## OKLAHOMA AERONAUTICS COMMISSION AEROSPACE AND AVIATION EDUCATION GRANT APPLICATION



Oklahoma Aeronautics Commission 110 N Robinson, Suite 200 Oklahoma City, OK 73102 (405) 604-6900 mbouziden@oac.ok.gov



**APPLICATION DEADLINE: MAY 31, 2021** 

Instructions: <u>Please read all items thoroughly and do not leave any items blank.</u> 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 consider all terms and conditions before signing.

| 1. <u>CONTACT INFORMATION</u> |   |
|-------------------------------|---|
| APPLICANT (ENTITY) NAME:      |   |
| APPLICANT (ENTITY) ADDRESS:   |   |
| APPLICANT (ENTITY) PHONE:     |   |
| CONTACT NAME:                 |   |
| CONTACT ADDRESS:              |   |
|                               |   |
| CONTACT PHONE:                |   |
| CONTACT EMAIL:                |   |
|                               | Provide a phone number and email that is checked during the summer  |
| FEDERAL ID NUMBER:            |   |
| 2. PROGRAM INFORMATION        |   |
| PROGRAM NAME:                 |   |
| PROGRAM START & END DATE:     |   |
|                               | Include the actual dates the program will take place, or your best estimate if dates have not been decided. Program must be completed within one (1) calendar year from the date the Commission approves the grant. |
| AMOUNT OF REQUEST:            |   |
|                               | The maximum cost share of any grant or contract awarded by the Commission shall not exceed 50% of the total program cost unless   |

The maximum cost share of any grant or contract awarded by the Commission shall not exceed 50% of the **total program cost** unless the funding request by the applicant is less than \$3,000 in which case the maximum cost share shall be 90%. [Oklahoma Administrative Code §25:25-1-2(j)]

| GRADE LEVELS SERVED:  |
|---|
| APPROXIMATE NUMBER OF STUDENTS REACHED WITH GRANT FUNDS:  |
| LOCATION OF PROGRAM:  |
| 3. 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 "Addendum A." |
| PROGRAM GOALS AND OBJECTIVES:   |
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| <b>CURRICULUM AND SUBJECT AREAS:</b> How does the program have a direct application to aviation/aerospace?  |
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| ESIRED LEARING OUTCOMES: |  |
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| DUCATIONAL BENEFITS:     |  |
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| EASUREMENTS OF SUCCESS:  |  |
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| 4. PROGRAM FUNDING AND BUDGET INFORMATION   |  |  |
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| JUSTIFICATION OF NEED FOR FUNDING:  |  |  |
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| TOTAL PROGRAM COST:   |  |  |
| TOTALT ROSIGNIE GOOT.   | 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.  |  |
|   |  |  |
| PERCENTAGE OF TOTAL PRO   | DGRAM BUDGET REQUESTED:  The maximum cost share of any grant or contract awarded by the  |  |
|   | Commission shall not exceed 50% of the total program cost unless the funding request by the applicant is less than \$3,000 in which case the maximum cost share shall be 90%. [Oklahoma Administrative Code §25:25-1-2(j)]   |  |
| OTHER CONTRIBUTORS OR A CONTRIBUTED (IF APPLICAPI   | ANTICIPATED CONTRIBUTORS AND AMOUNT<br>LE):  |  |
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| (equipment, supplies, and mater goods or services that will be do outside sources. Be sure to refle portion(s) of the program. While additional items may not be addenot include overhead expenses in | mated budget for all items required to conduct the program rial costs). Enter as accurate information as possible. Include any nated from outside sources (in-kind) or monetary donations from ect all items necessary for the aviation/aerospace related item substitutions may be considered on a case-by-case basis, ed once the grant has been awarded without special approval. Do not directly related to the program. Do not attach a separate g the Program Budget template below. |  |

## **EXAMPLE:**

| ITEM                 | UNITS | COST<br>PER<br>UNIT | TOTAL | IN-KIND OR<br>MONETARY<br>DONATIONS | FUNDED BY<br>APPLICANT | AMOUNT<br>REQUESTED<br>FROM OAC |
|----------------------|-------|---------------------|-------|-------------------------------------|------------------------|---------------------------------|
| Student<br>workbooks | 50    | \$10                | \$500 | \$0                                 | \$0                    | \$500                           |
| Transportation costs | 1     | \$200               | \$200 | \$0                                 | \$0                    | \$200                           |
| Monetary donation    | 1     | \$0                 | \$0   | \$1000                              | \$0                    | \$0                             |
| Craft supplies       | 1     | \$0                 | \$0   | \$200                               | \$0                    | \$0                             |
| Instructor Salary    | 2     | \$200               | \$400 | \$0                                 | \$400                  | \$0                             |
| TOTAL                |       |                     | \$700 | \$1200                              | \$400                  | \$700                           |

## PROGRAM BUDGET:

| ITEM | UNITS | COST<br>PER<br>UNIT | TOTAL | IN-KIND OR<br>MONETARY<br>DONATIONS | FUNDED BY<br>APPLICANT | AMOUNT<br>REQUESTED<br>FROM OAC |
|------|-------|---------------------|-------|-------------------------------------|------------------------|---------------------------------|
|      |       | \$                  | \$    | \$                                  | \$                     | \$                              |
|      |       | \$                  | \$    | \$                                  | \$                     | \$                              |
|      |       | \$                  | \$    | \$                                  | \$                     | \$                              |
|      |       | \$                  | \$    | \$                                  | \$                     | \$                              |
|      |       | \$                  | \$    | \$                                  | \$                     | \$                              |
|      |       | \$                  | \$    | \$                                  | \$                     | \$                              |
|      |       | \$                  | \$    | \$                                  | \$                     | \$                              |
|      |       | \$                  | \$    | \$                                  | \$                     | \$                              |
|      |       | \$                  | \$    | \$                                  | \$                     | \$                              |

|       | \$        | \$<br>\$ | \$<br>\$ |
|-------|-----------|----------|----------|
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|       | \$        | \$<br>\$ | \$<br>\$ |
|       | <b>\$</b> | \$<br>\$ | \$<br>\$ |
|       | <b>\$</b> | \$<br>\$ | \$<br>\$ |
|       | <b>\$</b> | \$<br>\$ | \$<br>\$ |
|       | \$        | \$<br>\$ | \$<br>\$ |
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|       | \$        | \$<br>\$ | \$<br>\$ |
|       | \$        | \$<br>\$ | \$<br>\$ |
|       | \$        | \$<br>\$ | \$<br>\$ |
| TOTAL | \$        | \$<br>\$ | \$<br>\$ |

| <b>6. FUNDS:</b> The Applicant will deposit awarded grant fund which is qualified by law to act as a depository of public funds  |   |
|--|---|
| NAME OF FINANCIAL INSTITUTION:   |   |
| ADDRESS OF FINANCIAL INSTITUTION:  |   |
|  |   |
| PHONE NUMBER OF FINANCIAL INSTITUTION:   |   |
| POINT OF CONTACT:  |   |
| 7. <u>TERMS</u> : Read and initial next to each item.  |   |
| Any grant funds awarded will be paid by the Oklahom expenditure of such funds by the Applicant and the completio agrees to upfront any and all funds awarded and will be refollowing the expenditure of the funds and the completion   | on of the program. <u>The Applicant</u> reimbursed up to the amount awarded   |
| following schedule:  a. The Oklahoma Aeronautics Commission will m   |   |
| percent (80%) of awarded funds following the e<br>the program, and receipt of the following docur  |   |
| i. Invoice(s) addressed to the Oklahoma  |   |
| requested ii. Corresponding receipts documenting the   | the expenditure of all requested funds  |
| b. The remaining twenty percent (20%) will be pa   |   |
| documents:  i. Completion Report (template available   | by request)   |
| ii. Financial Report (template available by  |   |
| iii. Any remaining invoice(s) addressed to for the amount requested  | the Okianoma Aeronautics Commission   |
| iv. Any remaining receipts documenting th  | he expenditure of all requested funds   |
| Invoices will not be processed without corresponding   | g receipts for the amounts expended.  |
| The Completion Report must be submitted to the Oklasixty (60) days following the completion of the program and sprogram and the goals met during the course of the program.  | shall give a thorough account of the  |
| A detailed Financial Report that includes all expenditure in-kind, must be submitted to the Oklahoma Aeronautics Completion of the program.  |   |
| Additional documentation is required for grants award of applicable, the Oklahoma Aeronautics Commission will proviservices certification, non-collusion certification, and sole-sou Applicant following grant approval. All documents must be a Commission within 30 days of the Commission meeting a | ovide the necessary contract, professional<br>urce form to be completed/signed by the<br>returned to the Oklahoma Aeronautics |
| The program receiving grant funds must be complete date the funds are formally allocated for the approved grant a  |   |

|  | I that should the Applicant fail to accomplish all the ication, including submitting a Completion Report,  |
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|  | ng Receipts within <b>sixty (60) days</b> following completion of  |
| the program, any remaining grant funds shall   | ll be immediately forfeited by the Applicant.  |
| If an Applicant forfeits funds, the Ap   | plicant shall be unable to apply for an Aerospace and  |
| Aviation Education Grant the following year.   |  |
| corresponding Receipts within sixty (60) day request an extension of up to thirty (30) days a request is solely within the discretion of the will be considered on a case-by-case basis. | he Completion Report, Financial Report, Invoices, and is following completion of the program, the Applicant can in which to submit the required items. Granting of such is Director of the Oklahoma Aeronautics Commission and Extension requests must be in writing and received in office within sixty (60) days following completion of |
|  | aintained for not less than three (3) years. Reasonable he grantor's regular place of business. Records will be uditor and Inspector.  |
| Grants are awarded based on inforn   | nation contained within this document. <b>Changes or</b>   |
| amendments to program reach, scope, or   | educational content may result in forfeiture of grant  |
| <u>funds.</u>  |  |
| The Oklahoma Aeronautics Commis changes to the program or program date.  | ssion must be notified as soon as possible regarding any   |
|  | nan the amount requested, the program may be ler to complete the program as proposed.  |
| 8. <u>CONFIRMATION</u>   |  |
| I, THE UNDERSIGNED, HEREBY AFFIRM APPLICATION IS TRUE AND COMPLETE TO  | THAT ALL INFORMATION CONTAINED WITHIN THIS TO THE BEST OF MY KNOWLEDGE.  |
| SIGNATURE:   |  |
| PRINTED NAME:  |  |
| EMAIL:   |  |
| PHONE:   |  |
| 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 s  | hare of the program.   |
|  | ANT has caused this Application to be duly executed in its   |
| name, thisday of   | •  |
| COMPLETION OF THE PROGRAM:  1. COMPLETION REPORT  2. FINANCIAL REPORT  3. INVOICE(S)  4. CORRESPONDING RECEIPTS FAILURE TO TURN IN THESE ITEMS | VING ITEMS ARE DUE WITHIN SIXTY (60) DAYS OF THE S WITHIN SIXTY (60) DAYS OF THE COMPLETION OF THE TANY OUTSTANDING BALANCES OWED TO THE |
| (Printed Name)   | -  |
| (Title)  | (Signature)  |
|  | in the amount of \$ were approved in a regular  N on the day of, 20 By its approval,  ctor to execute this agreement.                    |
| DIRECTOR Oklahoma Aeronautics Commission   |  |