



# Advanced Air Mobility Planning Grant Application Form



<b>Date of Application</b>	
<b>Legal Name of Organization / Municipality</b>	
<b>Primary Contact Person</b>	
- Name and title	
- Email address	
- Phone number	
<b>Address</b>	
<b>Organization Website</b>	
<b>Are there additional local partners?</b>	<b>Yes:</b> <input type="checkbox"/> <b>No:</b> <input type="checkbox"/>
<b>Local partner names</b>	
<b>Reason for partnership</b>	
<b>Project Name</b>	
<b>Project Purpose and Vision</b>	
<b>Level of AAM Deployment (Check all that apply)</b>	
- Freight	<input type="checkbox"/>
- Passenger	<input type="checkbox"/>
- Urban Air Mobility	<input type="checkbox"/>
- Regional Air Mobility	<input type="checkbox"/>
- Uncrewed Aerial Systems	<input type="checkbox"/>
- Infrastructure Development	<input type="checkbox"/>
- Other (please describe)	

<b>Geographic area to be served (project area)</b>	
<b>How does your organization plan to integrate AAM into existing transportation planning?</b>	
<b>How does the project benefit your communities?</b>	
<b>What are some unique strategies your organization has used, or plans to use to engage communities and implement project/plan?</b>	
<b>What are some of the key stakeholders your organization has (or intends to) engaged regarding AAM?</b>	
<b>Total (Not to Exceed) Project Cost (\$)</b>	
<b>Local Match Funds Available (10%)</b>	
<b>Source of required 10% Match</b>	
<b>Tentative Project Timeline</b>	
<b>Was a consultant involved in developing a high-level scope / fee for this project? If so, please indicate the Consultant name, primary contact, and attach the scope.</b>	
<b>If awarded, indicate acknowledgement of future participation in structures roundtables, peer exchanges, and/or workshops with NCDOT Division of Aviation.</b>	<input type="checkbox"/>