



AEROSPACE AND AVIATION EDUCATION GRANT APPLICATION

Instructions: Please read all items thoroughly and do not leave any items blank. Incomplete applications may not be accepted. This document provides instructions for the grant process and, for public entities, will serve as a contract upon approval of a grant. Please be sure to read and understand all terms and conditions.

Applicant Contact Information

(Organization / Entity) Name:	
Mailing Address:	
Contact Name:	
Telephone Number:	
Email Address:	
Federal ID Number:	

Program Information

Program Name:				
Program Date Range:	From:		To:	
Note: Include the actual date(s) the program will take place, or your best estimate if dates have not been decided.				
Amount of Request:				
Grade Levels Served:				
Estimated Number of Students that will be reached:				
Program Location:				

Program Narrative

Prepare a narrative on each of the topics identified below to give an account of the planning process, overall plan to implement the program, and the desired learning outcomes. If additional pages are needed to fully describe the program, they may be attached as Attachment 'A'.

Program Goals & Objectives:

Curriculum Title & Subject Areas: Please list the curriculum title and indicate how the proposed program subject areas directly apply to the advancement of aviation / aerospace in South Carolina?

Desired Learning Outcomes:

Educational Benefits:

Measurements of Success:

Program Funding & Budget Information

Explain the justification and benefit for Aeronautics Commission financial participation in this program:

Total Program Cost: _____

Note: Total program cost includes all expenses (materials, transportation, supplies, etc.) directly associated with carrying out the program. Do not include overhead expenses not directly related to the program.

Please list Other Contributors or Anticipated Contributors and Amount Contributed (If Applicable):

Budget: Enter the estimated budget for all items required to conduct the program (equipment, supplies, and material costs). Enter as accurate information as possible. Include any goods or services that will be donated from outside sources (in-kind) or monetary donations from outside sources. Be sure to reflect all items necessary for the aviation/aerospace related portion(s) of the program. While item substitutions may be considered on a case-by-case basis, additional items may not be added once the grant has been awarded without special approval. Do not include overhead expenses not directly related to the program.

Program Budget

ITEM	TOTAL (\$)	FUNDED BY SCAC (Y / N)	AMOUNT REQUESTED FROM SCAC (\$)
TOTAL			

TERMS: Please read and initial next to each item listed below.

_____ Any grant funds awarded will be paid by the South Carolina Aeronautics Commission following the expenditure of such funds by the Applicant and the completion of the program, or as periodic payments throughout the life of the program.

_____ Invoices will not be processed without corresponding receipts for the amounts expended.

_____ The Completion Report must be submitted to the South Carolina Aeronautics Commission within **sixty (60) days** following the completion of the program and shall give a thorough account of the program and the goals met during the program.

_____ A detailed Financial Report that includes all expenditures for the program, both monetary and in-kind, must be submitted to the South Carolina Aeronautics Commission within **sixty (60) days** following the completion of the program.

_____ The program receiving grant funds must be completed within one (1) calendar year from the date the funds are formally allocated for the approved grant application.

_____ It is mutually understood and agreed that should the Applicant fail to accomplish all the services set forth in the approved grant application, including submitting a Completion Report, Financial Report, Invoices, and corresponding Receipts within **sixty (60) days** following completion of the program, any remaining grant funds shall be immediately forfeited by the Applicant.

_____ If an Applicant forfeits funds, the Applicant shall be unable to apply for an Aerospace and Aviation Education Grant the following year.

_____ If the Applicant is unable to submit the Completion Report, Financial Report, Invoices, and corresponding Receipts within sixty (60) days following completion of the program, the Applicant can request an extension of up to thirty (30) days in which to submit the required items. Granting of such a request is solely within the discretion of the Director of the South Carolina Aeronautics Commission and will be considered on a case-by-case basis. **Extension requests must be in writing and received at the South Carolina Aeronautics Commission office within sixty (60) days following completion of the program.**

_____ Grants are awarded based on information contained within this document. **Changes or amendments to program reach, scope, or educational content may result in forfeiture of grant funds.**

_____ The South Carolina Aeronautics Commission must be notified as soon as possible, and before the program begins, regarding any changes to the program or program date.

If a grant is awarded and is less than the amount requested, the program may be required to secure additional funds in order to complete the program as proposed.

CONFIRMATION

I, THE UNDERSIGNED, HEREBY AFFIRM THAT ALL INFORMATION CONTAINED WITHIN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature:

Printed Name:

Email Address:

Telephone #:

Date:

Items below will be completed once the grant has been approved.

The COMMISSION will grant \$ _____ for the cited request and the APPLICANT is to provide \$ _____ as its share of the program.

IN WITNESS WHEREOF, the APPLICANT has caused this Application to be duly executed in its name, this _____ day of _____, 20__.

I UNDERSTAND THAT THE FOLLOWING ITEMS ARE DUE WITHIN SIXTY (60) DAYS UPON COMPLETION OF THE PROGRAM:

1. COMPLETION REPORT
2. FINANCIAL REPORT
3. INVOICE(S)
4. CORRESPONDING RECEIPTS

FAILURE TO TURN IN THESE ITEMS WITHIN SIXTY (60) DAYS OF THE COMPLETION OF THE PROGRAM MEANS THAT I FORFEIT ANY OUTSTANDING BALANCES OWED TO THE PROGRAM.

(Printed Name)

(Title)

(Signature)

The program and expenditure of funds in the amount of \$ _____ were approved in a regular, convened meeting of the COMMISSION on the ___ day of _____, 20__. By its approval, the COMMISSION authorized the Executive Director to execute this agreement.

EXECUTIVE DIRECTOR
South Carolina Aeronautics Commission