AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: CARES Act Grant - Airport

Action Requested: County Manager Signature

Parties to the Agreement: Federal Aviation Administration and Gunnison County

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

Summary:

CARES Act grant application to receive $18,010,756 in federal funding. This application replaces the past application for $15,408,700. The new application breaks out the full amount into two categories of which the money will be used for: O&M and Terminal Development.

Fiscal Impact:

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

Finance Review: (●) Required ( ) Not Required

Comments:
No concerns, budget amendment request will be initiated. ln

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 5/15/2020

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: 5/16/2020

(●) 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:	*2. Type of Application	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	*Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

*3. Date Received:	4. Applicant Identifier:
NA	GUC (Gunnison-Crested Butte Regional) Gunnison, CO

*5b. Federal Entity Identifier:	*5b. Federal Award Identifier:
80030	

State Use Only:

6. Date Received by State:	7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: County of Gunnison

*b. Employer/Taxpayer Identification Number (EIN/TIN):	*c. Organizational DUNS:
84-6000770	13-311-5220

d. Address:

*Street 1: 519 Rio Grande
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: Richard
Middle Name:
*Last Name: Lamport
Suffix:

Title: Airport Director/Compliance

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:**

X. Airport Sponsor

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 Program

***12. Funding Opportunity Number**:

NA

*Title:

NA

13. Competition Identification Number:

NA

Title:

NA

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

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

Any purpose for which airport funds may be lawfully used, as found in the Office of Airports Revenue Use Policy; this will include Operations & Maintenance (O&M) expenses as well as funding for airport development projects. O&M funding requested totals $4,010,756 and development funding totals $14,000,000 for terminal development.

Attach supporting documents as specified in agency instructions.

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: 3

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

17. Proposed Project:

*a. Start Date: NA *b. End Date: NA

18. Estimated Funding ($):

*a. Federal	$18,010,756
*b. Applicant	$0
*c. State	$0
*d. Local	$0
*e. Other	$0
*f. Program Income	$0
*g. TOTAL	$18,010,756

***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? (If "Yes", provide explanation in attachment.)**

☐ Yes ☒ No

If "Yes", provide explanation and attach

_____

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: 970-641-7600 | Fax Number:

* Email: mbirnie@gunnisoncounty.org

*Signature of Authorized Representative: | *Date Signed: