AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Application for Federal Assistance for Terminal

Action Requested: County Manager Signature

Parties to the Agreement: Federal Aviation Administration and Gunnison County

Term Begins: **Term Ends:** **Grant Contract #:**

Summary:

Application to request federal assistance in funding the Terminal final design, rehabilitation and construction through the FAA Airport Improvement Program.

Fiscal Impact:

Submitted by: Stephanie Williams **Submitter's Email Address:** swilliams@gunnisoncounty.org

Finance Review: (●) Required ( ) Not Required

Comments:
No concerns. This AIP project isn't in the 2020 adopted budget. We will be preparing a budget amendment request once details are finalized.
ln

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 5/13/2020

County Attorney Review: (●) Required ( ) Not Required

Comments:
ok db 5/15/20

Reveiwed by: GUNCOUNTY1\dBaumgarten Discharge Date: 5/15/2020 Certificate of Insurance Required Yes ( ) No (●)

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\emense Discharge Date: 5/15/2020

(●) Consent Agenda ( ) Regular Agenda ( ) Worksession Time Allotted: 0

Agenda Date: 5/19/2020

Revised April 2015

OMB Number: 4040-0004
Expiration Date: 12/31/2022

Application for Federal Assistance SF-424

*1. Type of Submission:
- ☐ Preapplication
- ☒ Application
- ☐ Changed/Corrected Application

*2. Type of Application
- ☒ New
- ☐ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s): NA

* Other (Specify) NA

*3. Date Received: NA

4. Applicant Identifier: GUC

5a. Federal Entity Identifier: 80030

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by **State**:

7. **State** Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Sample Airport Authority

*b. Employer/Taxpayer Identification Number (EIN/TIN): 84-6000770

*c. Organizational DUNS: 13-311-5220

d. Address:

*Street 1: 519 Rio Grande Ave

Street 2:

*City: Gunnison

County:

*State: CO

Province:

*Country: USA: United States

*Zip / Postal Code 81230

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr. *First Name: Rick

Middle Name:

*Last Name: Lamport

Suffix:

Title: Airport Manager

Organizational Affiliation:

*Telephone Number: 970-642-7388

Fax Number:

*Email: rlamport@gunnisoncounty.org

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

*** 12. Funding Opportunity Number:**

.

* Title:

.

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment | Delete Attachment | View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Passenger terminal final design, rehabilitation and construction.

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

OMB Number: 4040-0004
Expiration Date: 12/31/2022

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: 3 *b. Program/Project:

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

*a. Start Date: 6/2/2020 *b. End Date: 5/31/2022

18. Estimated Funding ($):

*a. Federal	$ 14,000,000
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	**$ 14,000,000**

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on _____.

☒ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt?**

☐ Yes ☒ No

If "Yes", explain:

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mr. *First Name: Matthew

Middle Name:

*Last Name: Birnie

Suffix:

*Title: County Manager

*Telephone Number: 970-642-7388 Fax Number:

* Email: mbirnie@gunnisoncounty.org

*Signature of Authorized Representative: *Date Signed: