City of Carson City
Agenda Report

Date Submitted:08/07/12

Agenda Date Requested:08/16/12
Time Requested: consent

To: Board of Supervisors
From: Carson City Airport Authority

Subject Title: Action to approve and accept three 2012 Federal Aviation Administration Airport Improvement (AIP) Grants in the approximate amounts of $137,000 (taxiway rehab), $71,000 (environmental assessments) and $258,000 (apron ramp reconstruction).

Staff Summary: The FAA has informed the Carson City Airport Authority that it is processing 3 AIP Grants for the Carson City Airport and will be sending the Grant Offers out with a requirement that it be accepted and returned within 10 days. The FAA requires Carson City, as well as the Carson City Airport Authority, to approve and accept the grant offer. These Grants will be used to (1) rehabilitate Taxiways B and C, (2) do enviromental assessments, and (3) do engineering and design related to reconstruction of apron ramp areas on the Airport.

Type of Action Requested: (check one)
(____) Resolution (____) Ordinance
(_X_) Formal Action/Motion (____) Other (Specify)

Does This Action Require A Business Impact Statement: (___) Yes (_X_) No

Recommended Board Action: (I move that we) approve and accept the 2012 Federal Aviation Administration Airport Improvement (AIP) Grants in the approximate federal Grant amounts of $137,000, $71,000 and $258,000 and execute such documents as may be necessary to receive the funds on behalf of the Airport Authority.

Explanation for Recommended Board Action:
This item follows the Airport Master Plan program which involves our 5 year plan to maintain, repair or reconstruct pavement areas at the Carson City Airport. These 3 Grants are to (1) rehabilitate Taxiways B and C, (2) do environmental assessments, and (3) do engineering and design related to reconstruction of apron ramp areas on the Airport, respectively.

At the FAA's request, the Authority issued an invitation for bids for the Taxiway job. We awarded the bid to the lowest responsible bidder, conditioned on reciept of the FAA funding. The environmental assessments and engineering/design work has been contracted to the Airport Engineer and was started earlier but put on hold pending FAA funding. Things will move very fast once the Grant Offers are received. The Grant Offers need to be accepted and returned to the FAA prior to us being able to draw down the funds and initiate work. Given the short turnaround required by the FAA, there is not typically time to schedule approval of the Grant after receiving the Grant Offer. We anticipate starting and/or completing the projects as soon as possible so that we can complete them during the current construction season.

The Carson City Airport Authority has approved these Grants at its publicly noticed regular meetings for that purpose on August 17, 2011, Feb 15, 2012, and April 18, 2012. The total costs of each project are $146,000, $75,000 and $275,000, respectively. The Authority has the 6.25% matching funds and will provide them. (approximately $31,000). The format of the Grant Offer and the FAA assurances have been approved by the Airport Authority and the Board of Supervisors on numerous earlier grants (e.g that we will comply with all applicable laws in spending the funds and doing the construction).

Applicable Statue, Code, Policy, Rule or Regulation: Statutes of Nevada, Chapter 844.
Fiscal Impact: No City impact. Matching funds from Airport Authority.
Explanation of Impact: Not Applicable.
Funding Source: Airport Authority and FAA.
Alternatives: Not Applicable
Supporting Material: 3 FAA Application transmittals

Prepared By: Steven E. Tackes, Esq., Airport Counsel

Reviewed By:

(Department Head) Date: 8-3-2012

(City Manager) Date: 8/7/12

(District Attorney) Date: 8/7/12

(Finance Director) Date: 8/7/12

Board Action Taken:

Motion: _____ 1) _____ Aye/Nay

2) _____

_____

_____

_____

_____

_____

(Vote Recorded By)

APPLICATION FOR FEDERAL ASSISTANCE Version 7/03

		2. DATE SUBMITTED	Applicant Identifier 3-32-0004
1. TYPE OF SUBMISSION:		**3. DATE RECEIVED BY STATE**	State Application Identifier
Application	Pre-application		
☑ Construction	☐ Construction	**4. DATE RECEIVED BY FEDERAL AGENCY**	Federal Identifier
☐ Non-Construction	☐ Non-Construction		

5. APPLICANT INFORMATION

Legal Name: CARSON CITY	Organizational Unit:
	Department: CARSON CITY AIRPORT AUTHORITY
Organizational DUNS: 073787152	Division: CARSON CITY AIRPORT
Address:	**Name and telephone number of person to be contacted on matters involving this application (give area code)**
Street: 201 NORTH CARSON STREET	Prefix: MR. / First Name: TIM
City: CARSON CITY	Middle Name
County: CARSON CITY	Last Name ROWE
State: NEVADA / Zip Code 89701	Suffix:
Country: USA	Email: cxp-mgr@att.net
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 88-6000189	Phone Number (give area code) 775-841-2255 / Fax Number (give area code) 775-841-2254
8. TYPE OF APPLICATION: ☑ New ☐ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ ☐ Other (specify)	**7. TYPE OF APPLICANT:** (See back of form for Application Types) CONSOLIDATED MUNICIPAL GOVERNMENT Other (specify) **9. NAME OF FEDERAL AGENCY:** FEDERAL AVIATION ADMINISTRATION
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106 TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** REHABILITATE TAXIWAYS B & C
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.):* CARSON CITY AND THE STATE OF NEVADA	
13. PROPOSED PROJECT	**14. CONGRESSIONAL DISTRICTS OF:**
Start Date: JUNE 2012 / Ending Date: OCTOBER 2012	a. Applicant 2nd / b. Project 2nd

15. ESTIMATED FUNDING:		**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Federal	$ 136,875.00	a. Yes. ☑ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 4/20/2012
b. Applicant	$ 9,125.00	
c. State	$ .00	
d. Local	$ .00	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	$ .00	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	$ .00	**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**
g. TOTAL	$ 146,000.00	☐ Yes If "Yes" attach an explanation. ☑ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix MR.	First Name HARLOW	Middle Name
Last Name NORVELL		Suffix
b. Title CHAIRMAN, CARSON CITY AIRPORT AUTHORITY		c. Telephone Number (give area code) 775-841-2255
d. Signature of Authorized Representative		e. Date Signed 4/18/12

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Standard Form 424 (Rev.9-2003)
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Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION:		**3. DATE RECEIVED BY STATE**	State Application Identifier
Application	Pre-application		
☐ **Construction**	☐ **Construction**	**4. DATE RECEIVED BY FEDERAL AGENCY**	Federal Identifier
☑ **Non-Construction**	☐ **Non-Construction**		

5. APPLICANT INFORMATION

Legal Name: CARSON CITY	**Organizational Unit:**
	Department: CARSON CITY AIRPORT AUTHORITY
Organizational DUNS: 073787152	Division:
Address:	**Name and telephone number of person to be contacted on matters involving this application (give area code)**
Street: 201 NORTH CARSON STREET	Prefix: MR. / First Name: TIM
City: CARSON CITY	Middle Name
County: CARSON CITY	Last Name: ROWE
State: NEVADA / Zip Code: 89701	Suffix:
Country:	Email: cxp-mgr@att.net
6. EMPLOYER IDENTIFICATION NUMBER *(EIN):* 88-6000189	Phone Number (give area code): 775-841-2255 / Fax Number (give area code): 775-841-2254

8. TYPE OF APPLICATION: ☑ **New** ☐ **Continuation** ☐ **Revision** If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)	**7. TYPE OF APPLICANT:** (See back of form for Application Types) CONSOLIDATED MUNICIPAL GOVERNMENT
Other (specify)	Other (specify)
	9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106 TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** Environmental Assessment Phase 2 for the following projects: 1. North Apron Reconstruction 2. Obstruction Removal (Hill Removals west of Goni Road) 3. Overlay Perimeter Road
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.):* CARSON CITY, STATE OF NEVADA	
13. PROPOSED PROJECT Start Date: MARCH 2012 / Ending Date: DECEMBER 2012	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant 2nd / b. Project 2nd

15. ESTIMATED FUNDING:		**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Federal	$ 70,313.00	a. Yes. ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant	$ 4,687.00	b. No. ☑ PROGRAM IS NOT COVERED BY E. O. 12372
c. State	$ .00	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local	$ .00	
e. Other	$ .00	
f. Program Income	$ .00	**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**
g. TOTAL	$ 75,000.00	☐ Yes If "Yes" attach an explanation. ☑ No

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a. Authorized Representative

Prefix: MR.	First Name: HARLOW	Middle Name
Last Name: NORVELL		Suffix
b. Title: CHAIRMAN, CARSON CITY AIRPORT AUTHORITY		c. Telephone Number (give area code): 775-841-2255
d. Signature of Authorized Representative		e. Date Signed

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APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		**2. DATE SUBMITTED**	Applicant Identifier
Application	Pre-application	**3. DATE RECEIVED BY STATE**	State Application Identifier
☐ Construction	☐ Construction	**4. DATE RECEIVED BY FEDERAL AGENCY**	Federal Identifier
☑ Non-Construction	☐ Non-Construction		

5. APPLICANT INFORMATION

Legal Name: CARSON CITY	**Organizational Unit:** Department: CARSON CITY AIRPORT AUTHORITY
Organizational DUNS: 073787152	Division:
Address: Street: 201 NORTH CARSON STREET	**Name and telephone number of person to be contacted on matters involving this application (give area code)** Prefix: MR. First Name: TIM
City: CARSON CITY	Middle Name
County: CARSON CITY	Last Name ROWE
State: NEVADA Zip Code 89701	Suffix:
Country:	Email: cxp-mgr@att.net
6. EMPLOYER IDENTIFICATION NUMBER *(EIN):* 88-6000189	Phone Number (give area code) 775-841-2255 Fax Number (give area code) 775-841-2254
8. TYPE OF APPLICATION: ☑ New ☐ Continuation ☐ Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) ☐ ☐ Other (specify)	**7. TYPE OF APPLICANT:** (See back of form for Application Types) CONSOLIDATED MUNICIPAL GOVERNMENT Other (specify)
	9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106 TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:** RECONSTRUCT MAIN APRON - DESIGN
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.):* CARSON CITY, STATE OF NEVADA	
13. PROPOSED PROJECT Start Date: SEPTEMBER 2012 Ending Date: MARCH 2013	**14. CONGRESSIONAL DISTRICTS OF:** a. Applicant 2nd b. Project 2nd

15. ESTIMATED FUNDING:		**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Federal	$ 257,813.00	a. Yes. ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:
b. Applicant	$ 17,187.00	b. No. ☑ PROGRAM IS NOT COVERED BY E. O. 12372
c. State	$ .00	☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local	$ .00	
e. Other	$ .00	
f. Program Income	$ .00	**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**
g. TOTAL	$ 275,000.00	☐ Yes If "Yes" attach an explanation. ☑ No

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a. Authorized Representative

Prefix MR.	First Name HARLOW	Middle Name
Last Name NORVELL		Suffix
b. Title CHAIRMAN, CARSON CITY AIRPORT AUTHORITY		c. Telephone Number (give area code) 775-841-2255
d. Signature of Authorized Representative		e. Date Signed

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