



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 Information

(Organization / Entity) Name:

Mailing Address:

Contact Name:

Telephone Number:

Email Address:

Federal ID Number (EIN):

Check appropriate box:

- Educational Institution
- Non-Profit Organization with 501(c)3 status
- Government Entity

Program Information

Program Name:

Alignment with State
Aeronautical Priority:

- Enhances workforce development for the aerospace industry by increasing awareness of aerospace careers in K-12 students.

- Enhances workforce development for the aerospace industry by providing educational opportunities for pilots, aircraft maintenance technicians, engineers, and other career paths in the aerospace industry.

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:

Number of Students
Anticipated:

Program Location:

Program Service Area:

-
- city county state-wide

Program Narrative

Prepare a narrative on each of the topics identified below

Program Goals & Objectives:

- What are the goals and objectives of the program?
- At least one objective should have a measurable outcome.

Curriculum Alignment & Learner Outcomes:

- For programs focused on K-12 students, include subject area and curriculum standards the program addresses.
- For program focused on educational opportunities for adults, include any certifications or skills participants will earn (or make progress toward) due to participation in the program.
- For both, indicate how the program directly applies to the advancement of aviation and aerospace in South Carolina.
- For both, describe what activities participants will engage in during the program. What will participants learn and do by participating in the program?

Program Need:

- Does the program support a unique opportunity in the program service area?
- Will this program be implemented without a grant from SCAC? How would a grant from SCAC change the program? Explain the justification and benefit for SCAC's financial participation in this program.

Sustainability:

- Will the program continue after the grant period?
- What other community partners are contributing to the program?
- How will the organization share information about the program, so similar programs can be developed in other regions of the state?

Prior SCAC Grants:

- Has the organization received SCAC grants previously?
- If yes, please include year(s) grant(s) received and title of grant(s).

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.

IT 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
 - a. On Project Tabulation Form
- 3. REQUEST FOR REIMBURSEMENT
 - a. Including invoices, receipts and/or proof of payment (such as cancelled check)

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

Signature:

Printed Name:

Title:

The program and expenditure of funds in the amount of \$ _____ were approved in a

regular, convened meeting of the COMMISSION on the this _____ day of

_____, 20____. By its approval, the COMMISSION authorized the Executive

Director to execute this agreement.

Signature:

EXECUTIVE DIRECTOR
South Carolina Aeronautics Commission