Agenda Item No: 15.A



# STAFF REPORT

**Report To:** Board of Supervisors **Meeting Date:** March 18, 2021

**Staff Contact:** Kenneth Moen, Airport Manager

**Agenda Title:** For Possible Action: Discussion and possible action regarding the proposed acceptance of

a Federal Aviation Administration ("FAA") grant award in the amount of \$23,000 to the

Carson City Airport under the Coronavirus Response and Relief Supplemental

Appropriations Act (Public Law 116-260) ("CRRSA"). (Kenneth Moen,

kmoen@flycarsoncity.com)

Staff Summary: As announced by the Secretary of Transportation on February 12, 2021, the Carson City Airport is eligible for funds under the CRRSA. These funds will assist airport sponsors to address the COVID-19 public health emergency. The FAA will distribute these grants under the new Airport Coronavirus Response Grant Program

("ACRGP").

Agenda Action: Formal Action / Motion Time Requested: 15 mins

## **Proposed Motion**

I move to accept the grant as presented and to authorize the execution of any documents as may be necessary to receive the funds on behalf of the Carson City Airport Authority.

## **Board's Strategic Goal**

Efficient Government

#### **Previous Action**

NA

#### Background/Issues & Analysis

There are three types of funding included in ACRGP with different restrictions on use. The Carson City Airport may receive one or two types of funding in the attached application.

- 1. General: Funding for costs related to operations, personnel, cleaning, sanitization, janitorial services, combating the spread of pathogens at the airport, and debt service payments. While this funding is similar to the CARES funding, it is more limited in scope. Any airport development must be directly related to combating the spread of pathogens at the airport.
- 2. Contract Tower: Funding to cover lawful expenses to support FAA contract tower operations. This type of funding is provided to sponsors of non-primary airports participating in the FAA Contract Tower Program and can only be used to support the contract tower.

The most expeditious way to receive ACRGP funds are for operational related costs. The FAA is offering an 'Electronic Signature' or "e-Signatures" process for all grant agreements executed in FY2021. This option has proven to expedite the grant processing and is timely with the number of people working away from their office. The Airport Authority has completed the e-signature template per direction from the FAA.

The action requested is to accept the ACRGP Grant in the amount of \$23,000. A parallel action is being taken by the Airport Authority board.

Ap	plicable	Statute,	Code,	Policy,	Rule	or	Reg	ulation
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The Airport Authority Act for Carson City, Chapter 844 Statutes of Nevada 1989; NRS Chapter 277

F	in	an	cial	Info	rmati	on
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Is there a fiscal impact? No

If yes, account name/number:

Is it currently budgeted?

**Explanation of Fiscal Impact:** No fiscal impact to the City. Grant revenue to the Carson City Airport.

## **Alternatives**

Do not accept ACRGP grant funds.

### **Attachments**:

NV\_CXP\_-\_SF424\_signed\_2021\_Feb\_17-unlocked (1).pdf

Motion:	1) 2)	Aye/Nay
(Vote Recorded By)		

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

Application for Federal Assistance SF-424						
*1. Type of Submission:			ion * If Revision, select appropriate letter(s):			
☐ Preapplication		New				
		Continuation	*Other (Specify)			
☐ Changed/Corrected Appli	ication	Revision				
*3. Date Received: NA		icant Identifier: Carson) Carson C	City, NV			
*5b. Federal Entity Identifier: 32-0004			*5b. Federal Award Identifier:			
State Use Only:						
6. Date Received by State:		7. State Ap	plication Identifier:			
8. APPLICANT INFORMATI	ION:					
*a. Legal Name: City of Cars	son City					
*b. Employer/Taxpayer Identification Number (EIN/TIN): 88-6000189			*c. Organizational DUNS: 07-378-7152			
d. Address:						
*Street 1: <u>26</u>	600 College Pa	rkway				
Street 2: #6	6					
*City: <u>C</u>	ARSON CITY					
County/Parish:						
*State: <u>NV</u>						
Province:						
*Country: <u>U</u>	SA: United Sta	es				
*Zip / Postal Code 89	9706					
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: Kennith						
Middle Name:						
*Last Name: Moen						
Suffix:						
Title: Airport Manager						
Organizational Affiliation:						
*Telephone Number: 775-841-2255 Fax Number:						
*Email: manager@flycarsoncity.com						

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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:						
*Out on (On a sit )						
*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:						
<u>NA</u>						
*Title:						
<u>NA</u>						
13. Competition Identification Number:						
NA						
Title:						
<u>NA</u>						
14. Areas Affected by Project (Cities, Counties, States, etc.):						
*15. Descriptive Title of Applicant's Project:						
\$23,000 for costs related to operations, personnel, cleaning, sanitization, janitorial services, combating the spread of pathogens at the airport, and debt service payments.						

Attach supporting documents as specified in agency instructions.

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Application for Federal Assistance SF-424							
16. Congressional Districts Of:							
*a. Applicant: 2		*b. Program/Project: 2					
Attach an additional list of Program/Project Congressional Districts if needed.							
17. Proposed Pr	oject:						
*a. Start Date: NA	A	*b	. End Date: NA				
18. Estimated Fu	ınding (\$):						
*a. Federal	\$23,000	)					
*b. Applicant	\$	0_					
*c. State	\$	0_					
*d. Local	\$	0					
*e. Other  *f. Program Incor	me \$	0					
*g. TOTAL	\$23,000	<del></del> ).					
		<u> </u>					
<ul> <li>□ a. This application was made available to the State under the Executive Order 12372 Process for review on</li> <li>□ b. Program is subject to E.O. 12372 but has not been selected by the State for review.</li> <li>□ c. Program is not covered by E. O. 12372</li> <li>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation in attachment.)</li> </ul>							
☐ 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: Middle Name: *Last Name: Suffix:	Middle Name: Moen Moen						
*Title: Airport Manager							
*Telephone Number: 775-841-2255 Fax Number:							
* Email: manager@flycarsoncity.com							
*Signature of Authorized Representative: Kenneth G. Moen *Date Signed: February 17, 2021							