

RESOLUTION _____

ENTITLED: "A RESOLUTION AUTHORIZING THE SUBMITTAL AND ACCEPTANCE OF A GRANT APPLICATION TO THE U.S. DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION UNDER THE CORONAVIRUS RESPONSE AND RELIEF SUPPLEMENTAL APPROPRIATIONS ACT TO FUND THE CHEYENNE REGIONAL AIRPORT FOR COST RELATED TO OPERATIONS, CLEANING, SANITIZATION, JANITORIAL SERVICES, COMBATING THE SPREAD OF PATHOGENS AT THE AIRPORT, AND DEBT SERVICE PAYMENTS IN THE AMOUNT OF \$1,005,672.00."

WHEREAS, Laramie County desires to apply for and enter into a grant agreement(s) with the U.S. Department of Transportation Federal Aviation Administration for the purpose of funding \$1,005,672.00 towards the cost of a project described as "operations, cleaning sanitization, janitorial services, combating the spread of pathogens at the airport, and debt service payments" and;

WHEREAS, the Cheyenne Regional Airport Board has provided the attached application for consideration by the Laramie County Commission;

THEREFORE, THE GOVERNING BODY OF LARAMIE COUNTY, WYOMING RESOLVES

To authorize the submittal and acceptance by its Chairman on behalf of Laramie County of the application and forthcoming Agreement with the U.S. Department of Transportation Federal Aviation Administration for the amount of \$1,005,672.00;

To appoint Sandra Newland, or her successor in the position of Laramie County Grants Manager, as agent of the Laramie County Board of Commissioners to execute and submit certifications and reports which may be necessary for this grant agreement.

PRESENTED, READ AND ADOPTED THIS 20th DAY OF APRIL 2021.

ATTEST:

Gunnar Malm, Chairman

Debra Lee, Laramie County Clerk

Date

Received And Approved As To Form Only By:



Laramie County Attorney's Office

4/14/2021

Date



MEMORANDUM

Date: April 13, 2021

To: Laramie County Commissioners, The Honorable Gunnar Malm, Chairman

From: Nathan Banton, Deputy Director of Aviation, Cheyenne Regional Airport

Regarding: Consideration of Approval for Submittal of an Application for Federal Assistance (FAA Grant) under the Coronavirus Response and Relief Supplemental Appropriations Act (Public Law 116-260) (CRSSA) in the amount of \$1,005,672 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. As such, 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 Chairman Malm and County Attorney Voss.

Summary:

Attached for your review and consideration for approval, please find an application for Federal Assistance (FAA Grant) in the amount of \$1,005,672 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.

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. CYS (Cheyenne Regional/Jerry Olson Field) Cheyenne, WY
*5a. 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:**

\$1,005,672 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	\$1,005,672.
*b. Applicant	\$0
*c. State	\$0
*d. Local	\$0
*e. Other	\$0
*f. Program Income	\$0
*g. TOTAL	\$1,005,672.

***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: