

**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 environmental 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  
 Formal Action/Motion  Other (Specify)

**Does This Action Require A Business Impact Statement:**  Yes  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 receipt 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 Statute, 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.

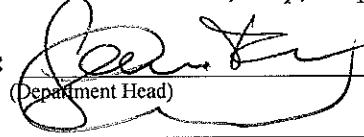
**Funding Source:** Airport Authority and FAA.

**Alternatives:** Not Applicable

**Supporting Material:** 3 FAA Application transmittals

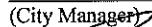
**Prepared By:** Steven E. Tackes, Esq., Airport Counsel

**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) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

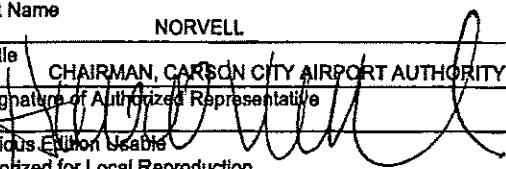
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\_\_\_\_\_  
(Vote Recorded By)

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

		2. DATE SUBMITTED		Applicant Identifier 3-32-0004
<b>1. TYPE OF SUBMISSION:</b> <input type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier
<b>5. APPLICANT INFORMATION</b>				
Legal Name:  <b>CARSON CITY</b>		<b>Organizational Unit:</b> Department: <b>CARSON CITY AIRPORT AUTHORITY</b>		
Organizational DUNS: <b>073787152</b>		Division: <b>CARSON CITY AIRPORT</b>		
Address: Street: <b>201 NORTH CARSON STREET</b>		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: <b>MR.</b> First Name: <b>TIM</b>		
City: <b>CARSON CITY</b>		Middle Name		
County: <b>CARSON CITY</b>		Last Name <b>ROWE</b>		
State: <b>NEVADA</b>	Zip Code <b>89701</b>	Suffix:		
Country: <b>USA</b>		Email: <b>cxp-mgr@att.net</b>		
<b>6. EMPLOYER IDENTIFICATION NUMBER (E/N):</b> <b>8 8-6 0 0 0 1 8 9</b>		Phone Number (give area code) <b>775-841-2255</b>		Fax Number (give area code) <b>775-841-2254</b>
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <input type="checkbox"/> <input type="checkbox"/>		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) <b>CONSOLIDATED MUNICIPAL GOVERNMENT</b> Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <b>2 0 - 1 0 6</b> TITLE (Name of Program): <b>AIRPORT IMPROVEMENT PROGRAM</b>		<b>9. NAME OF FEDERAL AGENCY:</b> <b>FEDERAL AVIATION ADMINISTRATION</b>		
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): <b>CARSON CITY AND THE STATE OF NEVADA</b>		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> <b>REHABILITATE TAXIWAYS B &amp; C</b>		
<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>		
Start Date: <b>JUNE 2012</b>	Ending Date: <b>OCTOBER 2012</b>	a. Applicant 2nd		b. Project 2nd
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$ <b>136,875</b>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: <b>4/20/2012</b>		
b. Applicant	\$ <b>9,125</b>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
c. State	\$ <b>00</b>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
d. Local	\$ <b>00</b>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
e. Other	\$ <b>00</b>			
f. Program Income	\$ <b>00</b>			
g. TOTAL	\$ <b>146,000</b>			
<b>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.</b>				
a. Authorized Representative Prefix <b>MR.</b> First Name <b>HARLOW</b> Middle Name Last Name <b>NORVELL</b> Suffix b. Title <b>CHAIRMAN, CARSON CITY AIRPORT AUTHORITY</b> c. Telephone Number (give area code) <b>775-841-2255</b> d. Signature of Authorized Representative  e. Date Signed <b>4/18/12</b>				

APPLICATION FOR  
FEDERAL ASSISTANCE

		2. DATE SUBMITTED	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
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 (E/N):  8 8 - 6 0 0 0 1 8 9		Phone Number (give area code) 775-841-2255	Fax Number (give area code) 775-841-2254
8. TYPE OF APPLICATION:  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)	
		9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  2 0 - 1 0 6		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	
TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM		12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):  CARSON CITY, STATE OF NEVADA	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:  a. Applicant 2nd      b. Project 2nd	
Start Date: MARCH 2012	Ending Date: DECEMBER 2012	15. ESTIMATED FUNDING:  a. Federal \$ 70,313 b. Applicant \$ 4,687 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 75,000	
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:  b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> 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			

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY	Applicant Identifier State Application Identifier Federal Identifier
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):  8 8 - 6 0 0 0 1 8 9		Phone Number (give area code) 775-841-2255		Fax Number (give area code) 775-841-2254
8. TYPE OF APPLICATION:  New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <input type="checkbox"/> <input type="checkbox"/>		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:  2 0 - 1 0 6		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  RECONSTRUCT MAIN APRON - DESIGN		
TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM				
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):  CARSON CITY, STATE OF NEVADA				
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:  a. Applicant 2nd b. Project 2nd		
Start Date: SEPTEMBER 2012	Ending Date: MARCH 2013			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:  b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL	\$ 257,813 \$ 17,187 \$ . \$ . \$ . \$ . \$ 275,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
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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		