



Friends of Ohio Aviation Public-Use Airport Grant Application Form

Please upload your application on the website or email to FriendsofOhioAviation@gmail.com.

Applicant Information

- Airport Name:
- Public Owner/Operator (City, County, Airport Authority, etc.):
- Contact Person:
- Title/Role:
- Mailing Address:
- Phone Number:
- Email Address:
- Website (if applicable):

Project Information

1. Project Title: _____
2. Project Location (Airport, Runway/Facility, etc.): _____
3. Project Description – Please provide a detailed explanation of the improvements, upgrades, or equipment being requested, including purpose and scope.
4. Public Benefit – Describe how this project will serve the general public, improve safety, accessibility, or support aviation education and infrastructure.
5. Alignment with Exempt Purpose – Explain how this project relieves the burden of government, supports publicly accessible airport facilities, or enhances aviation opportunities for the community.

Current Status

Describe the current condition of the airport infrastructure or facilities, including any deficiencies or needs the project addresses.

Project Budget

Please provide an itemized breakdown of costs:

- Labor/Contractor Services: \$_____
- Materials/Equipment: \$_____

- Permits/Regulatory Fees: \$_____

- Other (specify): \$_____

Total Project Cost: \$_____

Grant Amount Requested: \$_____

Other Funding Sources / Matching Funds:

Supporting Documentation

Please attach:

- Letters of support (local government, community organizations, users).
- Contractor estimates or engineer's cost projections.
- Maps, diagrams, or project drawings (if applicable).

Certification and Agreement

By submitting this application, I certify that:

- This project benefits a public-use airport and is not intended for private benefit.
- All information is true and complete to the best of my knowledge.
- Any grant awarded will be used solely for the stated charitable/public purpose.
- I agree to provide progress updates and a final report on the use of funds.

Signature of Authorized Representative: _____

Title: _____ Date: _____

For Committee Use Only

Date Received: _____

Review Committee Decision: ☐ Approved ☐ Denied

Grant Amount Awarded: \$_____

Notes/Comments: _____