

Fiscal Year:	
Application Due:	March 17 th , 2017
WAC Meeting:	May 17 th , 2017

Air Service Enhancement Program (ASEP) Grant Application for Fiscal Year 2018

	community sponsor	r applying for the ASEP gr	aiit,		
lease provid	de the funds sought	from the ASEP as well as	other sources of fundi	ng for the MRG;	
			\$ Amount	% of Total	
	Local C	Contribution			
	Sought	t from ASEP			
	Total M	IRG required		100%	
Additional Co		,	1		
lama of the	marketing and once	rating airling(s) or process	ativo airlino/s).		
	marketing and oper s operated by SkyWest Airlii	rating airline(s) or prospe	ctive airline(s);		
schedule Info	ormation;				
2 1. 11.	s year-round or seas	sonal service?			
a. Is this					
a. Is thi		Year-round	Seasonal		
		Year-round			
b. Sche	*	e attach as much flight sc	hedule information as		
b. Scheo appli	cation. This informa	e attach as much flight so ation may be updated wit	hedule information as h future addendums. I	Note: If this is for ar	n incuml
b. Scheo appli ASEP	cation. This informa supported projecte	e attach as much flight sc	hedule information as h future addendums. I	Note: If this is for ar	n incuml
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5. Please provide anticipated or forecasted levels of enplanements at the airport before or without the proposed service and the additional enplanements the proposed service would bring:

Ex: 1st month of service: 1,200, 2nd month: 1,250

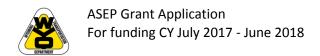
specify one-way or the bi-directional total;

Year	Month	# Enplanements Before	# Additional Enplanements
	Total:		

6. Please provide the anticipated increased capacity (seats available) associated with the proposed service and

7. W	hat is the passenger facility charge (PF	C) at the airport?
	Please provide any additional revenu	ue the airport may receive as a result of the additional service excludi
	PFCs; Note: Please attach if not sufficient space.	
3.		
	Source of Revenue	\$ Amount

Total:



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	Please its role		e community ha	s a task force (dedicated to air	service developm	nent and briefly explain
	113 1016						
	<u>-</u>						
10	Daget	h a aiwa awt aw aawaw.		م المعالية ما المعالية المعال			المونيسوم لموم
10.	Does t	he airport or commu	inity sponsor na	ve a marketing Yes		ie with the propos	sed service?
	2	If no will the airne	ert or community	_	∐ No	lan roady to bo ov	ecuted two (2) months
	a.	before the propose		y sponsor nave	e a marketing p	iaii ready to be ex	ecuteu two (2) months
		before the propose	eu start uate:	Yes	□No		
	b.	If yes, please attac	h all supporting		_	daeted list of evne	cted evnenditures:
	D.	Ex: Television: \$10,000, No			ia include a bai	ageted list of expe	cica experiantares.
11.	Has th				T marketing gra	ant match to coinc	cide with the service?
				Yes	☐ No		
12.	Please	provide examples o	f community or	airport involve	ement with air	service developm	ent in the past two (2)
	years f	from the time of this	application.				
	Ex: Atten	ding ACI JumpStart events, F	Routes, or other confer	rences for air service	e development.		

13. Please indicate and provide brief examples if the airport or the community sponsor has shown a level of involvement with the participating airline.

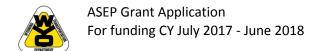
Ex: In-person meetings with airline staff, seeking cooperative promotional efforts with the airline.



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	ease indicate if the airport has been granted a Small Community Air Service Development (SCASD) grant the last be used with the proposed service or will apply within a year after the ASEP application year. Yes No	at
15. Air	line code share and interline agreement;	
а.	Does the participating airline have a code-share, interline or baggage agreement with a carrier at the destination hub? If yes, please indicate what airline and/or airline alliance. If no, please elaborate why.	ıe

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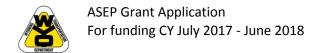


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16.	. Has the community sponsor or airport undertaken efforts previously, or will take a progressive role	regarding
	price controls, revenue management or scheduled times for the proposed service? Commitment to a	provided
	example will count towards future efforts. Please provide examples.	

gnature of the individua	al completing this application	on:	

To the best of my knowledge the above information in this application is true, accurate and complete



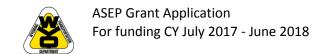
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Contact Information:

Please provide all pertinent contacts relating to this grant request beginning with the individual who completed the application, followed by airline contacts (Planning, scheduling, pricing), airport contacts, and local supporters.

Name (Signee):		Company or Affiliation:	
Email:	Phone:		
Address:	City:	State:	Zip:
Name :		Company or Affiliation:	
Email:	Phone:		
Address:	City:	State:	Zip:
Name :		Company or Affiliation:	
Email:	Phone:		
Address:	City:	State:	Zip:
Name :		Company or Affiliation:	
Email:	Phone:		
Address:	City:	State:	Zip:
Name :		Company or Affiliation:	
Email:	Phone:		
Address:	City:	State:	Zip:
Name :		Company or Affiliation:	
Email:	Phone:		
Address:	City:	State:	Zip:
Name :		Company or Affiliation:	
Email:			
Address:	City:	State:	Zip:

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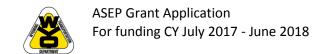


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Attachments

1. Schedule

Start Date	End Date	Equip	Op Days	Mkt Al	Stops	Orig	Dep Time	AIRPORT TIME	Arr Time	Dest	Stops	Mkt Al	Op Days	Equip	Seats	Ops/Week



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8 Revised November 2016