Bureau of Aviation (BOA)

Airport Improvement Program (AIP) Match

Application Instructions Guide

eGrants

Document History

The table below serves as a document history log to track the version number, date, and description of each change/revision applied to this document.

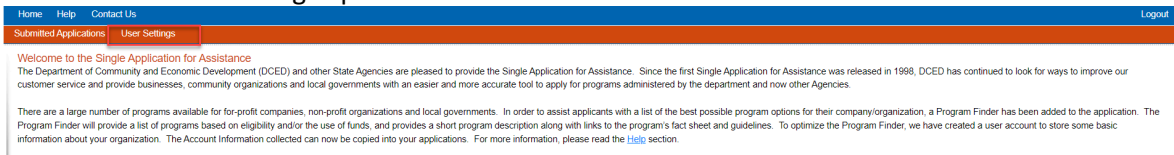| Version	Date	Version / Revision Description
1.0	10/5/2022	Draft version delivered
1.1	10/17/2022	Updated based on the new changes
1.2	10/28/2022	Updated based on the new changes
1.3	10/31/2022	Updated based on the new changes
1.4	11/10/2022	Updated based on the new changes
1.5	3/17/2023	Updated based on the new changes
2.0	May 2023	Updated version published
3.0	3/29/2024	Added partner portal question and signer count

Table 1. Document History

How to Apply for AIP MATCH Program

Applications are best applied by using **Chrome** or **Edge.**

- Log into the eGrants Public Portal Interface at https://www.esa.dced.state.pa.us/login with the Keystone username and password.
- "User Setting" option is used to collect the user account information and information collected in the user setting can be copied into your applications. Please follow the below steps to enter user account information:
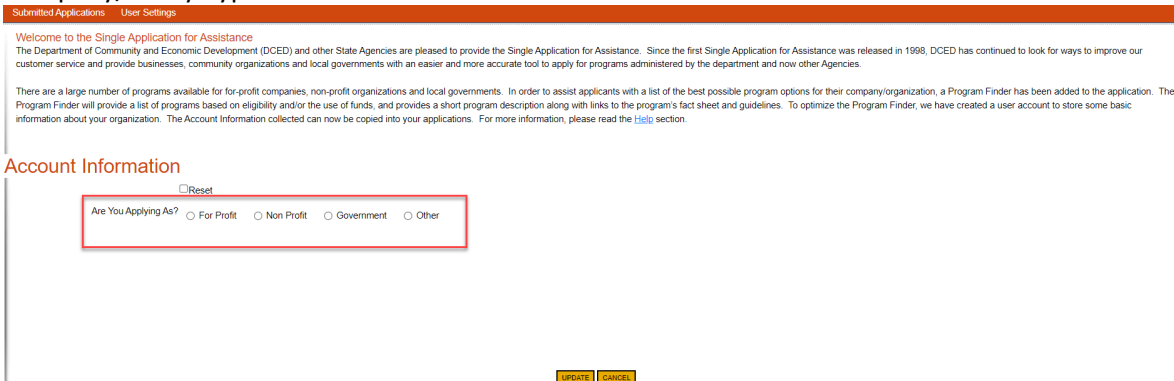
  NOTE: It is an optional step and is beneficial for users submitting applications for the same entity. Users submitting applications for multiple entities may skip this step.
  - o Click on the "User Setting" option as shown below:

  - o Select an option for "Are You Applying As?" Selection will determine the choices available under Company/Entity Type.

  - o Enter the Company/Entity Type, Federal Employers Identification Number (FEIN) of the company/organization (do not enter the dash) applying for the application, and other required fields. Click Update.

    Note: All fields with a red diamond are required and must be completed.

Account Information

☐ Reset

Are You Applying As? ◉ For Profit   ○ Non Profit   ○ Government   ○ Other

Company/Entity Type:
- ○ Limited Liability Partnership   ○ Partnership
- ○ Sole Proprietorship   ○ Limited Liability Company
- ○ S Corporation   ○ C Corporation
- ○ Individual

FEIN: [____] ◆

SAP Vendor #: [____]

Incorporated in PA? ☐ Yes

Registered to do business in PA? ☐ Yes

Company/Entity Name: [____] ◆

Top Official/Signing Authority: [____] ◆

Title: [____] ◆

Application Contact Name: [____] ◆

Application Contact Title: [____] ◆

Phone: [____] ◆ Ext. [____]
(xxx-xxx-xxxx)

Fax: [____]

E-mail: [____] ◆

Mailing Address: [____] ◆

City: [____] ◆

State: [PA ▾] ◆

Zip Code: [____] ◆

[UPDATE] [CANCEL]

- Enter the Project Name, select No in the "Do you need help selecting your program?" dropdown, and click **"CREATE A NEW APPLICATION."**

Submitted Applications   User Settings

Begin a New Application

To begin a new Single Application For Assistance, enter a brief name for the project (up to sixty characters) and answer whether you need help selecting your program. If you already know the name of the program you want to apply for, answer "No".

If you are applying for the Educational Improvement Tax Credit (EITC) or the Opportunity Scholarship Tax Credit (OSTC), please click the appropriate button. If not, please continue below.

[EITC] [OSTC]

Project Name

[BOA AIP Match ESAW]

Do you need help selecting your program?

[No ▾]

[CREATE A NEW APPLICATION]

- Enter "AIP" under the Program Name section and click "Search."

- Click on the Apply button next to the **"AIP MATCH"** Program.

- Answer the pre-addenda question – select the airport from the dropdown list for which the match is requested.

- Navigate through the Ten (10) application sections using the top row of orange tabs or the **Continue** button at the bottom of each section:

    1. **Applicant:** Applicant is the entity receiving the grant funding. Click "Use Account Information" to pre-fill the fields entered in your user setting. To enter the applicant information manually, select the

appropriate "Applicant Entity Type" and "NAICS code" fields, complete other required information, and click Continue.

Note:

- If you select "Sole Proprietorship" in the "Applicant Entity Type," enter "8141" in the "NAICS code" field.
- All fields with a **red** diamond are required and must be completed.
- Enter your airport agency FEIN (9 digits, no dashes).
- Enter your airport agency head's name for "*Top Official/Signing Authority*" and "*Title.*"
- For "*Contact Name*" / "*Contact Title*", "*Phone*", and "*Email*": provide a primary point of contact regarding the proposal between your airport agency and the Aviation Program Office.
- For "*Mailing Address*", "*City*", "*State*", and "*Zip*": provide the address for grant-related correspondence.
- Enter the email address in the "E-mail" field.

2. **Company:** The Company tab is for capturing the associated airport information. If the Airport is the Applicant, then click the "Copy from Applicant" to pre-fill the fields entered in the Applicant tab. Select all that apply for the Enterprise Type checkbox.

Company Information

COPY FROM APPLICANT

Company Entity Type:
- ○ Limited Liability Partnership
- ○ Partnership
- ○ Government
- ○ Non-Profit Corporation
- ◉ Sole Proprietorship
- ○ Limited Liability Company
- ○ S Corporation
- ○ C Corporation

Company Name: North Central Highway Safety Network, Inc

NAICS Code: 8141

FEIN: 251843496
*Please enter FEIN as 9 digits, no dash.

UEI Number:

Top Official/Signing Authority: Ruchi T.

Title: CEOsdfgffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffffff

SAP Vendor #:
(xxxxxx or xxxxxx-xxx)

Contact Name: Subie P.

Contact Title: VP

Phone: (237)-890-1267   Ext.
(xxx-xxx-xxxx)

Fax:

E-mail: c-rtiwari@pa.gov

Mailing Address: 12 Rumford Way

City: Mechanicsburg

State: PA ▾

Zip Code: 17050

Business Specifics

Current # of Full-time Employees:

(In PA):

(World Wide):

Minority Owned: ◉ No ○ Yes - (Ethnicity is optional) ○ N/A
Select ▾

Woman Owned: ◉ No ○ Yes ○ N/A

Total Sales $

Total Export Sales $

R&D Investment: (% of Budget)

Employee Training Investment: (% of Budget)

Enterprise Type

Indicate the types of enterprises that describe the organization listed above. You may select more than one type. ◆

☐ Advanced Technology	☐ Agri-Processor	☐ Agri-Producer	☐ Authority	☐ Biotechnology / Life Sciences
☐ Business Financial Services	☐ Call Center	☐ Child Care Center	☐ Commercial	☐ Community Dev. Provider
☐ Computer & Clerical Operators	☐ Defense Related	☐ Economic Dev. Provider	☐ Educational Facility	☐ Emergency Responder
☐ Environment and Conservation	☐ Exempt Facility	☐ Export Manufacturing	☐ Export Service	☐ Food Processing
☐ Government	☐ Healthcare	☐ Hospitality	☐ Industrial	☐ Manufacturing
☐ Mining	☐ Other	☐ Professional Services	☐ Recycling	☐ Regional & National Headquarters
☐ Research & Development	☐ Retail	☐ Social Services Provider	☐ Tourism Promotion	☐ Warehouse & Terminal

Continue

3. **Project Overview:** click Continue.

Project Overview

Project Name: ◆
BOA AIP Match ESAW

Is this project related to another previously submitted project?
No ▾

If yes, indicate previous project name:

Have you contacted anyone at PennDOT about your project?
No ▾

If yes, indicate who:

Is your community certified through Sustainable Pennsylvania?
No ▾

If yes, what level:
○ Bronze   ○ Silver   ○ Gold   ○ Platinum

Are you interested in applying for multiple funding sources for this project?
You are only permitted to apply for one program per application. By answering "Yes", you will be given the ability to apply for an additional program on the Certification page after this application has been submitted.
No ▾

How many Site Locations are involved in the project?
1 ▾

Continue

4. **Project Site:** Enter Address, City, and Zip Code and select County and Municipality for the project site location. Click "Continue."
   Notes:
   - Address, City, and Zip Code are not required fields.
   - Do not select Statewide and Countywide for the "County" and "Municipality" dropdown options respectively.

Project Site Location(s)
To add Project Site Locations, please see the Project Overview section.

| Site 1 |

Address:
City:
State: PA
Zip Code:
County: Adams ▾ ◆
Municipality: Abbottstown Borough ▾ ◆
PA House: ◆ ☑ Torren Ecker (193)
PA Senate: ◆ ☑ Doug Mastriano (33)
Designated Areas: ☐ Act 47 Distressed Community   ☐ Brownfield
☐ Enterprise Zone   ☐ Greenfield
☐ Keystone Innovation Zone   ☐ Keystone Opportunity Zone
☐ Prime Agricultural Area   ☐ Uses PA Port

Continue

5. **Project Narrative:** Enter a high-level response for the project description. If additional characters are needed to meet the 100-character minimum requirement, enter spaces at the end of the text.

Project Narrative
Adequate answers to the Project Narrative questions below are required. Uploaded attachments or mailed documents are no longer permitted in this section of the application. If a more detailed narrative is required for the Program selected, instructions will either be provided in the Addenda section or the Program Guidelines.

Project Description
◆ Character Count: 0/3000 characters.

Continue

6. **Addenda:** Answer the applicable questions in the "Addenda" tab.
   Complete question 6 by downloading the file using the link, and completing and uploading the document to the system.
   Click "Continue."

Addenda

Below are additional application requirements specific to the program you selected. If you are having problems completing the Addenda because your organization or project do not meet the requirements listed below, please try changing your program.

1. What is your channel agreement expiration date (MM/DD/YYYY)? ◆

2. What is your AIP grant number? ◆

3. What is the AIP grant amount? ◆

4. Please upload the grant request letter with approved project costs. ◆

Upload Files
Use the control below to select your file. Each file can be no larger than 30MB.

File 1   Choose File   No file chosen

5. Please Download, complete and upload the Worker Protection Form. Use the link below: ◆
Download Worker Protection Form.pdf

Upload Files
Use the control below to select your file. Each file can be no larger than 30MB.

File 1   Choose File   No file chosen

6. Please provide the Airport Code relevant for the project? ◆

7. Partner Portal Access ◆
All agency personnel who will need to view the Executed Agreement must be registered in the Partner Portal (https://apps.dced.pa.gov/esa-partner/). Please register now and list all registered personnel in the table below.

Name ◆	Email ◆		
		Add	Cancel
No data has been entered.			

7. **Project Information:** Follow the below steps to enter the fund share and activity(s) amount.
   o Click the "Edit" option to enter the fund share(s) in the "Fund Share" tab.
   Note: the "Fund Share" tab gives the Federal, State, and Local shares distribution for the requested grant amount.
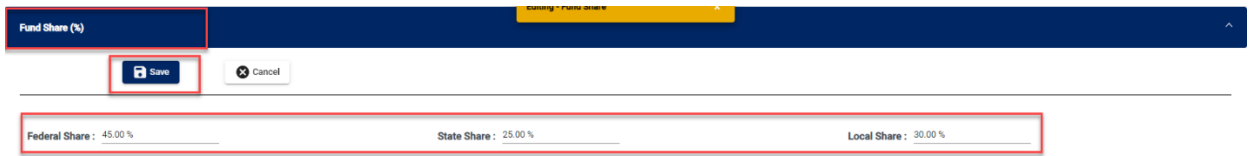
Fund Share (%)

✎ Edit

Federal Share : _____   State Share : _____   Local Share : _____

Activity(s)

✎ Edit

Administration Costs :   Professional Fees :   Construction Costs :   Total Project : $0.00

   o After entering the fund share, click "Save."

- o Click the "Edit" option to enter the amount(s) in the "Activity(s)" tab. After entering the amount(s), click "Save."

Notes:
- Please enter the amount for at least one activity in the "Activity" tab.
- Please enter at least one fund share in the "Fund Share" tab.
- Total share in the "Fund Share" tab should be 100 %.

8. **Signing Authority:** Select the required number of signers for the agreement and enter the authorized official user(s) information. Click Continue.

9. **Certification:** Click the Electronic Signature Agreement checkbox and select the applicable options. Click the Notice checkbox and then click "Submit Application."

Note: After application submission, the system generates a Single Application Id # and a Web Application Id # as shown in the below screenshot. Please keep the web application Id # for future reference.

Application Certification

Single Application ID #: 202209274072

I have certified that all information contained in the single application and supporting materials submitted via the Internet, Single Application # 202209274072 and its attachments are true and correct and accurately represent the status and economic condition of the Applicant, and I also certified that, if applying on behalf of the applicant, I have verified with an authorized representative of the Applicant that such information is true and correct and accurately represents the status and economic condition of the Applicant. I also understand that if I knowingly make a false statement or overvalue a security to obtain a grant and/or loan from the Commonwealth of Pennsylvania, I may be subject to criminal prosecution in accordance with 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and 31 U.S.C. §§ 3729 and 3802 (relating to false claims and statements).

NOTICE

By submitting an application for this grant program Applicant expressly acknowledges and confirms that the signatures affixed to any document submitted to the Pennsylvania Department of Transportation (PennDOT) through eGrants comply with all legal requirements applicable to the Applicant organization and are legally binding. PennDOT will rely on the signatures as originating from persons possessing requisite legal authority to contractually bind the Applicant, and if awarded a grant, the Grantee.

You will be given an opportunity to print the signature page along with a copy of the application immediately after you submit.

Print Signature Page only

Print Entire Application with Signature Page

The signature page or full application may also be printed/saved from the links above. You may also print/save previously submitted applications from the Home page. Click the link labeled "Submitted Applications" in the top toolbar.

Questions: All questions regarding the program and application submission process should be directed to RA-PDBOAEGRANTS@pa.gov.