



Advanced Air Mobility Planning Grant Application Form



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

Geographic area to be served (project area)	
How does your organization plan to integrate AAM into existing transportation planning?	
How does the project benefit your communities?	
What are some unique strategies your organization has used, or plans to use to engage communities and implement project/plan?	
What are some of the key stakeholders your organization has (or intends to) engaged regarding AAM?	
Total Project Cost (\$)	
Amount Requested (\$ up to 90%)	
Will You Accept a Partial Award?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
- If yes , please list additional sources of funding	
Source of required 10% Match	
Tentative Project Timeline	
Consultant firm being used (Must be prequalified for Code 141-Multimodal Transportation Planning).	
If awarded, indicate acknowledgement of future participation in structures roundtables, peer exchanges, and/or workshops with NCDOT Division of Aviation.	