

WEST VIRGINIA AERONAUTICS COMMISSION

APPLICATION

AMENDMENT

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 belief the data reported above is correct and that all outlays were made in accordance with grant conditions and that payment is due and has not been previously requested.			
SPONSOR NAME:	SPONSOR SIGNATURE:		
TITLE:	PHONE NUMBER:	DATE SUBMITTED:	