



COPA FREEDOM TO FLY FUND
APPLICATION FOR FUNDING

Project # - _____

Date of Request: _____

Amount Requested: \$ _____

Reason for Request: _____

Other Information: _____

Is Applicant a COPA Member: Yes ____, No ____, COPA Membership # _____

Is Applicant a Commercial Enterprise : Yes ____, No ____.

When Funds are Required: _____

Estimated Completion Date: _____

Agreement: COPA agrees that funds received from the Special Action Fund - known as the Freedom to Fly Fund (FFF) will in all circumstances be expended by COPA only for the purposes of this request and only in accordance with the Memorandum of Understanding in place between COPA and the FFF.

Request submitted by : _____

Project # - _____

Project Approval Recommended by - Date - _____

Signed: _____
Chairman, COPA Freedom to Fly Fund Committee

Approved by the Board of Directors of COPA - Date - _____

Signed: _____
Chairman or Secretary, COPA

Conditions Attached to Approval: - _____

Signed: _____
Chairman or Secretary, COPA Freedom to Fly Fund