



STAFF REPORT

Report To: Board of Supervisors **Meeting Date:** June 16, 2022

Staff Contact: Corey Jenkins, Airport Manager

Agenda Title: For Possible Action: Discussion and possible action regarding the Carson City Airport Authority's ("CCAA") 2022-2027 Airport Capital Improvement Plan ("ACIP"), and three related Federal Fiscal Year ("FFY") 2022 applications to the Federal Aviation Administration ("FAA") for \$5,413,722.38 in grant funds, with an additional 6.25% match from CCAA in the amount of \$360,915.62, to fund automated weather observing system ("AWOS") relocation, approach light system installation and the design and construction of a new terminal building. (Corey Jenkins, cjenkins@flycarsoncity.com)

Staff Summary: Guidance from the FAA Airports District Office ("ADO") requires CCAA to prepare and annually submit a five-year, forward-looking ACIP to enable the ADO to prepare its regional ACIP program. For FFY 2022, the ACIP lists three capital projects to be funded by FAA grants, subject to a 6.25% CCAA match, and those grant applications are also included for review by the Board of Supervisors.

Agenda Action: Formal Action / Motion **Time Requested:** 15 minutes

Proposed Motion

I move to approve the 2022-2027 Airport Capital Improvement Plan and the three related grant applications, as presented.

Board's Strategic Goal

Efficient Government

Previous Action

May 18, 2022 – CCAA approved the 2022-2027 ACIP.

Background/Issues & Analysis

Annually, CCAA must approve, then submit an ACIP to the Carson City Board of Supervisors for acceptance. The ACIP is based on the CCAA's priorities for airport maintenance and improvement. The ACIP was developed in consultation with the CCAA's consulting engineer (Armstrong Consultants) and planner (Coffman Associates).

The FAA maintains an internal, national ACIP that serves as the FAA's primary planning tool for identifying and prioritizing critical airport development and associated capital needs for the National Airspace System. It also serves as the basis for the distribution of annual grant funds under the Airport Improvement Program. Failure to timely submit CCAA's ACIP to the FFA may result in the CCAA not receiving FAA grant funding.

For FFY 2022, the ACIP identifies three capital projects to be funded by three FAA grants. The applications for those grants are included with this item. Below is a summary of those three capital projects:

Project	Total Amount	Grant Amount	CCAA Match
AWOS relocation	\$324,618	\$304,329.38	\$20,288.62
Approach light installation phase 2	\$450,020	\$421,893	\$28,127
Design & construction of new terminal	\$5,000,000	\$4,687,500	\$312,500

The objective of the AWOS relocation project is to upgrade the system, make room for a future project to build a snow removal equipment building and to move the system closer to the Runway 27 threshold to provide improved weather data for the instrument approach to Runway 27.

Phase 2 of the approach light installation project is the design of an offset precision approach path indicator and medium-intensity approach lighting system with sequenced flashing lights. This project is a part of a series of projects to increase safety by improving the instrument approach.

A new terminal will include ADA-compliant bathrooms, improve airport accessibility, energy efficiency and passenger amenities. The existing terminal is 62 years old and does not meet the current NFPA code. As the state capital, the new terminal will meet the demands of travelers on state business and tourism. The new terminal will generate new aeronautical revenue by providing an adequate facility for Part 135 operations. The new facility will be built using Leadership in Energy and Environmental Design ("LEED") standards which will reduce energy consumption, reduce water usage and decrease solid waste, while maximizing sustainability. The value of the grant application does not match the ACIP because the ACIP was created prior to having the final numbers for the grant application. The difference in values will not impact the chances for grant approval since the ACIP is a plan and does not always match grant applications exactly.

Applicable Statute, Code, Policy, Rule or Regulation

FAA Order 5090.5; Airport Authority Act for Carson City, 1989 Stat. Nev., ch. 844

Financial Information

Is there a fiscal impact? Yes

If yes, account name/number: Airport Authority Special Revenue Fund Revenue and Expenses Fund 201

Is it currently budgeted? Yes

Explanation of Fiscal Impact: The projects in the ACIP will have a 6.25% match, to be paid by the CCAA.

Alternatives

Do not approve the proposed ACIP and/or the three related grant applications and provide alternate direction to staff.

Attachments:

[0 Carson City ACIP 2022-2027.pdf](#)

[_Carson City Relocate AWOS revised grant app signed.pdf](#)

[2022 04 20 Nighttime Approach Lighting System Ph 2 Grant Application Rev. 1.pdf](#)

[2022 03 22 FAA Form 5100-144 Terminal Building Signed.pdf](#)

Board Action Taken:

Motion: _____ 1) _____

Aye/Nay

2) _____

(Vote Recorded By)

AIRPORT CAPITAL IMPROVEMENT PLAN



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CARSON CITY AIRPORT

CARSON CITY, NEVADA | 2022-2027



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AIRPORT CAPITAL IMPROVEMENT PLAN

Federal Aviation Administration

2022-2027

Carson City Airport - Carson City, Nevada

Airport:	Carson City Airport	Airport Identifier:	CXP	Site No.:	3-32-0004	
Sponsor:	Carson City Airport Authority	State:	Nevada	Date:	4/14/2022	
CCAA Fiscal Year 2022 = July 1, 2021 - June 30, 2022						
FAA Fiscal Year 2022 = October 1, 2021 - September 30, 2022						
Calendar Year 2022 = January 1, 2022 - December 31, 2022						
Project Description & Year (By funding year in priority order)	Work Code	AIP Grant		BIL Grant		Total Cost
		Federal	Local	Federal	Local	
FAA FY2022						
Install Approach Lighting (Phase 2) [Design PAPI & MALSF]	ST RW IN	\$421,875	\$28,125			\$450,000
Relocate AWOS [Design & Const]	ST EQ WX	\$299,304	\$19,954			\$319,258
Construct GA Terminal Building (BIL Terminal Funding)	CA TE CO			\$3,000,000	\$200,000	\$3,200,000
FAA FY2023						
Construct Snow Removal Equipment Bldg. (40' x 80') [Bid & Const]	ST BD SN	\$774,263	\$51,618			\$825,880
Install Approach Lighting (Phase 3) [Const PAPI & MALSF]	ST RW IN	\$1,406,250	\$93,750			\$1,500,000
Extend Runway 9/27 (100'x800') [EA and 25% Design] (BIL Funding)	EN PL MA			\$421,875	\$28,125	\$450,000
FAA FY2024						
Replace Taxiway Lighting [Design & Const]	ST TW LI	\$234,375	\$15,625			\$250,000
Install Generator [Design & Const]	ST EQ LI	\$93,750	\$6,250			\$100,000
FAA FY2025						
Pavement Rehab - Main Apron (57,540 SY) [Design & Const]	RE AP IM	\$300,000	\$20,000			\$320,000
Pavement Rehab - North Apron (39,920 SY) [Design & Const]	RE AP IM	\$210,938	\$14,063			\$225,000
Pavement Rehab - TW A (7,320'x50') & TW D (6,830'x50') [Design & Const]	RE TW IM	\$468,750	\$31,250			\$500,000
Reconstruct Taxiway B (2,765'x50') [Design & Const]	RE TW IM	\$525,000	\$35,000			\$560,000
Extend Runway 9/27 (100'x800') [Final Design] (BIL Funding)	CA RW EX			\$600,000	\$40,000	\$640,000



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FAA FY2026						
Extend Runway 9/27 (100'x800') [Const]	CA RW EX	\$5,625,000	\$375,000			\$6,000,000
Pavement Rehab - Runway 9/27 (75' x 6,101') [Design & Const] (BIL Funding)	RE RW IM			\$453,125	\$30,208	\$483,333
FAA FY2027						
Construct Taxiway C & Southwest Storm Drain (3,800 LF) [Design & Const]	ST OT IM	\$234,375	\$15,625			\$250,000
BIL FUNDING TOTAL				\$1,475,000	\$98,333	
BIL TERMINAL FUNDING TOTAL				\$3,000,000	\$200,000	



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S:\Nevada\Carson City\Admin\CIPs - Cost Estimates\2021\2021 CARSON CITY AIRPORT CIP (NO TABLE).dwg 4/15/2022 9:03:40 AM MMONROE



2023-2026 EXTEND RWY 9/27 (BIL)

2025 - RECONSTRUCT TWY B

2025 - PAVEMENT REHABILITATION NORTH & SOUTH APRONS, TWYS A & D

2024 - REPLACE TAXIWAY EDGE LIGHTING

2022/2023 -INSTALL NIGHTTIME APPROACH LIGHTING SYSTEM

2027 - CONST TWY C AND SOUTHWEST STORM DRAINS

2022 - GA TERMINAL BUILDING (BIL)

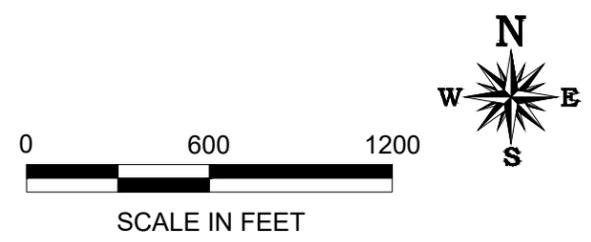
2024 - INSTALL GENERATOR

2023 - CONSTRUCT SRE BLDG

2022 - RELOCATE AWOS

2026 - PAVEMENT REHAB RWY 9/27 (BIL)

2023-2026 - EXTEND RWY 9/27 (BIL)



CARSON AIRPORT CARSON CITY, NEVADA	
2022- 2027 CIP	
	ARMSTRONG
PLANNING ENGINEERING CONSTRUCTION	
www.armstrongconsultants.com	

Carson City Airport

ACIP Data Sheet

Airport Name		Carson City Airport - Carson City, Nevada	Fiscal Year	2022	
Shown On ALP	Project Type*	Project Description	Federal Share	Local Share	Total
Yes	D	Install Approach Lighting (Phase 2) - Offset PAPI & MALSF [Design]	\$421,875	\$28,125	\$450,000
Yes	D	Relocate AWOS [Design & Const.]	\$299,304	\$19,954	\$319,258
Yes	D	Construct GA Terminal Building (BIL Terminal Funding)	\$3,000,000	\$200,000	\$3,200,000

* D - Development; P - Planning; E - Environmental

PROVIDE THE FOLLOWING DETAILED INFORMATION FOR PROJECTS ANTICIPATED WITHIN 1-2 YEARS

Detail Project Description (Square/Lineal Footage or Length/Width)

1. Install Approach Lighting - This project includes the design of the offset PAPI and MALSF for the approach lighting system on Runway 27.
2. Relocate AWOS - this project includes the development of plans and specifications, equipment purchase and site work for the relocation of the Automated Weather Observing System (AWOS).

Project Schedule (Anticipated date for bids or negotiated prices, consultant selection for planning or environmental projects, length of construction or design, planning or environmental process)

1. This project will be designed by December 2022.
2. This project design will be completed by March 2022, and construction completed by November 2022.
3. This project design will be started upon receipt of grant offer.

NEPA Environmental Status (With grant application include copy of ROD, FONSI or CATEX letter of approval)

1. The CatEx was submitted in Fall 2021.
2. An approved CatEx was received in September 2021.
3. Any NEPA requirements for this project will be in process upon receipt of grant offer.

Land Title Status & Date of Exhibit "A" Status

See Exhibit A

Date

August 2020

Open AIP Funded Projects (include grant number and grant description) Expected Close-out Date

Certification: To the best of my knowledge and belief, all information shown in the ACIP Data Sheet is true and correct and had been duly authorized by the Sponsor.

Michael Golden, Carson City Airport Authority Chairman

Corey Jenkins, Airport Manager

Name and Title of Authorized Representative (Print or Type)

Contact Name and Title (Print or Type)

Michael Golden *Apr 125, 2022* (775) 841-2255

Signature

Date

Contact Phone (Print or Type)



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Carson City Airport

ACIP Data Sheet

Airport Name		Carson City Airport - Carson City, Nevada	Fiscal Year	2023	
Shown On ALP	Project Type*	Project Description	Federal Share	Local Share	Total
Yes	D	Construct Snow Removal Equipment Bldg. (40'x80') [Bid & Const.]	\$774,263	\$51,618	\$825,880
Yes	D	Install Approach Lighting (Phase 3) [Const. PAPI & MALSF	\$1,406,250	\$93,750	\$1,500,000
Yes	D	Extend Runway 9/27 (100'x800') [EA & 25% Design] (BIL Funding)	\$421,875	\$28,125	\$450,000

* D - Development; P - Planning; E - Environmental

PROVIDE THE FOLLOWING DETAILED INFORMATION FOR PROJECTS ANTICIPATED WITHIN 1-2 YEARS

Detail Project Description (Square/Lineal Footage or Length/Width)

1. Construct SRE Building - this project includes the bidding and construction of the airport's snow removal equipment storage (40'x80') building.
2. Install Approach Lighting - This phase includes construction of the offset PAPI and MALSF lighting systems on Runway 27.
3. Extend Runway 9/27 - This is the first phase of the design that involves environmental approval and design initiation.

Project Schedule (Anticipated date for bids or negotiated prices, consultant selection for planning or environmental projects, length of construction or design, planning or environmental process)

1. This project will bid by April 2023 and construction will be completed by December 2023.
2. This project will bid by April 2023 and construction will be completed by December 2023.
3. This project will begin EA requirements in Jan 2023.

NEPA Environmental Status (With grant application include copy of ROD, FONSI or CATEX letter of approval)

1. This project has NEPA approval.
2. A CatEx for the construction portion of this project will be submitted by Fall 2022.
3. The NEPA requirements for this project will be in process at the start of FY2023.

Land Title Status & Date of Exhibit "A" Status

Date

Exhibit A

August 2020

Open AIP Funded Projects (include grant number and grant description) Expected Close-out Date

Certification: To the best of my knowledge and belief, all information shown in the ACIP Data Sheet is true and correct and had been duly authorized by the Sponsor.

Michael Golden, Carson City Airport Authority Chairman

Corey Jenkins, Airport Manager

Name and Title of Authorized Representative (Print or Type)

Contact Name and Title (Print or Type)

Michael Golden

4-25-22 (775) 841-2255

Signature

Date

Contact Phone (Print or Type)



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Carson City Airport

ACIP Data Sheet

Airport Name		Carson City Airport - Carson City, Nevada	Fiscal Year	2024	
Shown On ALP	Project Type*	Project Description	Federal Share	Local Share	Total
Yes	D	Replace Taxiway Lighting [Design & Const]	\$234,375	\$15,625	\$250,000
Yes	D	Install Generator [Design & Const.]	\$93,750	\$6,250	\$100,000

* D - Development; P - Planning; E - Environmental

PROVIDE THE FOLLOWING DETAILED INFORMATION FOR PROJECTS ANTICIPATED WITHIN 1-2 YEARS

Detail Project Description (Square/Lineal Footage or Length/Width)

Project Schedule (Anticipated date for bids or negotiated prices, consultant selection for planning or environmental projects, length of construction or design, planning or environmental process)

NEPA Environmental Status (With grant application include copy of ROD, FONSI or CATEX letter of approval)

Land Title Status & Date of Exhibit "A" Status	Date
See Exhibit A	August 2020

Open AIP Funded Projects (include grant number and grant description) Expected Close-out Date

Certification: To the best of my knowledge and belief, all information shown in the ACIP Data Sheet is true and correct and had been duly authorized by the Sponsor.

Michael Golden, Carson City Airport Authority Chairman	Corey Jenkins, Airport Manager
Name and Title of Authorized Representative (Print or Type)	Contact Name and Title (Print or Type)

	4-25-22	(775) 841-2255
Signature	Date	Contact Phone (Print or Type)



Carson City Airport

ACIP Data Sheet

Airport Name		Carson City Airport - Carson City, Nevada	Fiscal Year	2025	
Shown On ALP	Project Type*	Project Description	Federal Share	Local Share	Total
Yes	D	Pavement Rehabilitation - Main Apron (57,540 SY) [Design & Const.]	\$300,000	\$20,000	\$320,000
Yes	D	Pavement Rehabilitation - North Apron (39,920 SY) [Design & Const.]	\$210,938	\$14,063	\$225,000
Yes	D	Pavement Rehabilitation - Taxiways A (7,320ft x 50ft) and D (6,830ft x 50ft) [Design & Const.]	\$468,750	\$31,250	\$500,000
Yes	D	Reconstruct Taxiway B (2,765ft x 50ft) [Design & Const.]	\$525,000	\$35,000	\$560,000
Yes	D	Extend Runway 9/27 (100'x800') [Final Design] (BIL Funding)	\$600,000	\$40,000	\$640,000

* D - Development; P - Planning; E - Environmental

PROVIDE THE FOLLOWING DETAILED INFORMATION FOR PROJECTS ANTICIPATED WITHIN 1-2 YEARS

Detail Project Description (Square/Lineal Footage or Length/Width)

Project Schedule (Anticipated date for bids or negotiated prices, consultant selection for planning or environmental projects, length of construction or design, planning or environmental process)

NEPA Environmental Status (With grant application include copy of ROD, FONSI or CATEX letter of approval)

Land Title Status & Date of Exhibit "A" Status Date

Open AIP Funded Projects (include grant number and grant description) Expected Close-out Date

Certification: To the best of my knowledge and belief, all information shown in the ACIP Data Sheet is true and correct and had been duly authorized by the Sponsor.

Michael Golden, Carson City Airport Authority Chairman Corey Jenkins, Airport Manager
 Name and Title of Authorized Representative (Print or Type) Contact Name and Title (Print or Type)

Michael Golden 4-25-22 (775) 841-2255
 Signature Date Contact Phone (Print or Type)



Carson City Airport

ACIP Data Sheet

Airport Name		Carson City Airport - Carson City, Nevada	Fiscal Year	2026	
Shown On ALP	Project Type*	Project Description	Federal Share	Local Share	Total
Yes	D	Extend Runway 9/27 (100'x800') [Const]	\$5,625,000	\$375,000	\$6,000,000
Yes	D	Pavement Rehab - Runway 9/27 (75' x 6,101') [Design & Const] (BIL Funding)	\$453,125	\$30,208	\$483,333
* D - Development; P - Planning; E - Environmental					
PROVIDE THE FOLLOWING DETAILED INFORMATION FOR PROJECTS ANTICIPATED WITHIN 1-2 YEARS					
Detail Project Description (Square/Lineal Footage or Length/Width)					
Project Schedule (Anticipated date for bids or negotiated prices, consultant selection for planning or environmental projects, length of construction or design, planning or environmental process)					
NEPA Environmental Status (With grant application include copy of ROD, FONSI or CATEX letter of approval)					
Land Title Status & Date of Exhibit "A" Status			Date		
Open AIP Funded Projects (include grant number and grant description) Expected Close-out Date					
Certification: To the best of my knowledge and belief, all information shown in the ACIP Data Sheet is true and correct and had been duly authorized by the Sponsor.					
Michael Golden, Carson City Airport Authority Chairman			Corey Jenkins, Airport Manager		
Name and Title of Authorized Representative (Print or Type)			Contact Name and Title (Print or Type)		
		4-25-22	(775) 841-2255		
Signature		Date	Contact Phone (Print or Type)		



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Carson City Airport

ACIP Data Sheet

Airport Name		Carson City Airport - Carson City, Nevada	Fiscal Year	2027	
Shown On ALP	Project Type*	Project Description	Federal Share	Local Share	Total
Yes	D	Construct Taxiway C & Southwest Storm Drain (3,800 LF) [Design & Const.]	\$234,375	\$15,625	\$250,000
* D - Development; P - Planning; E - Environmental					
PROVIDE THE FOLLOWING DETAILED INFORMATION FOR PROJECTS ANTICIPATED WITHIN 1-2 YEARS					
Detail Project Description (Square/Lineal Footage or Length/Width)					
Project Schedule (Anticipated date for bids or negotiated prices, consultant selection for planning or environmental projects, length of construction or design, planning or environmental process)					
NEPA Environmental Status (With grant application include copy of ROD, FONSI or CATEX letter of approval)					
Land Title Status & Date of Exhibit "A" Status			Date		
Open AIP Funded Projects (include grant number and grant description)			Expected Close-out Date		
Certification: To the best of my knowledge and belief, all information shown in the ACIP Data Sheet is true and correct and had been duly authorized by the Sponsor.					
Michael Golden, Carson City Airport Authority Chairman			Corey Jenkins, Airport Manager		
Name and Title of Authorized Representative (Print or Type)			Contact Name and Title (Print or Type)		
		4-25-22	(775) 841-2255		
Signature		Date	Contact Phone (Print or Type)		



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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: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision	* If Revision, select appropriate letter(s): A: Increase Award * Other (Specify):
* 3. Date Received:	4. Applicant Identifier: Carson City Airport (KCXP)	
5a. Federal Entity Identifier:	5b. Federal Award Identifier: 3-32-0004-041-2022	
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
* a. Legal Name: Carson City Airport Authority		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 26-3261989	* c. Organizational DUNS: 0358913860000	
d. Address:		
* Street1:	2600 East College Parkway	
Street2:	Suite 6	
* City:	Carson City	
County/Parish:		
* State:	NV: Nevada	
Province:		
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	89706-0755	
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: Corey	
Middle Name:		
* Last Name: Jenkins		
Suffix:		
Title: Airport Manager		
Organizational Affiliation:		
* Telephone Number: (775) 841-2255	Fax Number:	
* Email: cjenkins@flycarsoncity.com		

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

C: City or Township Government

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 Improvement Program

*** 12. Funding Opportunity Number:**

N/A

* Title:

N/A

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Relocate AWOS

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

II

* b. Program/Project

II

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

01/01/2022

* b. End Date:

12/31/2022

18. Estimated Funding (\$):

* a. Federal	304,329.38
* b. Applicant	0.00
* c. State	0.00
* d. Local	20,288.62
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	324,618.00

*** 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

Add Attachment

Delete Attachment

View Attachment

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:

Michael

Middle Name:

* Last Name:

Golden

Suffix:

* Title:

Chairman, Carson City Airport Authority

* Telephone Number:

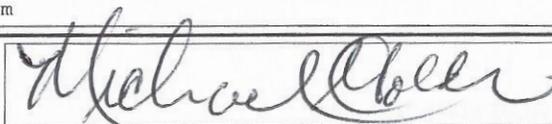
(775) 841-2255

Fax Number:

* Email:

mgolden@flycarsoncity.com

* Signature of Authorized Representative:



* Date Signed:

3-3-22

PART III – BUDGET INFORMATION – CONSTRUCTION

SECTION A – GENERAL	
1. Assistance Listing Number:	20.106
2. Functional or Other Breakout:	

SECTION B – CALCULATION OF FEDERAL GRANT			
Cost Classification	Latest Approved Amount (Use only for revisions)	Adjustment + or (-) Amount (Use only for revisions)	Total Amount Required
1. Administration expense			\$ 31,202
2. Preliminary expense			
3. Land, structures, right-of-way			
4. Architectural engineering basic fees			36,080
5. Other Architectural engineering fees			
6. Project inspection fees			23,210
7. Land development			
8. Relocation Expenses			
9. Relocation payments to Individuals and Businesses			
10. Demolition and removal			
11. Construction and project improvement			155,263
12. Equipment			78,863
13. Miscellaneous			
14. Subtotal (Lines 1 through 13)			\$ 324,618
15. Estimated Income (if applicable)			
16. Net Project Amount (Line 14 minus 15)			324,618
17. Less: Ineligible Exclusions (Section C, line 23 g.)			
18. Subtotal (Lines 16 through 17)			\$ 324,618
19. Federal Share requested of Line 18			304,329
20. Grantee share			20,289
21. Other shares			
22. TOTAL PROJECT (Lines 19, 20 & 21)			\$ 324,618

SECTION C – EXCLUSIONS	
23. Classification (Description of non-participating work)	Amount Ineligible for Participation
a.	
b.	
c.	
d.	
e.	
f.	
g. Total	

SECTION D – PROPOSED METHOD OF FINANCING NON-FEDERAL SHARE	
24. Grantee Share – Fund Categories	Amount
a. Securities	
b. Mortgages	
c. Appropriations (by Applicant)	20,289
d. Bonds	
e. Tax Levies	
f. Non-Cash	
g. Other (Explain):	
h. TOTAL - Grantee share	\$ 20,289
25. Other Shares	Amount
a. State	
b. Other	
c. TOTAL - Other Shares	
26. TOTAL NON-FEDERAL FINANCING	\$ 20,289

SECTION E – REMARKS (Attach sheets if additional space is required)
<p>Exhibit A dated January 2017 incorporated by reference.</p> <p>Plans and Specifications dated April 9, 2021 incorporated by reference.</p>

CIP/PREAPPLICATION DATA SHEET

AIRPORT: Carson City Airport **LOCAL PRIORITY:** _____ **UPDATED:** 2/2022
WORK ITEM: Relocate AWOS

SKETCH:



JUSTIFICATION: The SRE building is required to preserve and protect SRE equipment, therefore the relocation of the AWOS is required to provide adequate building area. Additionally, the current AWOS location does not meet FAA AWOS siting criteria.

SPONSOR SIGNATURE: *[Handwritten Signature]* **DATE:** 3-16-22

COST ESTIMATE:

		Item				
ADMINISTRATION:	\$	31,202	1: Construction	\$	155,263	4
ENGINEERING:	\$	36,080	2: Equipment	\$	78,863	5
INSPECTION:	\$	23,210	3:	\$		
					TOTAL:	\$ 324,618

ADO USE:

PREAPP NO: _____ **GRANT NO:** _____ **NPIAS CODE:** _____ **WORK CODE:** _____ **FAA PRIOR:** _____ **FED \$** _____

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: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision	* If Revision, select appropriate letter(s): A: Increase Award * Other (Specify):
* 3. Date Received:	4. Applicant Identifier: Carson City Airport (KCXP)	
5a. Federal Entity Identifier:	5b. Federal Award Identifier: 3-32-0004-xxx-2022	
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
* a. Legal Name: Carson City Airport Authority		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 26-3261989	* c. Organizational DUNS: 0358913860000	
d. Address:		
* Street1:	2600 East College Parkway	
Street2:	Suite 6	
* City:	Carson City	
County/Parish:		
* State:	NV: Nevada	
Province:		
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	89706-0755	
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: Corey	
Middle Name:		
* Last Name: Jenkins		
Suffix:		
Title: Airport Manager		
Organizational Affiliation:		
* Telephone Number: (775) 841-2255	Fax Number:	
* Email: cjenkins@flycarsoncity.com		

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

C: City or Township Government

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 Improvement Program

*** 12. Funding Opportunity Number:**

N/A

* Title:

N/A

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Install Approach Lighting System (Phase 2)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="421,893.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="28,127.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="450,020.00"/>

*** 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

Add Attachment

Delete Attachment

View Attachment

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:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

PART III – BUDGET INFORMATION – CONSTRUCTION

SECTION A – GENERAL	
1. Assistance Listing Number:	20.106
2. Functional or Other Breakout:	

SECTION B – CALCULATION OF FEDERAL GRANT			
Cost Classification	Latest Approved Amount (Use only for revisions)	Adjustment + or (-) Amount (Use only for revisions)	Total Amount Required
1. Administration expense			\$ 5,000
2. Preliminary expense			
3. Land, structures, right-of-way			
4. Architectural engineering basic fees			445,020
5. Other Architectural engineering fees			
6. Project inspection fees			
7. Land development			
8. Relocation Expenses			
9. Relocation payments to Individuals and Businesses			
10. Demolition and removal			
11. Construction and project improvement			
12. Equipment			
13. Miscellaneous			
14. Subtotal (Lines 1 through 13)			\$ 450,020
15. Estimated Income (if applicable)			
16. Net Project Amount (Line 14 minus 15)			450,020
17. Less: Ineligible Exclusions (Section C, line 23 g.)			
18. Subtotal (Lines 16 through 17)			\$ 450,020
19. Federal Share requested of Line 18			421,893
20. Grantee share			28,127
21. Other shares			
22. TOTAL PROJECT (Lines 19, 20 & 21)			\$ 450,020

SECTION C – EXCLUSIONS	
23. Classification (Description of non-participating work)	Amount Ineligible for Participation
a.	
b.	
c.	
d.	
e.	
f.	
g. Total	

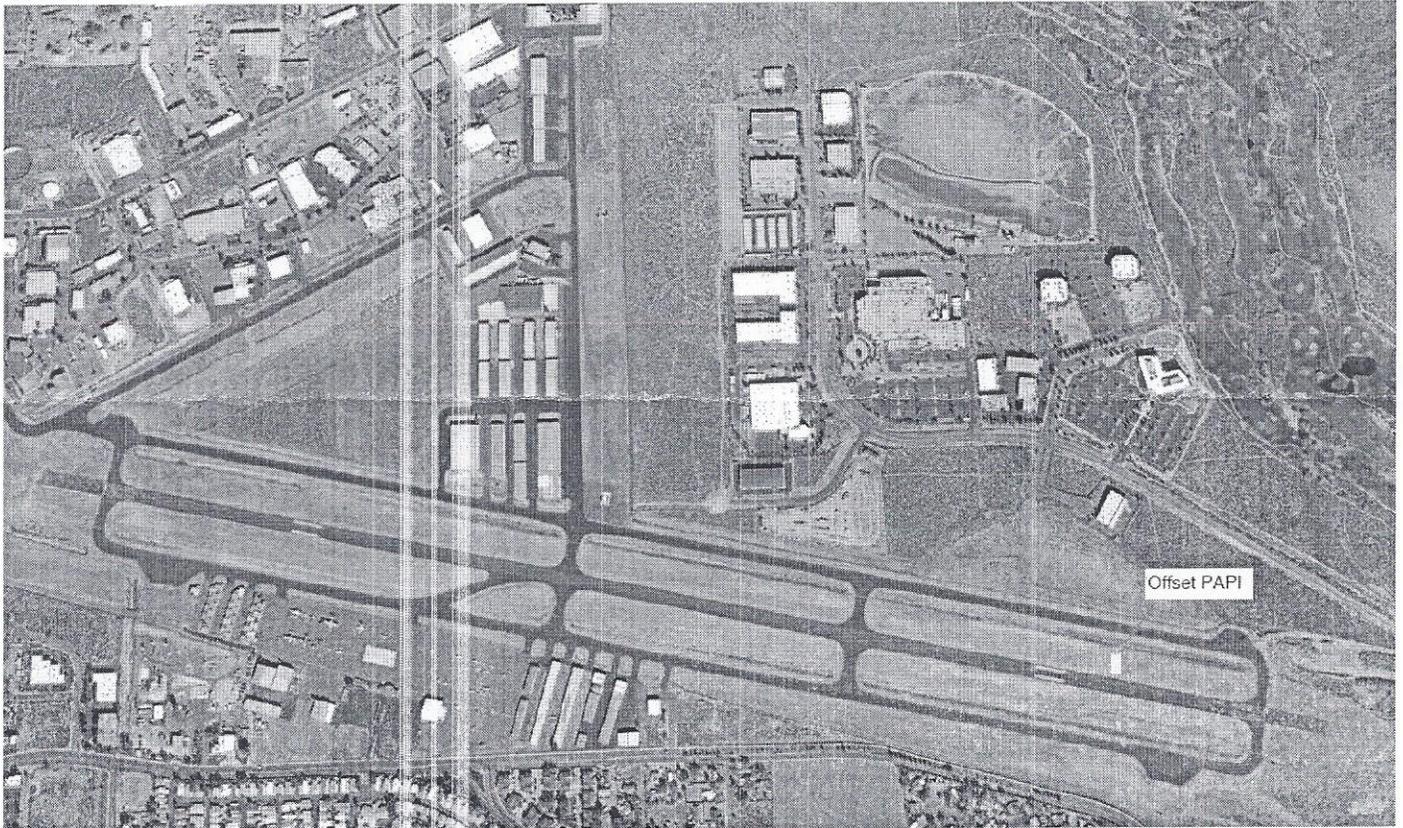
SECTION D – PROPOSED METHOD OF FINANCING NON-FEDERAL SHARE	
24. Grantee Share – Fund Categories	Amount
a. Securities	
b. Mortgages	
c. Appropriations (by Applicant)	28,127
d. Bonds	
e. Tax Levies	
f. Non-Cash	
g. Other (Explain):	
h. TOTAL - Grantee share	\$ 28,127
25. Other Shares	Amount
a. State	
b. Other	
c. TOTAL - Other Shares	
26. TOTAL NON-FEDERAL FINANCING	\$ 28,127

SECTION E – REMARKS (Attach sheets if additional space is required)
<p>Exhibit A dated January 2017 incorporated by reference.</p> <p>Plans and Specifications dated TBD incorporated by reference.</p>

CIP/PREAPPLICATION DATA SHEET

AIRPORT: Carson City Airport LOCAL PRIORITY: _____ UPDATED: 4/2022
 WORK ITEM: Install Approach Lighting System (Phase 2)

SKETCH:



JUSTIFICATION: The offset PAPI and MALSF systems are needed to enhance the existing instrument approach procedures and remove the existing nighttime restrictions attached to all of the existing approach procedures.

SPONSOR SIGNATURE: *Michael R. Hold* DATE: 4-20-22

COST ESTIMATE:

Item

ADMINISTRATION:	\$	5,000	1:	\$	4	\$
ENGINEERING:	\$	445,020	2:	\$	5	\$
INSPECTION:	\$		3:	\$		TOTAL: \$ 450,020

ADO USE:

PREAPP NO: _____ GRANT NO: _____ NPIAS CODE: _____ WORK CODE: _____ FAA PRIOR: _____ FED \$ _____



U.S. Department
of Transportation
**Federal Aviation
Administration**

FAA Form 5100-144, Bipartisan Infrastructure Law, Airport Terminal and Tower Project Information

Paperwork Reduction Act Statement

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2120-0806. Public reporting for this collection of information is estimated to be approximately 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. All responses to this collection of information are required to obtain or retain a benefit under the Bipartisan Infrastructure Law (BIL) (P.L. 117-58). Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Aviation Administration, 10101 Hillwood Parkway, Fort Worth, TX 76177-1524.

Instructions for FAA Form 5100-144, Bipartisan Infrastructure Law, Airport Terminal and Tower Project Information

This form is provided to assist airports in completing the submission requirements established in the related Notice of Funding Opportunity published in the Federal Register. The FRN requires requests to be submitted via email. This form lets the FAA process requests more quickly based on uniform information responsive to the FRN. Do not include any Personal Identifiable Information in the open text boxes.

Once the form is complete, save a copy of the form electronically to your files for future reference. Next, scroll to the bottom of the form and choose the “**Submit**” button. That creates a new email message with the PDF attached. Or, as a backup method, you can manually email the form to: 9-ARP-BILAirports@faa.gov.

General Airport Information

Airport Name: Enter the official airport name.

LOCID: Enter the airport's FAA location identifier code.

State Code: Choose the appropriate two letter code for the State, U. S. Territory, Independent Country, or Department of Interior from the drop-down list.

Point of Contact's Name: The Point of Contact (POC) must be the Airport Sponsor.

Point of Contact's Title: Enter the Airport POC's Title.

POC's Phone Number: Enter the Airport POC's phone number and extension number, if any. Example: (555) 222-4444 ext.158

POC's Email Address: Enter the Airport POC's email address.

Project Overview

Project Type

Choose the project type (Terminal or Tower).

Project Description

In 75 words or less, enter a complete project description.

Target Timeframe for Grant Award and Construction Start

Enter the month and year that grant can be accepted and the project can start.

Project Status

Total (Estimated) Project Cost

Enter most recent cost estimate for the entire project, in whole dollars.

Amount of Funding Requested

Enter amount of funding requested under this program, in whole dollars.

Match Available

Does the Sponsor have matching funds? Choose Yes or No.

Delivery Method

Choose the delivery method (Design/Bid, Design/Build, CM at Risk, Other). If "Other," state the proposed delivery method in the next field.

Bid or Guaranteed Maximum Price (GMP)

Choose whether or not project has been publicly bid. If "No," provide an estimated bid date in the next field.

Phased Project

Choose whether or not the project will be completed over multiple phases. If “Yes,” list phase number and total number of phases in the next field.

Do you have a comprehensive financial plan?

Choose Yes or No to indicate if a funding plan for the entire project is currently available.

Is the project on an approved Airport Layout Plan (ALP)?

Choose Yes or No. If “Yes,” enter the approval date in the next field.

Is environmental determination complete?

Choose Yes or No. If “Yes,” enter the approval date in the next field.

Is airspace approval complete?

Choose Yes, No, or N/A (not applicable). If “Yes,” enter the airspace case number in the next field.

Current Enplanements

Enter enplanement number from previous calendar year.

Forecast Enplanements

Based on your most recently approved forecast, provide the enplanement number from the last year of the forecast and provide forecast year.

Existing Square Footage

Provide square footage of existing terminal building or tower.

Proposed Square Footage

Provide anticipated total square footage of terminal building or tower once project is complete.

Is this project phased and/or associated with an approved Bipartisan Infrastructure Law, Airport Improvement Program (AIP) or Passenger Facility Charge (PFC) project?

Choose Yes or No. Choose “Yes” if the project is currently funded by an existing BIL grant, AIP grant or approved under a PFC application. If “Yes,” provide project information such as project number (AIP grant number), amount of PFC or AIP funds, approval date of the PFC application, execution date of the grant, etc.

Program Considerations

Check all that apply to your proposed terminal building or tower project. If an item is selected, a narrative must be included describing how the project satisfies the criteria. Address the following areas within character limits defined below.

Terminal and Tower

Increase Capacity and Passenger Access

Check this box if the project will increase capacity and passenger access to the airport. Explain and provide justification in the next field. (Maximum Characters 300)

Replacing Aging Infrastructure

Check this box if the project will replace aging infrastructure that has exceeded its useful life. Explain and provide justification in the next field. (Maximum Characters 300)

Achieves Compliance with Americans with Disabilities Act and Expands Accessibility for Persons with Disabilities

Check this box if the project will expand accessibility for persons with disabilities. Explain and provide justification in the next field. (Maximum Characters 300)

Improves Airport Access for Historically Disadvantaged Populations

Check this box if the project will improve access for Historically Disadvantaged Populations. Explain and provide justification in the next field. (Maximum Characters 300)

Improves Energy Efficiency

Check this box if the project improves energy efficiency for the airport. Explain and provide justification in the next field. (Maximum Characters 300)

Improves Airfield Safety through Terminal or Tower Relocation

Check this box if the project improves airfield safety. Explain and provide justification in the next field. (Maximum Characters 300)

Encourages Actual and Potential Competition

Check this box if the project encourages actual and potential competition. Explain how this objective is met through this project in the next field. (Maximum Characters 300)

Good Paying Jobs

Check this box if the project will create good-paying jobs. Explain and provide justification in the next field. (Maximum Characters 300)

Tower Only

If the project is for a tower, also complete this section of the form.

Project Type. Choose “Airport Owned, FAA Operated” for an airport-owned tower with FAA controllers. Choose “Contract Tower Program” for an airport owned tower in the Federal Contract Tower program.

Siting Study. Has a Siting Study been completed for the Air Traffic Control Tower Project? Choose Yes or No.

Relocating

Check this box if the project will be relocating an existing Air Traffic Control Tower. Explain and provide justification in the next field. (Maximum Characters: 300)

Reconstructing

Check this box if the project will reconstruct a replacement tower in the same location of the existing Air Traffic Control Tower. Explain and provide justification in the next field. (Maximum Characters: 300)

Repairing

Check this box if the project will be a repair of an existing Air Traffic Control Tower. Explain and provide justification in the next field. (Maximum Characters: 300)

Improving Airport Owned Tower

Check this box if the project will add improvements to an existing Air Traffic Control Tower. Explain and provide justification in the next field. (Maximum Characters: 300)

Bipartisan Infrastructure Law, Airport Terminal and Tower Project Information

General

Airport Name:

LOCID:

State Code:

Point of Contact's Name:

Point of Contact's Title:

POC's Phone Number:

POC's Email Address:

Project Overview

Project Type: Terminal Tower

Project Description (75 words or less):

Target timeframe dates: Grant Award:

Construction Start:

Project Status

Total (Estimated) Project Cost:

Amount of Funding Requested:

Match Available: Yes No

Delivery Method (choose one):

Design/Bid Design/Build CM at Risk Other:

Bid or GMP: Yes No. If "No," Estimated bid/GMP date:

Phased Project: Yes No. If "Yes," Phase: of

Do you have a comprehensive financial plan? Yes No

Is the project on an approved ALP?

Yes No. If "Yes," enter the approval date:

Is environmental determination complete?

Yes No. If "Yes," enter the approval date:

Is airspace approval complete?

Yes No N/A.

If "Yes," enter the airspace case number:

Current Enplanements:

Approved Forecasted Enplanements: **Year:**

Existing Square Footage: sq. ft.

Proposed Square Footage: sq. ft.

Is this project phased and/or associated with an approved BIL, AIP or PFC project?

Yes No N/A

If "Yes," describe:

Program Considerations (Terminal and Tower)

If you check a box below, you must describe how the project satisfies the criteria.
Check all that apply to the proposed project.

Increase Capacity and Passenger Access. Description (Maximum Characters: 300):

Replacing Aging Infrastructure. Description (Maximum Characters: 300):

Achieves Compliance with Americans with Disabilities Act and Expands Accessibility for Persons with Disabilities. Description (Maximum Characters: 300):

Improves Airport Access for Historically Disadvantaged Populations.
Description (Maximum Characters: 300):

Improves Energy Efficiency. Description (Maximum Characters: 300):

Improves Airfield Safety through Terminal or Tower Relocation.
Description (Maximum Characters: 300):

Encourages Actual and Potential Competition. Description (Maximum Characters: 300):

Good Paying Jobs. Description (Maximum Characters: 300):

Program Considerations (Tower Only)

If the project is for a tower, also complete this section of the form.

Project Type. The project type for this grant application (choose one or both):

Airport Owned, FAA Operated Tower

Contract Tower Program

Siting Study. Has a Siting Study been completed for the Air Traffic Control Tower Project?"

Yes No

If you check a box below, also describe how the project satisfies the criteria.
Check all that apply to the proposed project.

Relocating. Description (Maximum Characters: 300):

Reconstructing. Description (Maximum Characters: 300):

Repairing. Description (Maximum Characters: 300):

Improving Airport Owned Tower. Description (Maximum Characters: 300):

Certifications

By electronically signing this document, I hereby certify that we have followed, or will follow, all procurement processes required under 2 CFR 200, including but not limited to:

- Davis Bacon
- Buy American
- Consultant Selection

Name:

Signature:

Date (if not in signature):

Title: