



Fiscal Year:	2018
Application Due:	March 17 th , 2017
WAC Meeting:	May 17 th , 2017

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

1. Name of the community sponsor applying for the ASEP grant;

2. Please provide the funds sought from the ASEP as well as other sources of funding for the MRG;

	\$ Amount	% of Total
Local Contribution		
Sought from ASEP		
Total MRG required		100%

Additional Comments:

3. Name of the marketing and operating airline(s) or prospective airline(s);

Ex: United Express operated by SkyWest Airlines

4. Schedule Information;

a. Is this year-round or seasonal service?

Year-round Seasonal

b. Schedule specifics: Please attach as much flight schedule information as available at the time of application. This information may be updated with future addendums. Note: If this is for an incumbent ASEP supported projected and there are no changes to the schedule then please indicate "No Change" below.

Attached No Change



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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

Year	Month	# Enplanements Before	# Additional Enplanements
Total:			

6. Please provide the anticipated increased capacity (seats available) associated with the proposed service and specify one-way or the bi-directional total;

7. What is the passenger facility charge (PFC) at the airport?

Please provide any additional revenue the airport may receive as a result of the additional service excluding PFCs; *Note: Please attach if not sufficient space.*

- 8.

Source of Revenue	\$ Amount
Total:	



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9. Please indicate whether the community has a task force dedicated to air service development and briefly explain its role.

10. Does the airport or community sponsor have a marketing plan to coincide with the proposed service?

Yes No

a. If no, **will** the airport or community sponsor have a marketing plan ready to be executed two (2) months before the proposed start date?

Yes No

b. If yes, please attach all supporting information and include a budgeted list of expected expenditures:

Ex: Television: \$10,000, Newspapers: \$5,000, etc.

11. Has the airport sought or **will** seek funds from the WYDOT marketing grant match to coincide with the service?

Yes No

12. Please provide examples of community or airport involvement with air service development in the past two (2) years from the time of this application.

Ex: Attending ACI JumpStart events, Routes, or other conferences for air service 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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For funding CY July 2017 - June 2018

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14. Please indicate if the airport has been granted a Small Community Air Service Development (SCASD) grant that will be used with the proposed service or **will** apply within a year after the ASEP application year.

Yes No

15. Airline code share and interline agreement;

a. 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.

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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.

Ex: Community sponsor or airport has or will visit in-person with partnering airline and specifically address pricing, revenue management or desired schedule times to improve traffic or connections; Community sponsor or airport has or will have continuous discussions regarding price controls, revenue management, or schedule; airline agrees contractually to maintain competitive fare practices.

17. Signature of the individual completing this application:

Sponsor signature:	Date:

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: _____
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Name : _____ Company or Affiliation: _____ Email: _____ Phone: _____ Address: _____ City: _____ State: _____ Zip: _____



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Attachments

1. Schedule

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



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