State, and local agencies to increase the viability of service to small communities and the creation of aviation development zones; and

(5) to provide policy recommendations to the Secretary and Congress that will ensure that small communities have access to quality, affordable air transportation services.

(h) *Air Service Development Zone*—The Secretary shall designate an airport in the program as an Air Service Development Zone and work with the community or consortium on means to attract business to the area surrounding the airport, to develop land use options for the area, and provide data, working with the Department of Commerce and other agencies.

(b) *Conforming Amendment*—The analysis for subchapter II of chapter 417 is amended by adding at the end the following:

41743. Airports not receiving sufficient service.

Appendix B

Small Community Air Service Development Pilot Program

Summary Information

All applicants must submit this information along with their proposal. Previous applicants may incorporate by reference all or any portion of their initial proposals in Docket OST-2002-11590, but must also submit this summary information to be considered for a grant award from the FY 2003 funding for the Pilot Program in this docket.

A. Applicant Information: (Check All That Apply)

- ☐ Consortium
☐ Community now receives EAS subsidy

Point of Contact:

Community Name _____

Address 1 _____

Address 2 _____

City, State Zipcode _____

Phone: _____

Fax: _____

Email: _____

County: _____

Point of Contact: _____

Community Name _____

Address 1 _____

Address 2 _____

City, State Zipcode _____

Phone: _____

Fax: _____

Email: _____

County: _____

Point of Contact: _____

Community Name _____

Address 1 _____

Address 2 _____

City, State Zipcode _____

Phone: _____

Fax: _____

Email: _____

County: _____

Point of Contact: _____

Designated Legal Sponsor: (Must be a Government Entity)

Point of Contact:

Name _____

Title _____

Organization _____

Address 1 _____

Address 2 _____

City, State Zipcode _____

Phone: _____

Fax: _____

Email: _____

Public/Private Partnerships: (List Organization Names)

Public

1. _____

2. _____

3. _____

4. _____

5. _____

Private

1. _____

2. _____

3. _____

4. _____

5. _____

B. Project Information

Project Proposal: (Check All that Apply)

- ☐ Marketing
☐ Upgrade Aircraft
☐ New Route
☐ Personnel
☐ Increase Frequency Secure
☐ Low Fare Service
☐ Travel Bank, Transportation
☐ Service Restoration
☐ Surface
☐ Subsidy (specify) _____
☐ Regional Service
☐ Revenue Guarantee
☐ Launch New Carrier
☐ Start Up Cost Offset
☐ First Competitive Service
☐ Study
☐ Secure Additional Carrier
☐ Other _____

Project Goal: Project Is Intended To Address Problems Involving (Check All That Apply)

- ☐ High Fares
☐ Insufficient Air Service
☐ Unique
☐ Airport Circumstance
☐ Access to National Transportation System Needed
☐ Other (specify) _____

Please provide a brief synopsis (in one paragraph) of the highlights of your proposal.

Project Cost:

Federal amount requested: _____

Total local financial contribution: _____

Airport funds: _____

Non-Airport funds: _____

State financial contribution: _____

Existing funds: _____

New funds: _____

In-kind contribution: (amount & description) _____

Total cost of project: _____

C. Air Service Development Zone: (Check Box if Interested in Designation)

D. Airport Information: (Where Service Would be Provided)

Airport Name: _____

Airport City: _____

Airport State: _____

Airport Code: _____

Airport Classification: (as of June 2002, per FAA's Airport Handbook)

- ☐ Non Hub
☐ Small Hub
☐ Medium Hub
☐ Other _____

Existing Landing Aids:

- ☐ Full ILS
☐ Outer/Middle Marker Approach
☐ Published Instrument
☐ Localizer
☐ Other (specify) _____

Existing Service:

- ☐ Jet service
☐ Low Fare Service
☐ Turboprop

Air Carrier(s) Serving Airport:

Air Carriers

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Current Flight Information: (Please Provide Attachment if You Need More Room)

Number of non-stop roundtrip flights per destination: _____