



The BC Air Access Program (BCAAP) provides capital cost-sharing contributions to aviation infrastructure projects that result in significant incremental safety upgrades, economic or environmental benefits, or the rehabilitation of existing infrastructure.

A separate application must be completed for each project. Each project application will be evaluated on an individual basis and must be submitted in full, with supporting documentation. **Application** deadline is 4:30 p.m. Pacific Standard Time, January 13, 2020

SUBMITTING APPLICATIONS:

Please submit your application and supporting documentation via email to: BCAAP@gov.bc.ca. You will receive a confirmation email within two (2) business days. **If you do not receive such confirmation, please contact the BCAAP staff at 778-974-5468.**

In the Subject field, please identify the applicant or facility by name.

Note that the receiving e-mail system cannot accept .zip files and cannot accept any e-mail that exceeds 10 MB in total size (e-mail plus all attachments). If your application plus supporting documentation exceeds 10 MB, please submit the application via multiple e-mails clearly marked in the subject line (e.g., "Facility name 1 of 2" and "Facility name 2 of 2"). If any single supporting document exceeds 10 MB in size, please contact BCAAP staff.

If you cannot send your application by electronic means, please mail or courier it as below, allowing sufficient time to ensure that it arrives by the due date.

Ministry of Transportation and Infrastructure
Attn.: BC Air Access Program
PO Box 9850 Stn. Prov. Govt.
Victoria, BC V8W 8T5

(Physical Location: 5D – 940 Blanshard Street, Victoria, BC V8W 3E6)

If there is insufficient room on this form for your response to any question, then please include that response in a Word file addendum to this application. Please clearly cross-reference entries in the addendum with the application form.

Applicants should be aware that information collected is subject to the provincial *Freedom of Information and Protection of Privacy Act*.

For further assistance or inquiries, please contact the BCAAP Team via phone at 778-974-5468 or email at BCAAP@gov.bc.ca

**SECTION 1. CONTACT INFORMATION**

Facility Name: _____

Applicant Name: _____

Mailing Address: _____

Primary Contact: _____ Title: _____

Email Address: _____ Phone #: _____

SECTION 2. FACILITY INFORMATION

Facility Type: *(Select all that apply):* ☐ **Airport** ☐ **Heliport** ☐ **Water Aerodrome/Floatplane Facility**

Status as per Transport Canada Regulations *(Select one):* ☐ **Certified** ☐ **Registered** ☐ **N/A**

Facility Usage *(Select all that apply):* ☐ Scheduled passenger service ☐ Wildfire Suppression
☐ Chartered passenger service ☐ Medevac support services
☐ Cargo service ☐ Flight Training
☐ General Aviation ☐ Other _____

Provide traffic data for the last five years at your facility *(as available, by calendar year):*

	2018	2017	2016	2015	2014
Passenger volumes					
Cargo (tonnes)					
Aircraft movements					

Are you currently working on an approved BCAAP project? ☐ Yes ☐ No



SECTION 3. GENERAL PROJECT INFORMATION AND DESCRIPTION

What type of infrastructure is being applied for (select one that best describes the project)?

(Please note all projects will be reviewed through an environmental/climate lens)

- ☐ Airside/Core Aviation Infrastructure
– up to 75% BCAAP cost sharing (e.g., runways, taxiways, hazard beacons, etc.)
- ☐ Transitional Infrastructure
– up to 60 % BCAAP cost sharing (e.g., terminal buildings, fencing, gates, etc.)
- ☐ Groundside/Ancillary Infrastructure
– up to 50% BCAAP cost sharing (e.g., vehicle parking areas, etc.)
- ☐ Climate/Environmental Project
– up to 75% BCAAP cost sharing (e.g., greenhouse gas (GHG) audit, equipment electrification, etc.)

Will the completed project comply with applicable federal, provincial and/or local government standards?

☐ Yes ☐ No

If no, please explain: _____

Estimated start date: _____ Estimated end date: _____

Project Description: *In 10 words or less, provide a phrase to describe your project (i.e. Fuel tank replacement)*

Project Scope: *(Briefly describe and clearly outline the scope of the project)*

Project Rationale: *(Briefly and clearly explain why this project is necessary)*



SECTION 4. ELIGIBILITY FOR FEDERAL FUNDING

(Complete this section only if you checked "Certified" in SECTION 2)

Transport Canada provides federal funds through the **Airport Capital Assistance Program (ACAP)** to assist year-round scheduled passenger service airports to finance capital projects that will maintain and improve safety. Applications are considered in order of priority. **An airport with less than 50,000 year-round regularly scheduled commercial passengers can receive up to 100% funding through ACAP.** (Please check the [ACAP Website](#) for details.)

Is the project eligible for the federal ACAP? ☐ Yes ☐ No ☐ N/A

If yes, has an application been made to ACAP? ☐ Yes ☐ No

What is the status of the application? _____

SECTION 5A. ENVIRONMENTAL / CLIMATE CONSIDERATIONS.

(Complete this section only if you checked Airside/Core, Transitional or Groundside/Ancillary in SECTION 3)

Please complete this section to the best of your ability. Detailed numbers such as anticipated greenhouse gas reductions are welcome but not required. All projects must be based on the highest environmental standards.

What are the benefits of this project from an environmental and/or climate perspective?

How are best practices from an environmental and/or climate perspective incorporated into the design and construction of this project?

Have any specific environmentally-related risks been identified with this project? If so, how are they being addressed?

Is any type of innovation from an environmental and/or climate perspective being incorporated into this project?



SECTION 5B. ENVIRONMENTAL / CLIMATE CONSIDERATIONS

(Complete this section only if you checked Climate / Environmental Project in SECTION 3)

Which of the following best describes your project? (check one)

Climate Action related

- ☐ Energy Retrofitting to low / zero carbon fuels
- ☐ Equipment Electrification (including charging stations)
- ☐ Greenhouse Gas (GHG) audit (baselining)
- ☐ Other _____

Environment related

- ☐ Operational Project (e.g., waste management)
- ☐ Mitigation Project
- ☐ Piloting innovative technologies / strategies
- ☐ Other _____

What are the environmental and / or climate goals of your project? How will this project result in sustainable environmental / climate benefits moving forward?

How does this project fit with your organization's broader environmental and / or climate goals? Is this project part of a broader strategy? Please provide details.

How will this project be assessed to determine success? How will success be measured?



SECTION 6. OVERALL PROJECT BENEFITS

How will this project improve safety?

How will the project provide local, regional and/or provincial economic benefits?

How will the project advance the long-term goals and visions for the airport and community?

Have any concerns or issues with respect to this project been raised by community members either at the facility or in the broader surrounding community? What are they? How are they being addressed?

How will the project benefit medevac and/or wildfire suppression?

**SECTION 7. FUNDING AND PROJECT COST ESTIMATE INFORMATION**

Total Estimated Project Cost _____ (A)

Applicant Share _____

In-kind Contribution(s) _____

3rd Party Contribution(s) _____

In-kind contributions are only considered for non-profit airport operating societies and must be easily quantifiable. Please contact the BCCAP team prior to including in-kind contributions.

Subtotal of (B) _____

Total BCAAP Request (A) – (B) _____

SECTION 8. COMMUNITY SUPPORTList organizations or individuals providing letters or resolutions of support (*Attach supporting letters or resolutions*)

SECTION 9. CHECKLIST

Please indicate supporting documentation submitted with application:

☐ Detailed Cost Estimates☐ Aerodrome Development Plan (*If available*)☐ Design Drawings☐ Environmental Assessment (*If applicable*)☐ Council Resolution/Equivalent☐ _____**SECTION 10. AUTHORIZATION**

We certify that the information contained in the application for:

Submission Date: _____

to the best of our knowledge, is correct, complete and has been submitted with council/board concurrence.

Project Manager Name: _____

Financial Officer / Other Authority's Name: _____

Project Manager Signature: _____

Financial Officer / Other Authority's Signature: _____

Date: _____

Date: _____