

**MANITOBA AIRPORTS ASSISTANCE PROGRAM - MAAP
INITIAL APPLICATION**

Mail to: Northern Airports and Marine Operations
Manitoba Infrastructure
310 - 215 Garry Street
Winnipeg, Manitoba R3C 3P3

1. Airport Name: (As listed in the CFS)

2. Name of Municipal Airport Commission: (Operated by)

INFORMATION FOR ANNUAL APPLICATION & CHEQUE SUBSIDY

Payment will be made directly to Municipal Airport Commission, as it is their responsibility to ensure grant is used for improvement and maintenance of the airport.

3. Cheques made payable to:

4. Contact Person and mailing address for the Municipal Airport Commission:

Contact Name:			
Title:			
Address:			
Town:			
Postal Code:			
Email Address:			
Telephone at Airport Commission		Fax at Airport Commission	
Telephone at Airport			

5. Towns and Municipalities represented on Airport Commission:

<u>Town or RM</u>	<u>Name of Representative</u>

6. List officers of Local Airport Commission

7. Does the Airport Commission operate the airport itself?

Yes

No

If no, please provide name, address and telephone number of those operating the Airport or Municipal Airport Commission.

Contact Name:			
Title:			
Address:			
Town:			
Postal Code:			
Email Address:			
Telephone		Fax	

8. Communities served by airport, including population and distance to airport by road.

<u>Community</u>	<u>Population</u>	<u>Distance (km)</u>

9. Provide an Airport Operating Statement of Income and Expenses for previous year and budget for coming year. *(attach a copy to application)*

10. Please choose all applicable to your Airport.

- PUBLIC
 UNPAVED
 DAY
 VFR
 REGISTERED
 PRIVATE
 PAVED
 NIGHT
 IFR
 CERTIFIED

11. Is the Airport listed in The Canada Flight Supplement?

- Yes
 No

12. Give a legal description of property on which the airport is located.

13. Does the Local Airport Commission own the property on which the Airport is located? Yes No

14. If the Airport property is leased, please give details of lease:

Length of Lease:	
Expiry Date:	
Rights of Renewal:	

15. Please list details of existing facilities.

a. Geographic Coordinates:

	°N		°W
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b. Aerodrome elevation at highest point on Airport:

	feet above sea level.
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c. RUNWAY

Magnetic Bearing:	
Dimension of Runway:	
Dimension of Graded Area:	
Dimension of Cleared Area Beyond Graded Area:	
Nature of Runway Drainage:	

d. TAXIWAYS

Dimension of Taxiways:	
Nature of Taxiway Surface:	

e. AIRCRAFT PARKING RAMP

Dimension of Ramp:	
Nature of Ramp Surface:	

f. RUNWAY LIGHTING SYSTEMS

g. TAXIWAY LIGHTING SYSTEMS

h. WIND INDICATOR

Lighted

Unlighted

i. ROTATING BEACON (type)

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j. TYPE OF MARKERS ON:

Runway:	
Taxiways:	
Ramps:	

16. Please describe other airport facilities.

a. FIRE FIGHTING APPARATUS

b. FIRST AID EQUIPMENT

c. REFUELLING

d. ELECTRIC POWER

e. PASSENGER SHELTER

f. LAVATORY

g. TELEPHONE

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h. TRANSPORTATION TO NEAREST TOWN

I. ACCOMMODATION IN NEAREST TOWN

17. BY-LAWS

State numbers of by-laws establishing the local airport commission and dates of passage in each participating municipality.

18. APPLICATION

We, the duly authorized signing officers of the ____ Municipal Airport Commission, make application to the Department of Infrastructure for an Airport Operation Grant of \$____ to be used to cover the out-of-pocket costs of operation, maintenance and improvement of the ____ Airport.

(Signature)	(Title)
_____	_____
_____	_____
_____	_____
_____, Manitoba	_____, 20_____
(Town or Municipality)	

19. To Whom It May Concern:

The ____ Airport Commission hereby authorizes the Department of Manitoba Infrastructure, or its duly authorized representatives, to enter onto the ____ Airport without notice for the purposes of inspecting all parts of the above mentioned Airport.

(Signature)	(Title)
_____	_____
_____	_____
_____	_____
_____, Manitoba	_____, 20_____
(Town or Municipality)	