



REQUEST FOR COMMISSION ACTION
CITY OF INDEPENDENCE
July 22, 2021

Department Administration/Airport

Director Approval David Cowan/John Garris

AGENDA ITEM Consider authorizing acceptance of an American Rescue Plan Act 2021 grant from the Federal Aviation Administration.

SUMMARY RECOMMENDATION Authorize acceptance.

BACKGROUND The airport is eligible for a \$22,000 grant related to: “. . . costs related to operations, personnel, cleaning, sanitization, janitorial services, combating the spread of pathogens at the airport, and debt service payments.” FAA will offset the costs noted in the grant.

SUGGESTED MOTIONS I move to authorize acceptance of the FAA American Rescue Plan Act 2021 Grant.

SUPPORTING DOCUMENTS Application for Federal Assistance

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: IDP (Independence Municipal) Independence, KS
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*5b. Federal Entity Identifier: 20-0036	*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 Independence

*b. Employer/Taxpayer Identification Number (EIN/TIN): 48-6042582	*c. Organizational DUNS: 07-303-1411
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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:
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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:**

\$22,000 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.

