WEST VIRGINIA AERONAUTICS COMMISSION

APPLICATION

AIRPORT NAME	FEDERAL EMPLOYMENT IDENTIFICATION NO.			
NAME/REMITTANCE ADDRESS OF GRANTEE	BRIEF PROJECT DESCRIPTION:			
FAA GRANT NUMBER:	TOTAL PROJECT COST:			
FEDERAL FUNDING	NON-FEDERAL FUNDING			
FAA GRANT	WVAC GRANT			OTHER SOURCES
	FUEL TAX	GENERAL	REVENUE	
	Share=%	Share=	%	Share=%
COMPUTATION OF AMOUNT REQUESTED COVERING PERIOD FROM: <u>NA</u> to <u>NA</u>				
A. Total Program Outlays to date as of _	<u>NA</u>			NA
B. Federal Share of Amount on Line A				NA
C. Non-Federal Share of Amount on Line A (Line A – Line B)				NA
D. State Share of Amount on Line C				NA
E. State Payment Previously Requested				NA
F. State Payment Now Requested				NA
REMARKS:				
I certify that to the best of my knowledge and be accordance with grant conditions and that paym	lief the data reported aborent is due and has not b	ove is correct and the	at all outlays w ested.	ere made in
SPONSOR NAME:	SPONSOR SIGNATU	RE:		
TITLE:	PHONE NUMBER:		DATE SUBN	MITTED:
	FOR WVAC USE	ONLY		
GRTAWD	I hereby certify that the items/services listed been received and are approved for paym			
IN	_			
PR		Date	Signature	