

**AIRPORTS DIVISION, NEW ENGLAND REGION  
SPONSOR PROJECT READINESS FORM AND VERIFICATION**

Airport Name/Associated City	State	Fiscal Year	DUNS Number
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Form filled out by (Name, Title)

Project Title and Description

**Project Sketch: Please attach a drawing (8.5" X 11" preferred, Black & White) that shows the scope of the proposed project. See instructions for additional information.**

<b>PART I – CHECKLIST</b>	N/A	Yes	See Part III
1. Sponsor Funds: Do you have adequate financing to fund the local matching share of the grant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sponsor Eligibility: Are you legally, financially, and otherwise able to assume the certifications and obligations contained in the project application and grant agreement forms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Current ALP: Is the proposed project on the currently approved ALP? (Date Approved: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Open Grants > 4 years: Have all grants older than four years been closed? If not, when to you plan to close them? (provide response in Part III)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Exhibit "A": Do you have a current, approved Exhibit "A"? (Date approved: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Force Account: Will this project have Force Account work? If yes, provide in Part III justification for doing work by force account rather than by contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Intergovernmental Review: Are you coordinating the project through the appropriate state contact for Intergovernmental review? If not, when will coordination be complete? (provide response in Part III)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Environmental Requirements/Public Hearing: What is the environmental finding for this project (use Part III)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Environmental Permits: Have all permits been obtained? If not, specify anticipated date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. State Historic Preservation Officer: Has this project been cleared by the SHPO? Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Land Interest: Do you have sufficient land interest (ownership, easement) to accomplish this project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Flood Insurance (building/equipment only): If you located in a FEMA identified area, do you participate in the National Flood Insurance Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Consultation with Airport Users: Have you given airport users a reasonable opportunity to provide input to this project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Uniform Act Requirements: Have you met the requirements of 49 CFR Part 24 for relocation and other property owner rights (land acquisition projects only)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Engineering and Design Services: Did you use qualifications-based selection for consulting services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Civil Rights Requirements: Did you coordinate your DBE programs with the FAA Office of Civil Rights (applicable to sponsors with more than \$250,000 in grants for this fiscal year)? Date Submitted: _____ Date Approved: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PART II – DESCRIPTION, JUSTIFICATION AND COST ESTIMATE OF WORK ITEMS:** *(Include a clear description of each work item, a brief statement supporting the need for each item such as the age of equipment or pavement being replaced, and the most recent total project cost estimate.)*

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**PART III - EXPLANATION OF CHECKLIST ITEMS** *(Use additional pages as needed)*

**SPONSOR OR DESIGNEE SIGNATURE (IF DESIGNEE, COMPANY NAME: \_\_\_\_\_)**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_