



REQUEST FOR COMMISSION ACTION
CITY OF INDEPENDENCE
February 25, 2021

Department Administration

Director Approval Kelly Passauer

AGENDA ITEM Consider authorizing the City Manager to sign an application for federal assistance for grant funds for the Independence Municipal Airport under the Coronavirus Response and Relief Supplemental Appropriations Act.

SUMMARY RECOMMENDATION Sign an application for Airport relief funds.

BACKGROUND The Independence Municipal Airport has been deemed eligible for funds to assist airport sponsors to address the Covid-19 public health emergency. The FAA will distribute these grants under the new Airport Coronavirus Response Grant Program (ACRGP). There are two types of funding: 1. General Funding – similar to the CARES funding and 2. Contract Tower Funding – for FAA contract tower operations. The City will receive \$9,000 under the General Funding for costs related to operations, personnel, cleaning, sanitization, janitorial services, combating the spread of pathogens at the airport, and debt service payments.

SUGGESTED MOTION I move to authorize the City Manager to sign an application for federal assistance for grant funds for the Independence Municipal Airport under the Coronavirus Response and Relief Supplemental Appropriations Act.

SUPPORTING DOCUMENTS

1. Email from the FAA
2. Application for federal assistance for grant funds

Kelly Passauer

From: Hyatt, Ed (FAA) <Ed.Hyatt@faa.gov>
Sent: Friday, February 12, 2021 10:48 AM
To: Kelly Passauer
Subject: KS - IDP FAA CRRSAA Funding Information
Attachments: KS IDP - SF424 Unsigned.pdf

Dear Airport Sponsor:

As announced by the Secretary of Transportation on February 12, 2021, your airport is eligible for funds under the Coronavirus Response and Relief Supplemental Appropriations Act (Public Law 116-260) (CRRSA). These funds will assist airport sponsors to address the COVID-19 public health emergency. The FAA will distribute these grants under the new Airport Coronavirus Response Grant Program (ACRGP).

There are three types of funding included in CRRSA with different restrictions on use. Your airport may receive one or two types of funding in the attached application.

1. General: Funding for costs related to operations, personnel, cleaning, sanitization, janitorial services, combating the spread of pathogens at the airport, and debt service payments. While this funding is similar to the CARES funding, it is more limited in scope. Any airport development must be directly related to combating the spread of pathogens at the airport. If you intend to use funds for development, please work with your Region/ADO prior to beginning the project.
2. Contract Tower: Funding to cover lawful expenses to support FAA contract tower operations. This type of funding is provided to sponsors of non-primary airports participating in the FAA Contract Tower Program and can only be used to support the contract tower.

The attached Application for Federal Assistance (OMB SF-424) is prepopulated with general airport information, including only the ACRGP general and Federal contract tower grant amount, for your airport. An application for an ACRGP concessions' relief grant may follow for primary airports.

For submission of ACRGP Applications for Federal Assistance (OMB SF-424), send the signed application to ACEgrants@faa.gov with your State and location identifier (LOC ID) as the first 5 characters of the subject line and file name i.e. KSIDP ACRGP Application.

Accepting an ACRGP grant does not impact your ability to receive Airport Improvement Program grants.

If you do not want to receive ACRGP funds, please respond to this email. In your response, please state that you do not wish to receive ACRGP funds and the reason.

To facilitate FAA offering an ACRGP grant, please contact your Region or Airports District Office if your airport grant signatories have changed.

We are available to assist you in any way possible. Please contact us if you have any questions or concerns.

Additionally, there is detailed information about the Airport Coronavirus Response Grant Program at:

<https://nam02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.faa.gov%2Fairports%2Ffairsaa%2F&data=04%7C01%7Ckellyp%40independenceks.gov%7C937057ac00d44831345108d8cf75f1db%7C212572b61f214c36ba1a3b2233afaabd%7C0%7C0%7C637487452929757044%7CUnknown%7CTWFpbGZsb3d8eyJWljoIMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6I1haWwiLCJXVCi6Mn0%3D%7C1000&sdata=SqMYCvL%2Ftbz%2BxWkHYPt11z3vLoaGShUL17RBItX4bc%3D&reserved=0>

Thank you.

Ed Hyatt, P.E.

Manager of Planning and Engineering ACE-630 Federal Aviation Administration

901 Locust, Room 364

Kansas City, MO 64106-2325

Phone: 816-329-2605

Fax: 816-329-2610

Application for Federal Assistance SF-424

*1. Type of Submission:

☐ Preapplication

☒ Application

☐ Changed/Corrected Application

*2. Type of Application

☒ New

☐ Continuation

☐ Revision

* If Revision, select appropriate letter(s):

*Other (Specify)

*3. Date Received:

NA

4. Applicant Identifier:

IDP (Independence Municipal) Independence, KS

*5b. Federal Entity Identifier:

20-0036

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: City of Independence

*b. Employer/Taxpayer Identification Number (EIN/TIN):

48-6042582

*c. Organizational DUNS:

07-303-1411

d. Address:

*Street 1: 811 W. Laurel Street

Street 2:

*City: Independence

County/Parish:

*State: KS

Province:

*Country: USA: United States

*Zip / Postal Code 67301

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix: Mrs. *First Name: Kelly

Middle Name:

*Last Name: Passauer

Suffix: , CPM

Title: City Manager

Organizational Affiliation:

*Telephone Number: (620) 332-2506

Fax Number:

*Email: kellyp@independenceks.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:**

\$9,000 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: 4

*b. Program/Project: 2

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	\$9,000.
*b. Applicant	\$0
*c. State	\$0
*d. Local	\$0
*e. Other	\$0
*f. Program Income	\$0
*g. TOTAL	\$9,000.

***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: Mrs. *First Name: Kelly
Middle Name: _____
*Last Name: Passauer
Suffix: , CPM

*Title: Assistant City Manager

*Telephone Number: (620) 332-2506

Fax Number:

* Email: kellyp@independenceks.gov

*Signature of Authorized Representative:

*Date Signed: