AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Application for Federal Assistance SF-424; Gunniso

Action Requested: County Manager Signature

Parties to the Agreement: Gunnison County and the Federal Aviation Administration

Term Begins: **Term Ends:** **Grant Contract #:** CARES Act Grants - Airports

Summary:

The Gunnison Crested Butte Regional Airport was granted $18,010,756.00 from the CARES Act to prevent, prepare for, and respond to coronavirus impacts, and support airport operations. The funds will be used for operational relief and to assist in funding the planned terminal renovation. This

Fiscal Impact: $18,010,756 FAA/DOT; $0 Local, $0 State

Submitted by: Stephanie Williams **Submitter's Email Address:** swilliams@gunnisoncounty.org

Finance Review: (●) Required ( ) Not Required

Comments:
Developing with Rick a budget amendment request and method to record revenue/expenditures related to this award. No concerns. ln

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 4/29/2020

County Attorney Review: (●) Required ( ) Not Required

Comments:
ok db 4/30/20

Reveiwed by: GUNCOUNTY1\dBaumgarten Discharge Date: 4/30/2020 Certificate of Insurance Required Yes ( ) No (●)

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\mbirnie Discharge Date: 5/1/2020

(●) Consent Agenda ( ) Regular Agenda ( ) Worksession Time Allotted: 0

Agenda Date: 5/5/2020

Revised April 2015

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

Application for Federal Assistance SF-424

*1. Type of Submission:	*2. Type of Application	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	*Other (Specify)
☐ Changed/Corrected Application	☐ Revision	

*3. Date Received:	4. Applicant Identifier:
NA	GUC (Gunnison-Crested Butte Regional) Gunnison, CO

*5b. Federal Entity Identifier:	*5b. Federal Award Identifier:
80030	

State Use Only:

6. Date Received by State:	7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: County of Gunnison

*b. Employer/Taxpayer Identification Number (EIN/TIN):	*c. Organizational DUNS:
84-6000770	13-311-5220

d. Address:

*Street 1: 519 Rio Grande
Street 2:
*City: GUNNISON
County:
*State: CO
Province:
*Country: USA: United States
*Zip / Postal Code 81230

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: Richard
Middle Name:
*Last Name: Lamport
Suffix:

Title: Airport Director/Compliance

Organizational Affiliation:

*Telephone Number: 970-642-7388 Fax Number:

*Email: rlamport@gunnisoncounty.org

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

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.

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

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: 3 *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	$ 15,408,700
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	**$ 15,408,700**

***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?**

☐ Yes ☒ No

If "Yes", explain:

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: Matthew

Middle Name:

*Last Name: Birnie

Suffix:

*Title: County Manager

*Telephone Number: 970 641-7600 Fax Number:

* Email: mbirnie@gunnisoncounty.org

*Signature of Authorized Representative: *Date Signed: