



Missoula County Airport Authority  
5225 W Broadway Street  
Missoula, MT 59808  
(406) 728-4381

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# Supplemental Information Request Form

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Missoula County Airport Authority

*Missoula Montana Airport (MSO)*

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Date Published:

## **SUPPLEMENTAL INFORMATION REQUEST FORM**

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To help the Missoula County Airport Authority (Authority) make an informed decision regarding the Application, please complete all relevant and applicable sections of this Supplemental Information Request Form (Form) and submit this Form (along with any additional information and/or documentation pertinent to the Applicant and/or the activities) to the Authority.

Please note the following:

- Some questions in this Form may not apply to certain Applicants or activities.
- Commercial Applicants are expected to complete all sections of this Form.
- Non-Commercial Applicants are **NOT** expected to complete the sections of this Form which are identified as “Commercial Applicant Only”.
- Applicants shall complete all relevant and applicable sections of this Form to the best of the Applicant’s ability and include all pertinent information, data, and/or documentation in or with this Form.
- If any section or question is not applicable, the Applicant shall indicate N/A in the appropriate field.
- Upon completion, this Form must be signed in ink by the Applicant or an authorized representative of the Applicant.
- In case of a conflict between words and numerals, the words, unless obviously incorrect, shall govern.
- Supplemental tables, charts, diagrams, graphics, photographs, and other exhibits may be attached to this Form as necessary.



## SUPPLEMENTAL INFORMATION REQUEST FORM

### 1. Applicant's Qualifications and Experience

Please answer the following questions as applicable to the Applicant (the entity) and the Applicant's partners (if partnership), members (if limited liability company), and directors, officers, and major shareholders (if corporation).

- A. Identify all airport land and/or Improvements leased by the Applicant (past and present):
1. Identify the location (airport, city, and state), the dates of the leases, and provide contact information for the lessor and the airport manager for each land and/or Improvement leased on a separate sheet and identify it as **Attachment 1-A-1**.
- B. Provide the names of five **operational** references (and contact information) who can verify the Applicant's qualifications and experience to engage in the activities to be conducted (as identified in the Applicant's Aviation Operator and Lessee Application).
1. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Facsimile: (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Email Address: \_\_\_\_\_
  2. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Facsimile: (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Email Address: \_\_\_\_\_
  3. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Facsimile: (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Email Address: \_\_\_\_\_
  4. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Facsimile: (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Email Address: \_\_\_\_\_



**SUPPLEMENTAL INFORMATION REQUEST FORM**

5. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Facsimile: (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Email Address: \_\_\_\_\_

C. Provide the names of five **financial** references (i.e., financial institutions where the Applicant maintains checking, savings, investment, and/or lending accounts) and contact information.

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Facsimile: (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Email Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Facsimile: (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Email Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Facsimile: (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Email Address: \_\_\_\_\_

4. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Facsimile: (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Email Address: \_\_\_\_\_

5. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Facsimile: (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Email Address: \_\_\_\_\_



**SUPPLEMENTAL INFORMATION REQUEST FORM**

D. Commercial Applicants Only: Please provide the names of five **customer** references (and contact information).

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Facsimile: (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Email Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Facsimile: (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Email Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Facsimile: (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Email Address: \_\_\_\_\_

4. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Facsimile: (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Email Address: \_\_\_\_\_

5. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Facsimile: (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Email Address: \_\_\_\_\_

*By listing a reference, the Applicant shall be deemed to provide consent to the release of any information, data, and documentation regarding the Applicant that is in the possession of the entity listed.*

**2. Proposed Lease Provisions**

- A. Proposed commencement date: \_\_\_/\_\_\_/\_\_\_\_\_
- B. Proposed duration: \_\_\_years \_\_\_months
- C. Proposed renewal options (number): \_\_\_\_\_
- D. Proposed renewal options (length): \_\_\_years \_\_\_months
- E. Proposed key terms and conditions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**3. Proposed Improvements**

If Applicant intends to make Improvements to the proposed property (including improving, enhancing, or renovating existing improvements and/or developing new improvements), each of the following areas must be addressed:

- A. A cost estimate for the proposed Improvements (by major component), source of funds, and the contribution expected (if any) from the Authority. Complete the table in this section and if necessary, attach a separate sheet and identify it as **Attachment 3-A**.
- B. A schedule for the design and construction of the proposed Improvements (by major component). Complete the table in this section and if necessary, attach a separate sheet and identify it as **Attachment 3-B**.
- C. Table (Proposed Improvements)

Improvements Description	Cost	Funds Source	Authority Contribution	Schedule

- D. A preliminary (conceptual) site plan and a floor plan, if applicable, of each building and a sketch (or rendering) depicting the proposed Improvements (from landside and airside perspectives). Attach and identify documents as **Attachment 3-D**.
- E. An overview of the background, experience, qualifications, capabilities, and responsibilities of each key member of the design/construction team. In addition, please provide contact information and a minimum of three references for each key member of the design/construction team. Attach and identify documents as **Attachment 3-E**.
- F. Evidence of the ability to obtain a bond from a bonding company or irrevocable letter of credit from a federally regulated bank guaranteeing the timely, full, and faithful performance of the Applicant's construction obligations in the amount equal to the cost of the proposed Improvements. Attach and identify documents as **Attachment 3-F**.

**4. Business Plan (Commercial Applicants Only)**

Business plans must be organized so each element (identified below) is addressed in the order indicated. Applicants must address each element completely and accurately and furnish any required information, data, and/or documentation.

Business plans shall be typewritten. Tabs must be utilized to separate each section of the business plan. If bound, business plans must be bound on the long side of the paper.

**A. Cover Letter**

Each Applicant must submit a cover letter identifying the name of the Applicant. The original business plan must be signed in ink by a representative authorized to make commitments and/or enter into agreements on behalf of the Applicant.

**B. Market Assessment**

As it pertains specifically to the proposed activities, the Applicant must demonstrate an understanding of the size, composition, current state, significant trends, and future outlook for general aviation in: (1) the United States, (2) the State of Montana, (3) the Missoula marketplace, and (4) the Missoula Montana Airport (Airport). Each business plan must include an analysis of demand and capacity at the Airport and describe how the Applicant is going to address any deficiencies that exist (or that can reasonably be anticipated over the next five years, at a minimum).

**C. Operational Plan**

1. A description of the proposed products and services including the type, range, level, and quality, and hours of operations for each.
2. A description of and cost estimate for the proposed aircraft, vehicles, and equipment to be deployed to provide the proposed products and services.
  - a) The description must include the quantity, manufacturer, model, year, capacity, and status (leased or owned) of the aircraft, vehicles, and equipment that will be deployed.
3. A description of the manner in which the proposed aircraft, vehicles, equipment, and Improvements will be maintained and by whom.
4. A description of the policies and procedures that will be followed to provide the proposed products and services (e.g., customer service; safety, security, and environmental – incident/accident prevention and reporting and emergency procedures; security; and, communications).
5. A description of the inventories that will be maintained to provide the proposed products and services.
6. A description of the type and level of Disadvantaged Business Enterprise (DBE) participation.
7. Copies of all licenses, permits, and operating certificates required by any governing agency.
8. Evidence of support for the Applicant and the proposed operation.

**D. Management Plan**

1. A statement of the Applicant's mission, vision, and values.
2. A chart depicting the Applicant's organizational structure to include the name and title/position of all key personnel.
3. A description of the roles and responsibilities of the Applicant's principals, managers (including the general manager and department managers), supervisors, and other key personnel.
  - a) For those individuals who are already serving in these positions or for those individuals who have been identified by the Applicant to serve in these positions, provide an overview of the qualifications, background, and experience of each individual and attach a resume identifying the individual's past employers, titles/positions held, roles and responsibilities, immediate supervisor, and length of service.
4. Proposed staffing levels and work schedules for all the personnel (including management and operating level employees – full and part time as well as seasonal, if any) who will be required to provide the proposed products and services and maintain the proposed aircraft, vehicles, equipment, and improvements.
5. A description of the training and quality assurance program that will be utilized by the Applicant.
6. A description of the processes that will be utilized by the Applicant to evaluate the level and quality of products, services, and facilities to be provided and the manner in which complaints and/or disputes with any party including, but not limited to, customers will be resolved.
7. An overview of the systems to be utilized in managing the Applicant's resources including management information and accounting/financial systems.
8. If applicable, a description of the Applicant's plan for transitioning from an existing operation to the proposed operation including, but not limited to, identifying and discussing the key elements of the plan (and the process), conveying the schedule for implementing each of the key elements of the plan, and the identifying the anticipated impact on the existing operation, the current customers of the existing operator, the Airport, and the Authority. If any adverse impacts are anticipated, the Applicant shall indicate how such impacts will be minimized and/or mitigated.

**E. Marketing Plan**

1. A description of the Applicant's target market(s) and the marketing and sales strategies (including promotional methods and mix) that will be utilized to reach the target market(s).
2. A description of the Applicant's pricing strategies and proposed pricing for all products, services, and facilities, image development and/or enhancement programs, and the processes that will be utilized to evaluate the effectiveness of the Applicant's marketing and image development programs.
3. An overview of the Applicant's experience championing issues that have: (a) resulted in the growth and development of activities, the airport where the activities were conducted, and community surrounding the airport and (b) had an overall positive impact on the airport and the community served.
4. A marketing budget identifying the costs and/or expenses associated with each element of the marketing plan.

**F. Financial Plan**

1. A statement of financial capacity from a qualified financial institution or other source easily verified by the Authority which identifies the source and the amount of funds available to provide working capital to initiate the proposed activity and to make any proposed capital investment.
2. A three-year historical income statement, a three-year historical balance sheet including all footnotes, and a three-year historical statement of cash flows prepared in accordance with generally accepted accounting principles (GAAP) by an independent CPA.
  - a) If the business plan is prepared by a subsidiary of a parent company or corporation, the subsidiary shall submit the required financial information for the parent company, provided such parent company will be bound jointly with the subsidiary in the business plan and, if the subsidiary is granted a lease agreement, the parent company must acknowledge its joint obligations with its subsidiary and the business plan must be accompanied by a certified copy of a resolution by the Board of Directors of the parent company authorizing such joint obligations.
3. A five-year projected income statement (or pro forma) which demonstrates the Applicant's ability to initiate and sustain the proposed operation.
4. A five-year projected statement of cash flows.
5. Minimum compensation (including all rents, fees, and other charges – by component or element) proposed to be paid to the Authority over the five-year pro forma period.
6. Evidence of the ability to obtain a bond from a bonding company or irrevocable “declining balance” letter of credit from a federally regulated commercial bank that assures the timely, full, and faithful performance of all of the Applicant's lease obligations (i.e., payment of rents, fees, and other charges) to the Authority in the amount equal to the proposed minimum compensation over the five year pro forma period.
7. Proof of existing insurance or evidence of the ability to obtain insurance in the amounts required for the proposed activities.

**G. Additional Information**

The Applicant may include any supplemental information, data, and/or documentation which may be useful in helping the Authority evaluate the qualifications and experience of the Applicant.