

MEMORANDUM

Date: September 15, 2021

To: Laramie County, The Honorable Gunnar Malm, Chairman

From: Tim Barth, Director of Aviation, Cheyenne Regional Airport

Regarding: Consideration of Approval for Submittal of an Application for Federal Assistance (FAA Grant) under the American Rescue Plan Act 2021 (Public Law 117-2)(ARPA) and distributed through the Airport Rescue Grant Program (ARGP) in the amount of \$1,082,289 and acceptance of the FAA grant in same.

The Cheyenne Regional Airport Board is a Joint Powers Board comprised of appointees from both the City of Cheyenne and the County of Laramie. The Federal Aviation Administration (FAA) requires that both governing bodies, as well as the Cheyenne Regional Airport Board, approve Federal grants for Cheyenne Regional Airport. Upon approval by the FAA, the grant agreement will be distributed for electronic signature to the City of Cheyenne, County of Laramie, and Cheyenne Regional Airport Board.

Summary:

Attached for your review and consideration for approval, please find attached an application for Federal Assistance (FAA Grant) in the amount of \$1,082,289 for costs related to operations, cleaning, sanitization, janitorial services, combating the spread of pathogens at the airport, and debt service payments. This grant is 100% Federal, with no local match required.

RESOLUTION NO. _____

ENTITLED: "A RESOLUTION SUPPORTING THE CHEYENNE REGIONAL AIRPORT BOARD IN THE SUBMISSION OF AN APPLICATION FOR FEDERAL ASSISTANCE TO THE FEDERAL AVIATION ADMINISTRATION UNDER THE CORONAVIRUS RESPONSE AND RELIEF SUPPLEMENTAL APPROPRIATIONS ACT OF 2021 TO ASSIST IN FUNDING COSTS RELATED TO OPERATIONS, CLEANING, SANITIZATION, JANITORIAL SERVICES, COMBATING THE SPREAD OF PATHOGENS AT THE AIRPORT, AND DEBT SERVICE PAYMENTS AND ACCEPTANCE OF SAME GRANT."

WHEREAS, the Cheyenne Regional Airport Board desires to participate in the Federal Aviation Administration grant program under the American Rescue Plan Act of 2021 to assist in funding costs related to operations, cleaning, sanitization, janitorial services, combating the spread of pathogens at the airport, and debt service payments ("Project"); and

WHEREAS, the Governing Body recognizes that the Cheyenne Regional Airport Board is unable to provide critical and essential services without obtaining available funds to address the COVID-19 pandemic; and

WHEREAS, the Cheyenne Regional Airport Board proposes to file an application with the Federal Aviation Administration for grant funding in the amount of One Million, Eighty-Two Thousand, Two Hundred Eighty-Nine Dollars (\$1,082,289.00) to fund the Project; and

WHEREAS, the grant is 100% federally funded and no local match is required.

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BODY OF THE COUNTY OF LARAMIE, WYOMING, that the County of Laramie supports the grant application to be submitted by the Cheyenne Regional Airport Board to the Federal Aviation Administration grant program under the American Rescue Plan Act of 2021 Act of 2021 in the amount of One Million, Eighty-Two Thousand, Two Hundred Eighty-Nine Dollars (\$1,082,289.00) to assist in funding costs related to operations, cleaning, sanitization, janitorial services, combating the spread of pathogens at the airport, and debt service payments.

BE IT FURTHER RESOLVED that if the grant application described in this Resolution is approved, the Chairman and County Clerk are authorized to sign the related grant agreement and other associated documents which may reasonably be required by the Federal Aviation Administration to finalize the grant transaction.

PRESENTED, READ, AND ADOPTED this _____ day of _____, 2021.

Gunnar Malm, Chairman

(SEAL)

ATTEST:

Debra Lee, County Clerk

RECEIVED AND APPROVED AS
TO FORM ONLY BY THE
LARAMIE COUNTY ATTORNEY



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 *Other (Specify) _____ <input type="checkbox"/> Revision	
*3. Date Received: NA	4. Applicant Identifier: CYS (Cheyenne Regional/Jerry Olson Field) Cheyenne, WY
*5b. Federal Entity Identifier: 56-0005	*5b. Federal Award Identifier:
State Use Only:	
6. Date Received by State:	7. State Application Identifier:
8. APPLICANT INFORMATION:	
*a. Legal Name: Cheyenne Airport Board	
*b. Employer/Taxpayer Identification Number (EIN/TIN): 83-6000263	*c. Organizational DUNS: 05-811-1790
d. Address:	
*Street 1: <u>P.O. Box 2210</u>	
Street 2: _____	
*City: <u>CHEYENNE</u>	
County/Parish: _____	
*State: <u>WY</u>	
Province: _____	
*Country: <u>USA: United States</u>	
*Zip / Postal Code <u>82003</u>	
e. Organizational Unit:	
Department Name:	Division Name:
f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: <u>Mr.</u> * First Name: <u>Tim</u>	
Middle Name: _____	
*Last Name: <u>Barth</u>	
Suffix: _____	
Title: <u>Director of Aviation</u>	
Organizational Affiliation:	
*Telephone Number: 307-634-7071	Fax Number:
*Email: tbarth@cheyenneairport.com	

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:**

\$1,082,289 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: _____ *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	\$1,082,289
*b. Applicant	\$0
*c. State	\$0
*d. Local	\$0
*e. Other	\$0
*f. Program Income	\$0
*g. TOTAL	\$1,082,289

***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: _____ *First Name: _____
 Middle Name: _____
 *Last Name: _____
 Suffix: _____

*Title: _____

*Telephone Number: _____ Fax Number: _____

* Email: _____

*Signature of Authorized Representative: _____ *Date Signed: _____