

Five-Year Capital Improvement Program (CIP)

Airport Name: _____

Telephone: (____) _____

Date Prepared: _____

Project Description	Funding Source	FY 20__*	FY 20__*	FY 20__*	FY 20__	FY 20__
	Federal	\$				
	State	\$				
	Local	\$				
	Total	\$				
	Federal	\$				
	State	\$				
	Local	\$				
	Total	\$				
	Federal	\$				
	State	\$				
	Local	\$				
	Total	\$				
	Federal	\$				
	State	\$				
	Local	\$				
	Total	\$				

*CIP Data Sheet(s) needed for projects requested in these fiscal years

Long Range Needs Assessment

FFY 20__ – FFY 20__*

Airport Name: _____

Description of Project (include estimated FAA fiscal year)	Funding Source	Total Estimated Cost
	Federal: State: Local:	\$ \$ \$
	Federal: State: Local:	\$ \$ \$
	Federal: State: Local:	\$ \$ \$
	Federal: State: Local:	\$ \$ \$
	Federal: State: Local:	\$ \$ \$

* Out 11 years beyond this year