



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

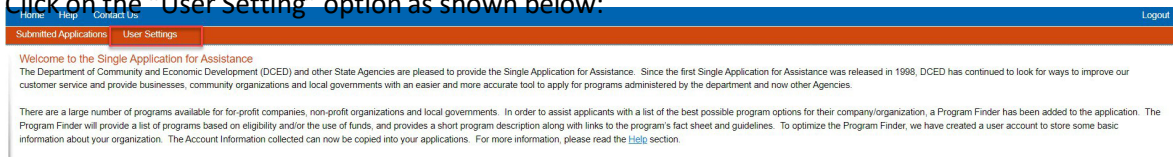
How to Apply for AIP MATCH Program

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

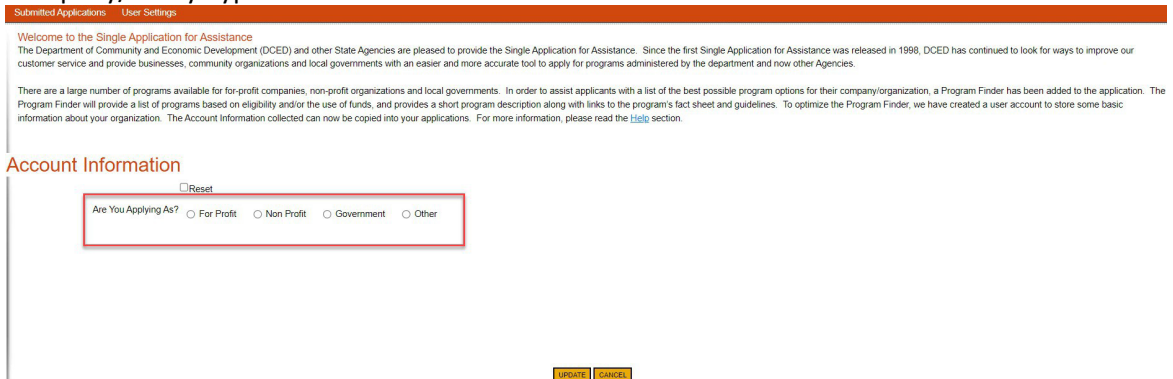
- Log into the eGrants Public Portal Interface at <https://grants.pa.gov/> login with the Keystone username and password.
- “User Setting” option is used to collect the user account information and information collected in the user setting can be copied into your applications. Please follow the below 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.

- Click on the “User Setting” option as shown below:



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



- 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:

Zip Code:



- 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.

Project Name

Do you need help selecting your program?

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

Program

Agency: Pennsylvania Department of Community and Economic Development
 Applicant: Web Application #: 8185714
 Program: DCED

Red Diamond (♦) = Required Field.
 Blue Diamond (◆) = Conditional Required Field.

Select Program
 To search for programs based on your organization and/or project, click the Program Finder button below.

Program Name

Sort By

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

Airport Improvement Program (AIP) Match

Pennsylvania Department of Transportation

The AIP Match program provides Bureau of Aviation state funding for 50% of the non-federal share of a Federal Aviation Administration (FAA) federally funded project. An AIP Match grant is capped at \$600,000 per year, per airport. To participate in the program, the airport sponsor requests matching funds to the AIP grant received from the FAA. The request is processed through the eGrants system similar to other airport grants.

Additional Information: [Program Fact Sheet](#), [Guidelines](#)

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

Program Requirements

Agency: Pennsylvania Department of Transportation
 Applicant: Web Application #: 8185714
 Program: Airport Improvement Program (AIP) Match [Program Guidelines](#)

Red Diamond (♦) = Required Field.
 Blue Diamond (◆) = Conditional Required Field.

REVIEW INFORMATION BELOW
 • Before you can apply for Airport Improvement Program (AIP) Match, you must complete the Pre-Application Requirements section below.

Requirements

Which airport is the match requested for? ♦

- Philadelphia International Airport—City of Philadelphia
- Northeast Philadelphia Airport—City of Philadelphia
- Pittsburgh International Airport—Allegheny County Airport authority
- Allegheny County Airport—Allegheny County Airport authority
- Harrisburg Internal Airport—Susquehanna Area Regional Airport Authority
- Capital City Airport—Susquehanna Area Regional Airport Authority
- Franklin County Regional Airport—Susquehanna Area Regional Airport Authority
- Gettysburg Regional Airport—Susquehanna Area Regional Airport Authority
- Arnold Palmer Regional Airport—Westmoreland County Airport Authority
- Rostraver Airport—Westmoreland County Airport Authority
- Lehigh Valley International Airport—Lehigh Northampton Counties Airport Authority
- Queen City Municipal Airport—Lehigh Northampton Counties Airport Authority
- Erie International Regional Airport
- Bradford Regional airport
- Albion-Stair County
- John Murtha Johnstown-Cambria County
- Wilkes-Barre International Airport
- University Park airport—PennState—Center County Airport Authority
- Lancaster Airport

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

- 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.

Applicant Information
To copy your Registration information into the application, click the “Use Account Information” button below.

USE ACCOUNT INFORMATION

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

Applicant Name:

NAICS Code:

FEIN/SSN Number:
*Please enter FEIN as 9 digits, no dash.

UEI Number:

Top Official/Signing Authority:

Title:

SAP Vendor #:
(xxxxxx or xxxxxx-xxx)

Contact Name:

Contact Title:

Phone: Ext.
(xxx-xxx-xxxx)

Fax:

E-mail:

Mailing Address:

City:

State:

Zip Code:

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: CEO

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) CNIA

Select

Woman Owned: @No Yes CNIA

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.

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

Continue

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

Project Overview

Project Name: BOAIP 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?
No

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.

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: Town Eiler (193)

PA Senate: Doug Mastriano (33)

Designated Areas:

<input type="checkbox"/> Act 47 Distressed Community	<input type="checkbox"/> Brownfield
<input type="checkbox"/> Enterprise Zone	<input type="checkbox"/> Greenfield
<input type="checkbox"/> Keystone Innovation Zone	<input type="checkbox"/> Keystone Opportunity Zone
<input type="checkbox"/> Prime Agricultural Area	<input type="checkbox"/> 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: 0/2000 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.”

PROJECT INFORMATION

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

2. **What is your AIP grant number?** ♦
(Required)

3. **What is the AIP grant amount?** ♦
(Required)

4. **Please provide the Airport Code relevant for the project?** ♦
(Required)

5. **Please upload the grant request letter with approved project costs.** ♦
(Required)

Upload Files

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

0859_001.pdf [View](#) [Delete](#)
MDT-EAG-3-42-0059-099-2024-Grant Agreement part 1 - signed.pdf [View](#) [Delete](#)
File 1

6. **Please Download, complete and upload the Worker Protection Form. Use the link below:** ♦
(Required)

[Download Worker Protection Form.pdf](#)

Upload Files

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

0861_001.pdf [View](#) [Delete](#)
File 1

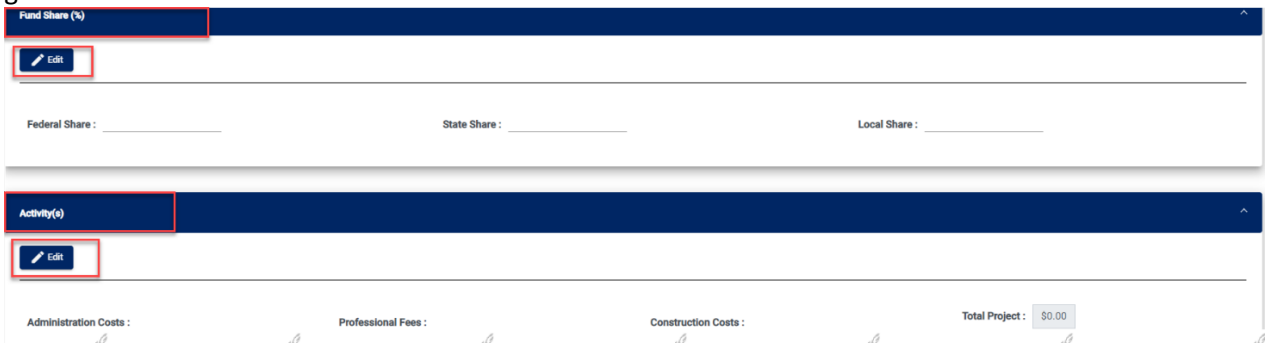
7. **Partner Portal Access** ♦
(Required)

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

Name ◆ (Required) <input type="text"/>	Email ◆ (Required) <input type="text"/>	Add	Cancel
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7. **Project Information:** Follow the below steps to enter the fund share and activity(s) amount.
 - 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.

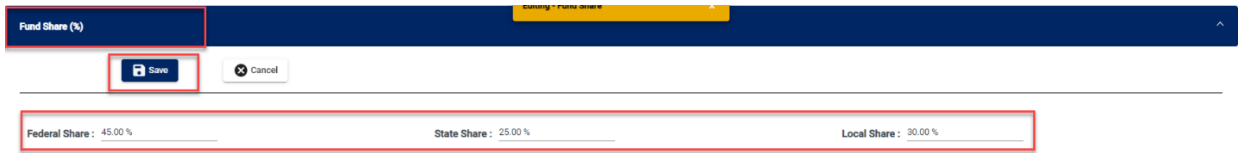


The screenshot shows two tabs: "Fund Share (%)" and "Activity(s)".

Fund Share (%) Tab: Contains an "Edit" button and three input fields: "Federal Share : _____", "State Share : _____", and "Local Share : _____".

Activity(s) Tab: Contains an "Edit" button and four input fields: "Administration Costs : _____", "Professional Fees : _____", "Construction Costs : _____", and "Total Project : \$0.00".

- After entering the fund share, click “Save.”



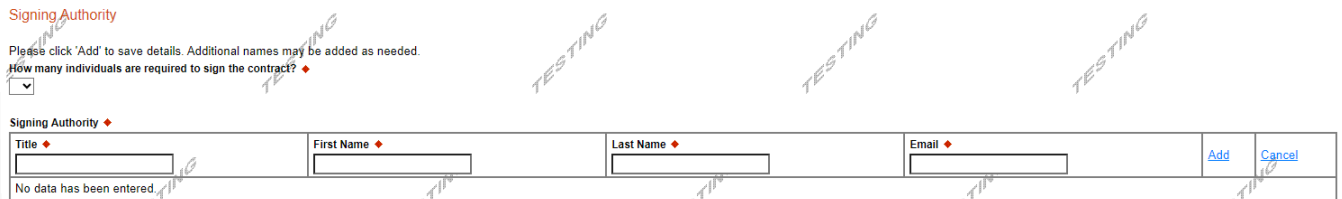
- Click the “Edit” option to enter the amount(s) in the “Activity(s)” tab. After entering the amount(s), click “Save.”



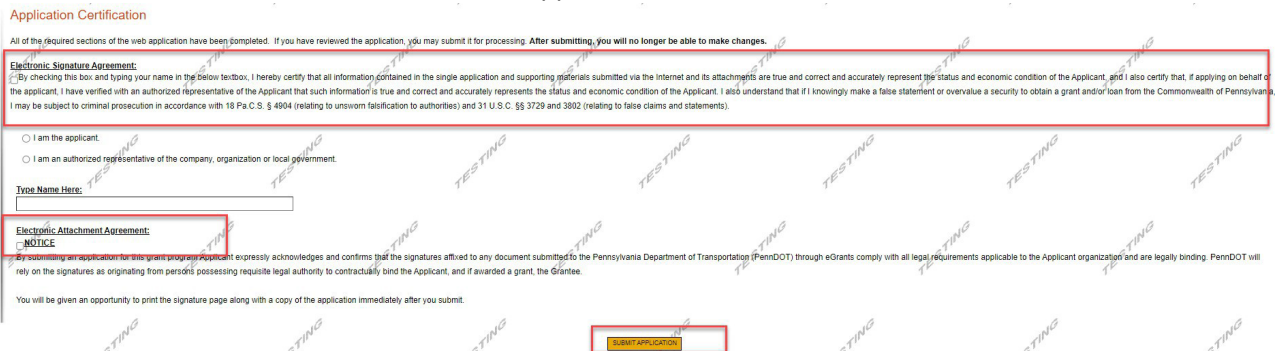
Notes:

- 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.