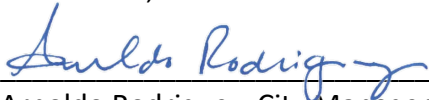




REPORT TO CITY COUNCIL

Approved by: 

Daniel Foss, Interim Public Works Director



Arnaldo Rodriguez, City Manager

Council Meeting of: March 17, 2021

Agenda Number: B-8

SUBJECT:

Airport Coronavirus Response Grant Program (ACRGP) funding in the amount of \$23,000

RECOMMENDATION:

Staff recommends adoption of the Resolution approving the Agreement for Airport Coronavirus Response Grant Program (ACRGP)

SUMMARY:

The Coronavirus Response and Relief Supplemental Appropriation Act (CRRSAA) (Public Law 116-260), signed into law by the President on December 27, 2020, includes nearly \$2 billion in funds to be awarded as economic relief to eligible U.S. airports and eligible concessions at those airports to prevent, prepare for, and respond to the COVID-19 pandemic that has plagued for the country for a year.

To distribute these funds, the Federal Aviation Administration (FAA) has established the Airport Coronavirus Response Grant Program (ACRGP). The FAA will make grants to airports that are part of the national airport system, including commercial service airports, reliever airports, and some public-owned general aviation airports.

The fully executed grant must be submitted to the FAA as soon as possible to ensure timely submission.

DISCUSSION:

On February 16, 2021, the Madera Municipal Airport was notified of its eligibility to receive \$23,000 under the Airport Coronavirus Response Grant Program. The grant guidelines indicate

this may be used for costs related to operations, personnel, cleaning, sanitization, janitorial services, combating the spread of pathogens at the airport, and debt service payments.

FINANCIAL IMPACT:

The funds are appropriated directly from the U.S. Treasury and not from the Airport and Airway Trust Fund.

CONSISTENCY WITH THE VISION MADERA 2025 PLAN:

Approval of this agreement is not addressed in the Vision or Action Plans and is not in conflict with the actions or goals contained in that plan.

ALTERNATIVES:

If Council chooses not to adopt this Resolution, the Agreement with Airport Coronavirus Response Grant Program (ACRGP), will not be executed.

ATTACHMENTS:

1. Resolution
 - a. Exhibit 1 – ACRGP Grant Agreement

RESOLUTION NO. _____

**A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF MADERA,
CALIFORNIA APPROVING AN AGREEMENT FOR AIRPORT CORONAVIRUS
RESPONSE GRANT PROGRAM (ACGRP) FUNDING AND AUTHORIZING
EXECUTION BY PUBLIC WORKS DIRECTOR**

WHEREAS, the City of Madera (City) was notified on February 16, 2021 that the Madera Municipal Airport was eligible to \$23,000 under the Airport Coronavirus Response Grant Program (ACGRP); and

WHEREAS, the Grant is provided in accordance with the Coronavirus Response and Relief Supplemental Appropriation Act (CRRSAA) (Public Law 116-260), to provide eligible Sponsors with funding to prevent, prepare for, and respond to the coronavirus disease 2019 (COVID-19) pandemic. ACRGP grant amounts to specific airports are derived by legislative formula; and

WHEREAS, the purpose of the Grant is to maintain safe and efficient airport operations;
and

WHEREAS, the City wishes to accept the terms of FAA's Grant offer.

NOW, THEREFORE, THE CITY COUNCIL OF THE CITY OF MADERA HEREBY finds, orders, and resolves as follows:

1. The above recitals are true and correct.
2. The City Council approves the Agreement with the Federal Aviation Administration, which is attached hereto as Exhibit 1 and incorporated herein by reference.
3. The Public Works Director is authorized to execute all documents relating to the grant offer and the grant agreement.
4. This resolution is effective immediately upon adoption.

* * * * *

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 * If Revision, select appropriate letter(s): <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision | *Other (Specify) _____ |
|---|---|---------------------------|

| | |
|--------------------------|---|
| *3. Date Received: NA | 4. Applicant Identifier: MAE (Madera Municipal) Madera, CA |
|--------------------------|---|

| | |
|--|--------------------------------|
| *5b. Federal Entity Identifier: 06-0144 | *5b. Federal Award Identifier: |
|--|--------------------------------|

State Use Only:

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

8. APPLICANT INFORMATION:

| |
|--------------------------------|
| *a. Legal Name: City of Madera |
|--------------------------------|

| | |
|--|---|
| *b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000365 | *c. Organizational DUNS: 14-298-8646 |
|--|---|

d. Address:

| | |
|--------------------|---------------------|
| *Street 1: | 4020 Aviation Drive |
| Street 2: | _____ |
| *City: | MADERA |
| County/Parish: | _____ |
| *State: | CA |
| Province: | _____ |
| *Country: | USA: United States |
| *Zip / Postal Code | 93637 |

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: Dan |
| Middle Name: | _____ |
| *Last Name: Foss | _____ |
| Suffix: | _____ |

| |
|---------------------------------|
| Title: Director of Public Works |
|---------------------------------|

| |
|-----------------------------|
| Organizational Affiliation: |
|-----------------------------|

| | |
|---------------------------------|-------------|
| *Telephone Number: 559-661-5494 | Fax Number: |
|---------------------------------|-------------|

| |
|--------------------------|
| *Email: dfoss@madera.gov |
|--------------------------|

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 Improvement 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:**

\$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.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: 19

*b. Program/Project: 16

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 | _____ | \$23,000. |
| *b. Applicant | _____ | \$0 |
| *c. State | _____ | \$0 |
| *d. Local | _____ | \$0 |
| *e. Other | _____ | \$0 |
| *f. Program Income | _____ | \$0 |
| *g. TOTAL | _____ | \$23,000. |

***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

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: Dan _____

Middle Name: _____

*Last Name: Foss _____

Suffix: _____

*Title: Director of Public Works

*Telephone Number: 559-661-5494

Fax Number:

* Email: dfoss@madera.gov

*Signature of Authorized Representative:

*Date Signed: