



STAFF REPORT

Report To: Board of Supervisors **Meeting Date:** May 7, 2020

Staff Contact: Stephanie Hicks, Deputy City Manager

Agenda Title: For Possible Action: Discussion and possible action regarding the proposed acceptance of a Federal Aviation Administration (FAA) grant awarded to the Carson City Airport under the Coronavirus Aid, Relief, and Economic Security (CARES) Act. (Kenneth Moen, kmoen@flycarsoncity.com)

Staff Summary: On April 14, 2020, the FAA Airports District Office informed the Carson City Airport Authority (CCAA) that Department of Transportation (DOT) Secretary Chao announced CARES Act funding for the Carson City Airport in the amount of \$69,000. This agenda item is for the acceptance of that funding amount.

Agenda Action: Formal Action / Motion **Time Requested:** Consent

Proposed Motion

I move to accept the CARES Act grant for the Carson City Airport.

Board's Strategic Goal

Efficient Government

Previous Action

N/A

Background/Issues & Analysis

Title XII of Division B of the CARES Act provides approximately \$10 billion to support U.S. airports experiencing severe economic disruption caused by the COVID-19 public health emergency. This funding will be distributed to airports to prevent, prepare for, and respond to the impacts of the COVID-19 public health emergency. These funds are available only to sponsors as defined in section 47102 of title 49, United States Code (U.S.C.); that is, airport sponsors meeting statutory and policy requirements under this section and identified in the FAA's current National Plan of Integrated Airport Systems (NPIAS).

At least \$100 million is available to general aviation airports for any purpose for which airport revenues may be lawfully used. These funds are allocated based on the categories published in the most current NPIAS, reflecting the percentage of the aggregate published eligible development costs for each such category, and then dividing the allocated funds evenly among the eligible airports in each category, rounded up to the nearest thousand dollars. To implement the CARES Act requirement and award AIP and Supplemental Discretionary grants appropriated for FY 2020 at a 100% Federal share, the FAA will calculate the increased Federal share for each AIP grant. The FAA will award and execute the remaining FY 2020 grants with a 100% Federal share. The most expeditious way to receive CARES funds is for funding requests to be related to operational costs.

The FAA is offering an electronic signature process for all grant agreements executed in FY 2020 to expedite the grant processing. The CCAA has completed the e-signature template per direction from the FAA.

A parallel action is being taken by the Airport Authority board.

Applicable Statute, Code, Policy, Rule or Regulation

The Airport Authority Act for Carson City, Chapter 844 Statutes of Nevada 1989

Financial Information

Is there a fiscal impact? No

If yes, account name/number:

Is it currently budgeted?

Explanation of Fiscal Impact:

Alternatives

Do not accept the grant.

Attachments:

[2020 e-Signature Sponsor Request Form2_completed.pdf](#)

[2020 April 21_NV CXP - SF424 Unsigned.pdf](#)

Board Action Taken:

Motion: _____

1) _____

2) _____

Aye/Nay

(Vote Recorded By)

e-Signature Grant Sponsor Request Form

FAA Airports Division (ARP) is offering e-signature for all FY 2020 grants via Adobe e-Signature. This will expedite the process so that airport Sponsors receive grants as quickly as possible. If you would like to receive your FY 2020 grant via email for e-signature, please complete this form.

Sponsors do not need any special software to sign grants electronically.

Documents are emailed in the order specified below, and only one signature is required for each step (known as a signature block) in the process. The request for signature is sent by email, sequentially after the signature from the previous block is complete.

For each signature block, a Sponsor may submit more than one individual to have an equal right to sign, however only one signature is applied. For example, two Sponsor names can be entered under the Sponsor signature block, a primary and back-up, however only one will be able to sign.

If an airport has co-sponsors, the airport co-sponsors will need to fill out the Sponsor, Attorney, Co-Sponsor and Co-Sponsor Attorney signature blocks.

If an airport has more than two sponsors, the sponsors need to indicate this in the space provided at the end of the form.

When the e-signature process is complete, everyone, including the individuals listed below that did not sign, will receive an email copy of the signed document.

Airport Name	City	State
_____	_____	_____

Sponsor Signature Block:

Full Name	Title	Email Address	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____

Attorney Signature Block:

Full Name	Title	Email Address	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____

Co-Sponsor Signature Block:

Full Name	Title	Email Address	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____

Co-Sponsor Attorney Signature Block:

Full Name	Title	Email Address	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____

CC Recipient – (Read-only access to grant – will receive email and copy of grant when grant submitted and completed)

Full Name	Title	Email Address	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please note, if you need multiple Sponsor signatures, or other exceptions, please explain below:

Application for Federal Assistance SF-424	
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application * If Revision, select appropriate letter(s): <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation *Other (Specify) _____ <input type="checkbox"/> Revision
*3. Date Received: NA	4. Applicant Identifier: CXP (Carson) Carson City, NV
*5b. Federal Entity Identifier: 320004	*5b. Federal Award Identifier:
State Use Only:	
6. Date Received by State:	7. State Application Identifier:
8. APPLICANT INFORMATION:	
*a. Legal Name: City of Carson City	
*b. Employer/Taxpayer Identification Number (EIN/TIN): 88-6000189	*c. Organizational DUNS: 07-378-7152
d. Address:	
*Street 1: <u>2600 College Parkway</u>	
Street 2: <u>#6</u>	
*City: <u>CARSON CITY</u>	
County: _____	
*State: <u>NV</u>	
Province: _____	
*Country: <u>USA: United States</u>	
*Zip / Postal Code <u>89706</u>	
e. Organizational Unit:	
Department Name:	Division Name:
f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: _____	*First Name: <u>Robert</u>
Middle Name: _____	
*Last Name: <u>Crowell</u>	
Suffix: _____	
Title: Airport Manager	
Organizational Affiliation:	
*Telephone Number: 775-887-2100	Fax Number:
*Email: bcrowell@carson.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, except airport development or land acquisition.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: 2

*b. Program/Project:

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	_____	\$69,000.
*b. Applicant	_____	\$0
*c. State	_____	\$0
*d. Local	_____	\$0
*e. Other	_____	\$0
*f. Program Income	_____	\$0
*g. TOTAL	_____	\$69,000.

***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? (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: _____ *First Name: Robert _____

Middle Name: _____

*Last Name: Crowell _____

Suffix: _____

*Title: Airport Manager

*Telephone Number: 775-887-2100

Fax Number:

* Email: bcrowell@carson.org

*Signature of Authorized Representative:

*Date Signed: