

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):
[]

* Other (Specify):
[]

* 3. Date Received:
[]

4. Applicant Identifier:
[]

5a. Federal Entity Identifier:
[]

5b. Federal Award Identifier:
[]

State Use Only:

6. Date Received by State: []

7. State Application Identifier: []

8. APPLICANT INFORMATION:

* a. Legal Name: City of Killeen

* b. Employer/Taxpayer Identification Number (EIN/TIN):
74-6001504

* c. UEI:
J6MNLASJ9GC8

d. Address:

* Street1: 8101 Clear Creek Rd

Street2: Box C

* City: Killeen

County/Parish: Bell

* State: TX: Texas

Province: []

* Country: USA: UNITED STATES

* Zip / Postal Code: 76549-2673

e. Organizational Unit:

Department Name:
Killeen Regional Airport

Division Name:
[]

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr. * First Name: Mike

Middle Name: []

* Last Name: Wilson

Suffix: []

Title: Executive Director of Aviation

Organizational Affiliation:
[]

* Telephone Number: 254.501.8700

Fax Number: 254.501.8744

* Email: mwilson@killeentexas.gov

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="2,905,000.00"/>
* b. Applicant	<input type="text" value="152,895.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="3,057,895.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

- Yes
- No

If "Yes", provide explanation and attach

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Federal Aviation Administration, Southwest Region

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

*** 12. Funding Opportunity Number:**

AIP 3-48-0361-063-2026

* Title:

Airport Improvement Program

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Terminal Rehabilitation Construction Phase 1-AIP Funds FY26-\$2,905,000.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

City of Killeen

* b. Employer/Taxpayer Identification Number (EIN/TIN):

74-6001504

* c. UEI:

J6MNLASJ9GC8

d. Address:

* Street1:

8101 Clear Creek Rd

Street2:

Box C

* City:

Killeen

County/Parish:

Bell

* State:

TX: Texas

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

76549-2673

e. Organizational Unit:

Department Name:

Killeen Regional Airport

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Mr.

* First Name:

Mike

Middle Name:

* Last Name:

Wilson

Suffix:

Title:

Executive Director of Aviation

Organizational Affiliation:

* Telephone Number:

254.501.8700

Fax Number:

254.501.8744

* Email:

mwilson@killeentexas.gov

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

*** 10. Name of Federal Agency:**

Federal Aviation Administration, Southwest Region

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

*** 12. Funding Opportunity Number:**

AIP 3-48-0361-062-2026

*** Title:**

Airport Improvement Program

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Terminal Rehabilitation Construction Phase 1-AIG Funds FY26-\$990,000.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="990,000.00"/>
* b. Applicant	<input type="text" value="52,105.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,042,105.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

- Yes
- No

If "Yes", provide explanation and attach

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

PROJECT COST BREAKDOWN

FEDERAL SHARE 95% / SPONSOR SHARE 5%

PROJECT NAME	AIP/AIG FUNDS	SPONSOR	TOTAL
Terminal Rehabilitation Construction Phase I	\$3,556,800	\$187,200	\$3,744,000
Professional Services – CA/CM	\$333,662	\$17,561	\$351,223
Independent Fee Estimate	\$4,275	\$225	\$4,500
Administration Expense	\$263	\$14	\$277
Total	\$3,895,000	\$205,000	\$4,100,000

	95% Grant	PFC match	5% PFC	Total AIP	Total AIG
FY2026 AIP Grant	\$2,905,000		\$152,895	\$3,057,895	
FY2026 AIG Grant	<u>\$990,000</u>	PFC match	<u>\$52,105</u>		<u>\$1,042,105</u>
Totals	\$3,895,000		\$205,000		\$4,100,000

AIRPORT NAME (LOC)			1. SPONSOR (Signatory) INFORMATION			
Killeen Regional Airport (GRK)			Mayor (or Authorized Representative) Joseph Solomon		Term Expiration May 2028	
Overall Development Objective/Project Terminal Rehabilitation - Phase I Construction			Physical Street Address (no PO Box) 101 North College Street			
			City Killeen		State TX	Zip 76541
			Phone 254-290-4510	E-mail mayor@killeentexas.gov		
2. LOCAL CONTACT INFORMATION			3. ATTORNEY INFORMATION			
Name Mike Wilson		Title/Position Executive Director of Aviation		Company/Firm Name City of Killeen		
Phone Number 254-501-8700		Alternative Phone		Point of Contact Holli Clements		Phone 254-501-7711
E-mail mwilson@killeentexas.gov			E-mail hclements@killeentexas.gov			
Mailing Address 8101 Clear Creek Road, Box C			Mailing Address 101 North College Street			
City Killeen	State TX	Zip 76549	City Killeen	State TX	Zip 76540	

NARRATIVE

<p>Is the project shown on the current ALP? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If "No" has the project been filed in OE/AAA? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is a project sketch included with this ODO? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Will this objective require multiple grants? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If "Yes" is it accurately reflect on the CIP? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>1. Objective (what is the problem we are trying to solve or the need you are trying to meet?): Terminal was built in early 2000's and is now 20 years old with many existing building systems and components needing rehabilitation.</p> <p>Note: Provide photo attachment of the problem (if applicable)</p> <p>2. How will the proposed project solve the problem?: The proposed improvements will modernize the existing systems and components which are crucial to airport operations. These improvements are expected to extend the usable life of existing components of the terminal building or replace them with new components.</p> <p>3. Detailed Project Description (Scope of Work): - Elevators & Escalators Refurbishment - PCAIRs Gates 1 & 6 Replacement</p> <p>4. What are the anticipated project quantities with applicable units (Runway dimensions, taxiway dimension, apron area, LF, sq ft, cu yds, sq yds, etc)? - 2 elevators - 2 escalators - 2 PCAIRs</p>

Note: When adding additional infrastructure such as runway extensions, additional apron, pavement strengthening, etc. the justification documentation can become quite extensive, and the above questions will not be enough to determine if we can fund those projects. Airport sponsors should work with their program managers to determine what will be needed.

PART III - BUDGET INFORMATION - CONSTRUCTION

AIRPORT AND ODO: Killeen Regional Airport (GRK) - Terminal Rehabilitation - Phase I Construction

SECTION A - GENERAL

- 1. Federal Domestic Assistance Catalog No. 20.106
- 2. Functional or Other Breakout

SECTION B -CALCULATION OF FEDERAL GRANT

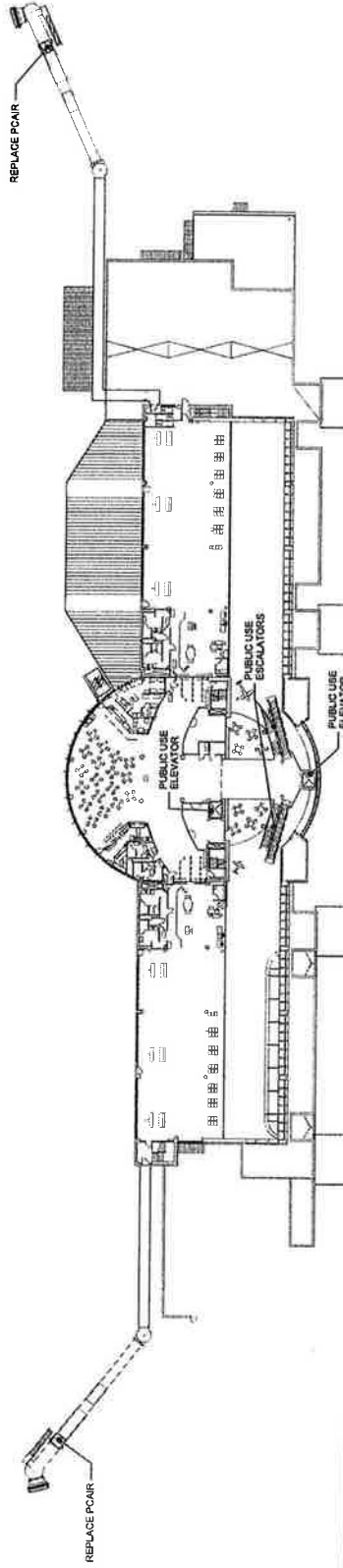
Cost Classification	Use only for revisions		Total Amount Required
	Latest Approved Amount	Adjustment + or (-)	
1. Administration expense			\$277
2. Preliminary expense			
3. Land, structures, right-of-way			
4. Architectural engineering basic fees (design and bidding)			
5. Other Architectural engineering fees (GA, CA)			\$351,223
6. Project inspection fees			\$4,500
7. Land development			
8. Relocation Expenses			
9. Relocation payments to Individuals and Businesses			
10. Demolition and removal			
11. Construction and project improvement			\$3,744,000
12. Equipment			
13. Miscellaneous			
14. Total (Lines 1 through 13)			\$4,100,000
15. Estimated Income (if applicable)			
16. Net Project Amount (Line 14 minus 15)			\$4,100,000
17. Less: Ineligible Exclusions			
18. Add: Contingencies			
19. Total Project Amt. (Excluding Rehabilitation Grants)			
20. Federal Share requested of Line 19			\$3,895,000
21. Add Rehabilitation Grants Requested (100 Percent)			
22. Total Federal grant requested (lines 20 & 21)			\$3,895,000
23. Grantee share			\$205,000
24. Other shares			
25. Total Project (Lines 22, 23 & 24)			\$4,100,000

2026 ODO - GRK TERMINAL REHABILITATION - PHASE I CONSTRUCTION - CONCEPTUAL LAYOUT

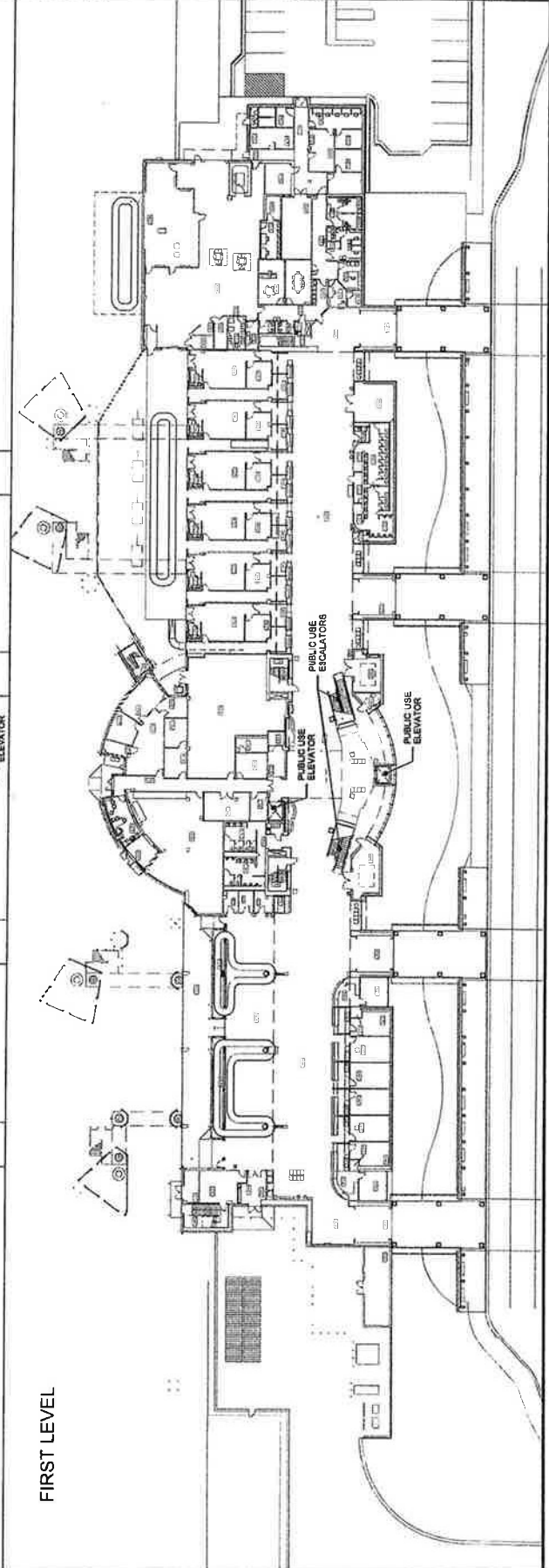
Proposed Scope of Work

- Elevator and Escalator Refurbishment
- PCAIR Replacement, Gates 1 & 6

SECOND LEVEL



FIRST LEVEL



THIS DOCUMENT IS RELEASED FOR THE PURPOSE OF CONTRACTING UNDER THE AUTHORITY OF JACOB C. GARVER, P.E., LICENSED PROFESSIONAL ENGINEER IN THE STATE OF TEXAS. IT IS NOT TO BE USED FOR CONSTRUCTION, BIDDING, OR PERMITTING PURPOSES.

REV.	DATE	DESCRIPTION

KILLEEN REGIONAL AIRPORT
KILLEEN, TX
TERMINAL IMPROVEMENTS
CONCEPTUAL LAYOUT

JOB NO.:
DATE: MAY 2025
DESIGNED BY: OWM
DRAWN BY: JCS
CHECKED BY: JCS
SCALE: AS SHOWN

EXG
DRAWING NUMBER

SHEET NUMBER
1

PROJECT COST BREAKDOWN

FEDERAL SHARE 95% / SPONSOR SHARE 5%

PROJECT NAME	AIP/AIG FUNDS	SPONSOR	TOTAL
Terminal Rehabilitation Construction Phase I	\$3,556,800	\$187,200	\$3,744,000
Professional Services – CA/CM	\$333,662	\$17,561	\$351,223
Independent Fee Estimate	\$4,275	\$225	\$4,500
Administration Expense	\$263	\$14	\$277
Total	\$3,895,000	\$205,000	\$4,100,000

	95% Grant	PFC match	5% PFC	Total AIP	Total AIG
FY2026 AIP Grant	\$2,905,000		\$152,895	\$3,057,895	
FY2026 AIG Grant	<u>\$990,000</u>	PFC match	<u>\$52,105</u>	Total AIG	<u>\$1,042,105</u>
Totals	\$3,895,000		\$205,000		\$4,100,000