FLIGHT TRAINING ASSISTANCE PROGRAM (FTAP) APPLICATION

NORTH DAKOTA AERONAUTICS COMMISSION

SFN 60651 (5-2014)

			Date of Application	
Name of Airport		Managing Body		
Designated Airport Representative (Contact Person)		Title of Contact Person		
Address		City	State	ZIP Code
Telephone Number	Fax Number	Email Address		

As a recipient of FTAP funding, the airport agrees to the following conditions:

1. The airport will enter into a written agreement with each participating CFI regarding compensation to the CFI, such as cost of overnight stays, meals, etc. A copy of the agreement shall be provided to the Aeronautics Commission office, attached to application.

2. The airport will keep such records as are necessary to verify the travel to and from their airport by a CFI and the FTAP.

3. The airport will certify to the Commission that such travel is eligible for grant reimbursement pursuant to FTAP. With all requests for payment, such as travel costs, the names of the student pilots and the nature of the flight instruction resulting from such travel, shall be recorded.

4. All grant monies shall flow through the airport's accounting system and be a part of any audit thereof.

5. Flight instruction includes, but is not limited to, public informational meetings regarding the availability of flight instruction, any flight instruction for any pilot rating, proficiency flying and ground school, including preparation for any FAA required flight reviews.

6. Approval of any flight instruction not referenced herein is eligible for grant payment if approved by the Commission's Contact Person.

The undersigned, being a duly designated representative of the airport by authorization of the governing body of the airport, does hereby certify that flight instruction by an active local Certified Flight Instructor (CFI) is not available at the airport and/or the airport does not have an aircraft available for instructional use as of the date of this application.

Authorized Airport Representative

Name	Title
Signature of Authorized Representative	Date Signed

ND Aeronautics Commission Staff

Name	Title
Signature of Commission Staff	Date of Commission Approval

This application is effective for one year. Approval will be sent to the applicant.