

COUNCIL ACTION FORM

SUBJECT: APPROVE 2020 CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY (CARES) ACT GRANT (AMES MUNICIPAL AIRPORT)

BACKGROUND:

As announced by the US Secretary of Transportation on April 14, 2020, the Ames Municipal Airport was identified as receiving funds under the Coronavirus Aid, Relief, and Economic Security Act (Public Law 116-136). These funds are meant to assist airports in addressing the COVID-19 public health emergency and the resulting negative economic impacts. Funds for airports were allocated based on a national formula-based calculation, which resulted in the Ames Municipal Airport receiving \$69,000 in Federal assistance. Eligible items include any airport expenses for a four-year period retroactively beginning January 20, 2020 through January 2024.

On April 20, 2020, the City of Ames received the grant offer by email for the \$69,000. Information on this program is continuously evolving. However, it is the understanding of staff that the \$69,000 can be used for any purpose for which airport revenues may be lawfully used per the FAA's "Policy and Procedures Concerning the Use of Airport Revenues (Revenue Use Policy), 64 Federal Register 7696 (64 FR 7696), as amended by 78 Federal Register 55330 (78 FR 55330)."

Because this is a program meant to provide expedited relief, staff plans to work with our Fixed Based Operator (FBO), Central Iowa Air Service, to put together a prioritized list of airport maintenance projects or other operational needs. Reimbursements for this grant will occur through the FAA's normal web portal system. In order to facilitate the quick response desired as part of this program, the City Council can delegate to staff the ability to accept the grant and to develop a list of eligible items that will be in the best interest of the Ames Municipal Airport.

ALTERNATIVES:

1. Approve the 2020 CARES Act grant offer for the Ames Municipal Airport in the amount of \$69,000, thereby designating Damion Pregitzer, the City's Airport Manager, to be authorized to sign and accept the grant on behalf of the City of Ames.
2. Reject the grant offer.

MANAGER'S RECOMMENDED ACTION:

This grant could provide for proceeding with deferred maintenance projects and/or offsetting lost revenue. Public Works (Airport) staff and the City Manager will work with the FBO to identify a prioritized needs list. Therefore, it is the recommendation of the City Manager that the City Council adopt Alternative No. 1, as noted above.

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) _____
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*3. Date Received: NA	4. Applicant Identifier: AMW (Ames Municipal) Ames, IA
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*5b. Federal Entity Identifier: 190004	*5b. Federal Award Identifier:
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State Use Only:

6. Date Received by State:	7. State Application Identifier:
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8. APPLICANT INFORMATION:

*a. Legal Name: City of Ames

*b. Employer/Taxpayer Identification Number (EIN/TIN): 42-6004218	*c. Organizational DUNS: 61-937-1672
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d. Address:

*Street 1: 515 Clarke Ave
Street 2: _____
*City: Ames
County: _____
*State: IA
Province: _____
*Country: USA: United States
*Zip / Postal Code 50010

e. Organizational Unit:

Department Name:	Division Name:
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr. *First Name: Damion
Middle Name: _____
*Last Name: Pregitzer
Suffix: _____

Title: Traffic Engineer

Organizational Affiliation:

*Telephone Number: (515) 239-5275 Fax Number:

*Email: dpregitzer@city.ames.ia.us

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.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: 4

*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	_____	\$69,000.
*b. Applicant	_____	\$0
*c. State	_____	\$0
*d. Local	_____	\$0
*e. Other	_____	\$0
*f. Program Income	_____	\$0
*g. TOTAL	_____	\$69,000.

***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: Damion _____
Middle Name: _____
*Last Name: Pregitzer _____
Suffix: _____

*Title: Traffic Engineer

*Telephone Number: (515) 239-5275

Fax Number:

* Email: dpregitzer@city.ames.ia.us

*Signature of Authorized Representative:

*Date Signed: