BC AIR ACCESS PROGRAM (BCAAP) 2020/21 RECONSIDERATION FORM

This Reconsideration Form is designed for organizations that submitted a full application for the 2019/20 BCAAP intake that was not funded at that time. A separate Reconsideration Form must be completed for each application to be reconsidered. Reconsideration Forms must be submitted no later than January 13, 2020 at 11:59 pm.

Please submit your Reconsideration Form via email to: <u>BCAAP@gov.bc.ca</u> You will receive a confirmation email within two (2) business days. <u>If you do not receive such confirmation, please contact BCAAP staff at 778-974-5468.</u>

If you cannot send your Reconsideration Form 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)

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. ELIGIBILITY

Please check each box that applies:
☐ This submission applies to a project for which a full application was submitted during the 2019/20 BCAAP intake.
☐ This project remains a priority for our organization.
\square Our organization has budgeted for our funding share of this project and that funding remains available.
\square We have updated project cost estimates related to this application.

• If there are substantial changes to the scope of the project that was applied for in 2019/20, please submit a <u>new application</u> rather than using this Reconsideration Form.

SECTION 2. CONTACT INFORMATION							
lity Name:							
icant Name:							
ng Address:							
ary Contact:	Title:						
il Address:	Phone #:						
icant Name: ng Address: ary Contact:							



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SECTION 3. GENERAL PROJECT INFORMATION AND DESCRIPTION

Please provide any other informat	ion necessary to identify the	application	for which you are	seeking reconsidera	tion.
Please provide any additional proj	ect justification information t	hat you wou	ld like included in	this reconsideration.	
SECTION 4. FUNDING AND PRO	JECT COST ESTIMATE IN	IFORMATIO	N		
(Please provide updated cost in	-	1.0		(A) t	
	Total Estimated Proje			_ (A)*	
				-	ı
				- (5)	
3 rd Party Contribution(s)				– (B)	
				-	
In-kind contributions are only considered for non-profit airport				- J	
operating societies and must be easily quantifiable. Please contact	Subtota	al of (B)			
the BCCAP team prior to including in-kind contributions.				_	
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				_	
SECTION 5. AUTHORIZATION					
We certify that the information her	ein contained is, to the best	of our knowl	edge, correct, cor	nplete and has been	
submitted with council/board conc	urrence.				
Project Manager Name:	F	inancial Offic	cer / Other Authori	ty's Name:	
Project Manager Signature		Financial Officer / Other Authority's Signature:			
Date:		Pate:			
	_				

Project Description: In ten words or less, provide a phase to describe you project (e.g., fuel tank replacement).

^{*} Please provide supporting documentation such as a third-party quote or estimate for the works identified.