

**ACTION SHEET
CITY COUNCIL COMMITTEE MEETING OF 09/10/14
ITEM FROM FINANCE COMMITTEE MEETING OF 09/02/14**

ISSUE:

12. Request for Approval of Airport Manager to Accept Federal Aviation Administration Airport Improvement Program (AIP) Grant – Update to Airport Master Plan at the Santa Fe Municipal Airport. (Francey Jesson)

FINANCE COMMITTEE ACTION: APPROVED AS CONSENT ITEM

Requested approval of Airport Manager to accept Federal Aviation Administration Airport Improvement Program (AIP) Grant for update to Airport Master Plan at the Santa Fe Municipal Airport; U.S. Department of Transportation Federal Aviation Administration in the amount of \$465,532. Budget is available in grant fund.

FUNDING SOURCE:

SPECIAL CONDITIONS OR AMENDMENTS

STAFF FOLLOW-UP:

VOTE	FOR	AGAINST	ABSTAIN
COUNCILOR TRUJILLO	X		
COUNCILOR RIVERA	X		
COUNCILOR LINDELL	Excused		
COUNCILOR MAESTAS	X		
CHAIRPERSON DOMINGUEZ			

3-17-14

City of Santa Fe, New Mexico

memo

DATE: August 29, 2014
TO: City Council
FROM: Francey Jesson, Airport Manager 
VIA: Jon Bulthuis, Transportation Director 

ITEM & ISSUE:

- Request for approval of the Airport Manager to accept FAA Airport Improvement Program (AIP) grant 3-35-0037-41-2014 for up to \$465,532 for the update to the Airport Master Plan at the Santa Fe Municipal Airport.

BACKGROUND & SUMMARY:

On August 13, 2014, City Council approved the application to the FAA Airport Improvement Program (AIP) to fund 93.75% of the update to the Airport Master Plan. See attached Item #14-0781.

The FAA is on a tight deadline to offer and receive acceptance of this grant from the City prior to the end of the federal fiscal year, which is September 30, 2014. The City has until September 15th to accept the grant or the offer will expire. The application was finalized with all City signatures on August 25. It was submitted via email and US Mail to the FAA on the same day. At the time of this memo, the airport has not yet received the grant offer from the FAA. In order to ensure this grant offer does not expire, the airport is requesting approval for the Airport Manager to accept the grant once offered.

ACTION REQUESTED:

- Request for approval of the Airport Manager to accept FAA Airport Improvement Program (AIP) grant 3-35-0037-41-2014 for up to \$465,532 for the update to the Airport Master Plan at the Santa Fe Municipal Airport.

ITEM # 14-0781

OMB Number: 4040-0004
Expiration Date: 03/31/2012

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) _____
*3. Date Received:	4. Applicant Identifier: 3-35-0037
5a. Federal Entity Identifier: 3-35-0037	*5b. Federal Award Identifier: 3-25-0037
State Use Only:	
6. Date Received by State:	7. State Application Identifier:
8. APPLICANT INFORMATION:	
*a. Legal Name: City of Santa Fe	
*b. Employer/Taxpayer Identification Number (EIN/TIN): 856000168	*c. Organizational DUNS: 069420818
d. Address:	
*Street 1:	<u>PQ Box 909</u>
Street 2:	_____
*City:	<u>Santa Fe</u>
County:	<u>Santa Fe</u>
*State:	<u>NM</u>
Province:	_____
*Country:	<u>USA</u>
*Zip / Postal Code	<u>87504-0909</u>
e. Organizational Unit:	
Department Name: N/A	Division Name: Airport
f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: <u>Ms.</u>	*First Name: <u>Francey</u>
Middle Name: _____	
*Last Name: <u>Jesson</u>	
Suffix: _____	
Title:	<u>Airport Manager</u>
Organizational Affiliation: <u>Santa Fe Municipal Airport</u>	

*Telephone Number: 505-955-2901

Fax Number: 505-955-2905

*Email: fmjesson@ci.santa-fe.nm.us

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

***9. Type of Applicant 1: Select Applicant Type:**

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

C. City or Township Government

Type of Applicant 3: Select Applicant Type:

C. City or Township Government

*Other (Specify)

***10. Name of Federal Agency:**

DOT/FAA Southwest Region, Fort Worth, Texas 86193-0630

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

12. Funding Opportunity Number:

Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Santa Fe, County of Santa Fe, State of New Mexico; Denver, Los Angeles and Dallas/Fort Worth as commercial service at SAF extends to these regions.

<p>*15. Descriptive Title of Applicant's Project: Airport Master Plan, Air Service Study, and Rates and Charges Study</p>
<p>Attach supporting documents as specified in agency instructions.</p>

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
*a. Applicant: 3	*b. Program/Project: 3
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
*a. Start Date: 07/01/14	*b. End Date: 12/31/2015
18. Estimated Funding (\$):	
*a. Federal	465,532
*b. Applicant	15,518
*c. State	15,518
*d. Local	_____
*e. Other	_____
*f. Program Income	_____
*g. TOTAL	496,568
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>N/A</u> . <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="checkbox"/> c. Program is not covered by E. O. 12372	
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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) <input checked="" type="checkbox"/> ** 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: <u>Mr.</u>	*First Name: <u>Javier</u>
Middle Name: <u>M.</u>	
*Last Name: <u>Gonzales</u>	
Suffix: _____	
*Title: Mayor	
*Telephone Number: 505 955-6848	Fax Number: 505-955-6695
* Email: jmgonzales@santafenm.gov	

*Signature of Authorized Representative:	*Date Signed:
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CITY OF SANTA FE:

Javier M. Gonzales
JAVIER GONZALES, MAYOR

DATE: 8/20/14

OWNER:

No Signature required 8/25/14
NAME AND TITLE NR

DATE: _____

ATTEST:

Yolanda Y. Vigil
YOLANDA Y. VIGIL
CITY CLERK
Compt 8/13/14

APPROVED AS TO FORM:

Kelley A. Brennan
KELLEY A. BRENNAN
CITY ATTORNEY

APPROVED:

Jose Antonio 8/18/2014
DIRECTOR ASSISTANT
FINANCE DEPARTMENT

Business Unit/Line Item 51812.490550

7/1/14
R

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

N/A

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 80 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

Item	Entry:	Item	Entry:
1.	Type of Submission: (Required): Select one type of submission in accordance with agency instructions. <ul style="list-style-type: none"> • Preapplication • Application • Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date. 	10.	Name Of Federal Agency: (Required) Enter the name of the Federal agency from which assistance is being requested with this application.
		11.	Catalog Of Federal Domestic Assistance Number/Title: Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.
2.	Type of Application: (Required) Select one type of application in accordance with agency instructions. <ul style="list-style-type: none"> • New – An application that is being submitted to an agency for the first time. • Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • Revision - Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. <ul style="list-style-type: none"> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify) 	12.	Funding Opportunity Number/Title: Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.
		13.	Competition Identification Number/Title: Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.
		14.	Areas Affected By Project: List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.
3.	Date Received: Leave this field blank. This date will be assigned by the Federal agency.	15.	Descriptive Title of Applicant's Project: (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For preapplications, attach a summary description of the project.
4.	Applicant Identifier: Enter the entity identifier assigned by the Federal agency, if any, or applicant's control number, if applicable.		
5a	Federal Entity Identifier: Enter the number assigned to your organization by the Federal Agency, if any.	16.	Congressional Districts Of: (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5 th district, CA-012 for California 12 th district, NC-103 for North Carolina's 103 rd district. <ul style="list-style-type: none"> • If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. • If nationwide, i.e. all districts within all states are affected, enter US-all. • If the program/project is outside the US, enter 00-000.
5b.	Federal Award Identifier: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.		
6.	Date Received by State: Leave this field blank. This date will be assigned by the State, if applicable.		
7.	State Application Identifier: Leave this field blank. This identifier will be assigned by the State, if applicable.		
8.	Applicant Information: Enter the following in accordance with agency instructions:		
	a. Legal Name: (Required): Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website.	17.	Proposed Project Start and End Dates: (Required) Enter the proposed start date and end date of the project.
	b. Employer/Taxpayer Number (EIN/TIN): (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-444444.	18.	Estimated Funding: (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.
	c. Organizational DUNS: (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website.		
	d. Address: Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US).	19.	Is Application Subject to Review by State Under Executive Order 12372 Process? Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the
	e. Organizational Unit: Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the		

	<p>assistance activity, if applicable.</p> <p>f. Name and contact information of person to be contacted on matters involving this application: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.</p>		<p>State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State</p>																								
		20.	<p>Is the Applicant Delinquent on any Federal Debt? (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.</p> <p>If yes, include an explanation on the continuation sheet.</p>																								
9.	<p>Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.</p> <table border="0"> <tr> <td>A. State Government</td> <td>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</td> </tr> <tr> <td>B. County Government</td> <td>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</td> </tr> <tr> <td>C. City or Township Government</td> <td>O. Private Institution of Higher Education</td> </tr> <tr> <td>D. Special District Government</td> <td>P. Individual</td> </tr> <tr> <td>E. Regional Organization</td> <td>Q. For-Profit Organization (Other than Small Business)</td> </tr> <tr> <td>F. U.S. Territory or Possession</td> <td>R. Small Business</td> </tr> <tr> <td>G. Independent School District</td> <td>S. Hispanic-serving Institution</td> </tr> <tr> <td>H. Public/State Controlled Institution of Higher Education</td> <td>T. Historically Black Colleges and Universities (HBCUs)</td> </tr> <tr> <td>I. Indian/Native American Tribal Government (Federally Recognized)</td> <td>U. Tribally Controlled Colleges and Universities (TCCUs)</td> </tr> <tr> <td>J. Indian/Native American Tribal Government (Other than Federally Recognized)</td> <td>V. Alaska Native and Native Hawaiian Serving Institutions</td> </tr> <tr> <td>K. Indian/Native American Tribally Designated Organization</td> <td>W. Non-domestic (non-US) Entity</td> </tr> <tr> <td>L. Public/Indian Housing Authority</td> <td>X. Other (specify)</td> </tr> </table>	A. State Government	M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	B. County Government	N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)	C. City or Township Government	O. Private Institution of Higher Education	D. Special District Government	P. Individual	E. Regional Organization	Q. For-Profit Organization (Other than Small Business)	F. U.S. Territory or Possession	R. Small Business	G. Independent School District	S. Hispanic-serving Institution	H. Public/State Controlled Institution of Higher Education	T. Historically Black Colleges and Universities (HBCUs)	I. Indian/Native American Tribal Government (Federally Recognized)	U. Tribally Controlled Colleges and Universities (TCCUs)	J. Indian/Native American Tribal Government (Other than Federally Recognized)	V. Alaska Native and Native Hawaiian Serving Institutions	K. Indian/Native American Tribally Designated Organization	W. Non-domestic (non-US) Entity	L. Public/Indian Housing Authority	X. Other (specify)	21.	<p>Authorized Representative: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant.</p> <p>A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)</p>
A. State Government	M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)																										
B. County Government	N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)																										
C. City or Township Government	O. Private Institution of Higher Education																										
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J. Indian/Native American Tribal Government (Other than Federally Recognized)	V. Alaska Native and Native Hawaiian Serving Institutions																										
K. Indian/Native American Tribally Designated Organization	W. Non-domestic (non-US) Entity																										
L. Public/Indian Housing Authority	X. Other (specify)																										

PART II - SECTION C

The Sponsor hereby represents and certifies as follows:

1. Compatible Land Use.-The Sponsor has taken the following actions to assure compatible usage of land adjacent to or in the vicinity of the airport:

Airspace Zoning

2. Defaults.-The Sponsor is not in default on any obligation to the United States or any agency of the United States Government relative to the development, operation, or maintenance of any airport, except as stated herewith:

None

3. Possible Disabilities.-There are no facts or circumstances (including the existence of effective or proposed leases, use agreements or other legal instruments affecting use of the Airport or the existence of pending litigation or other legal proceedings) which in reasonable probability might make it impossible for the Sponsor to carry out and complete the Project or carry out the provisions of Part V of this Application, either by limiting its legal or financial ability or otherwise, except as follows:

None

- 4 Land.-(a) The Sponsor holds the following property interest in the following areas of land* which are to be developed or used as part of or in connection with the Airport, subject to the following exceptions, encumbrances, and adverse interests, all of which areas are identified on the aforementioned property map designated as Exhibit "A":

Fee Simple, no encumbrances

*State Character of property interest in each area and list and identify for each all exceptions, encumbrances, and adverse interests of every kind and nature, including liens, easements, leases, etc. The separate areas of land need only be identified here by the area numbers shown on the property map.

PART II - SECTION C (Continued)

The Sponsor further certifies that the above is based on a title examination by a qualified attorney or title company and that such attorney or title company has determined that the Sponsor holds the above property interests.

- (b) The Sponsor will acquire within a reasonable time, but in any event prior to the start of any construction work under the Project, the following property interest in the following areas of land* on which such construction work is to be performed, all of which areas are identified on the aforementioned property map designated as Exhibit "A":

None

- (c) The Sponsor will acquire within a reasonable time, and if feasible prior to the completion of all construction work under the Project, the following property interest in the following areas of land* which are to be developed or used as part of or in connection with the Airport as it will be upon completion of the Project, all of which are identified on the aforementioned property map designated as Exhibit "A":

None

5. Exclusive Rights - There is no grant of an exclusive right for the conduct of any aeronautical activity at any airport owned or controlled by the Sponsor except as follows:

None

**State Character of property interest in each area and list and identify for each all exceptions, encumbrances, and adverse interests of every kind and nature, including liens, easements, leases, etc. The separate areas of land need only be identified here by the area numbers shown on the property map.*

PART III - BUDGET INFORMATION - CONSTRUCTION			
SECTION A- GENERAL			
1. Federal Domestic Assistance Catalog No.		20-106	
2. Functional or Other Breakout			
SECTION B - CALCULATION OF FEDERAL GRANT			
Cost Classification	Use only for revisions		Total Amount Required
	Approved Amount	Adjustments + or (-)	
1. Administration expense			
2. Preliminary expense			
3. Land structures, right-of-way			
4. Architectural engineering fees			\$486,967
5. Other architectural engineering fees			\$9,600
6. Project inspection fees			\$0
7. Land development			
8. Relocation expenses			
9. Relocation payments to individuals or businesses			
10. Demolition and removal			
11. Construction and project improvement			\$0
12. Equipment			\$0
13. Miscellaneous			
14. Total (Lines 1 through 12)			\$496,567
15. Estimated Income (if applicable)			\$0
16. Net Project Amount (line 14 minus 15)			\$496,567
17. Less: Ineligible Exlcusions			\$0
18. Add Contingencies			
19. Total Project Amt. (Excluding Rehab. Grants)			\$496,567
20. Federal Share requested of Line 19			\$465,531
21. Add Rehabilitation Grants Requested (100%)			\$0
22. Total Federal grant requested (Lines 20 & 21)			\$465,531
23. Grantee Share			\$15,518
24. Other Shares State Aviation			\$15,518
25. Total Project (Lines 22, 23 & 24)			\$496,567

SECTION C - EXCLUSIONS		
26. Classification	Ineligible for Participation (1)	Excluded from Contingency
a.		
b.		
c.		
d.		
e.		
f.		
g.		
Totals	\$0.00	\$0.00
SECTION D - PROPOSED METHOD OF FINANCING NON-FEDERAL SHARE		
27. Grantee share		
a. Securities		
b. Mortgages		
c. Appropriations (By Applicant)		\$15,517.71
d. Bonds		
e. Tax-Levies		
f. Non Cash		
g. Other (Explain)		
h. Total - Grantee Share	\$0.00	\$15,517.71
28. Other Shares		
a. State Aviation		\$15,517.71
b. Other		
c. Total other shares	\$0.00	\$15,517.71
29. TOTAL	\$0.00	\$31,035.41
SECTION E - REMARKS		
PART IV PROGRAM NARRATIVE (Attache - See Instructions)		

**PART IV
PROGRAM NARRATIVE**

(Suggested Format)

PROJECT: SAF Airport Master Planning
AIRPORT: Santa Fe Municipal Airport
<p>1. Objective: Complete a new airport master plan. Last AMP completed in 2001. Nearly all projects identified in that AMP have been completed, commercial air service has changed since that time making SAF the Number 2 airport in New Mexico in enplanements. Terminal is now at capacity.</p> <p>Complete an air service study to analyze market potential and forecast air service into the future.</p> <p>Complete Rates and Fee structures at the airport.</p> <p>This AMP will be completed per old AMP Standards, and not to eALP standards.</p>
<p>2. Benefits Anticipated: Safety and use.</p> <p>Master plan will analyze RJ commercial changes ongoing in the US market. Capital improvements can then be planned for future projects. Air service study is an integral part of the AMP study. Rates and fees structure analysis will make airport development predictable and more efficient.</p>
<p>3. Approach: <i>(See approved Scops of Work in final Application)</i></p> <p>Master Plan will be conducted over the next 12 months. Air Service study will be completed sooner, and feed into the master plan projections. Rates and fees will enable the airport to better control development at the airport.</p>
<p>4. Geographic Location: City of Santa Fe, Santa Fe County, New Mexico. Located in the central portion of the State and is the airport for the State Capital. The airport is five miles west of the City of Santa Fe. The project is located in US House District 1, who's representative is Ben Ray Lujan.</p>
<p>5. If Applicable, Provide Additional Information:</p> <p>In completing this project, a new detailed ACIP will be established based on airport needs and the changing commercial service business environment.</p>
<p>6: Sponsor's Representative: <i>(Incl. address & tel. no.)</i></p> <p>Francey Jesson, C.M., Airport Manager City of Santa Fe PO Box 909 Santa Fe, NM 87504 505-955-9501</p>

SPONSORS BUDGET ANALYSIS

LOCATION Santa Fe (SAF)

AIP PROJECT NUMBER 3-35-0037-41-2014

LAND ACQUISITION	\$ n/a
CONSTRUCTION	\$0
ENGINEERING	\$486,967
ADMINISTRATIVE	\$9,600
INSPECTION	\$0
TESTING	0
EQUIPMENT	0
OTHER(SPECIFY)	0
Program management (if applicable)	
TOTAL	\$496,568

REMARKS _____
Airport Master Plan
Air Service Study
Rates and Fees
DBE and ACDBE and IFE

PROJECT COSTS: \$ 496,568

FAA share (93.75 %) \$ 465,532

SPONSOR share \$ 31,036

(Figures shown here will be reflected on page 4 of the grant application)

SOUTHWEST REGION, DOT FAA
 SUPPLEMENT TO PREAPPLICATION FOR FEDERAL ASSISTANCE

DATED June 20, 2014

SUBMITTED BY City of Santa Fe

TO IMPROVE Santa Fe Municipal AIRPORT

DESCRIPTION OF WORK TO BE ACCOMPLISHED (list by principal work item) (Use nearest dollar)					
ITEM OF WORK A		TOTAL ESTIMATED COST	SPONSOR'S FUNDS	FAA FUNDS REQUESTED	ESTIMATED DATE WORK WOULD COMMENCE
NO.	DESCRIPTION	B	C	D	E
1	Airport Master Plan	\$423,717.86	\$26,482	\$397,235	July, 2014
2	Air Service Study	26,625.88	\$1,664	\$24,962	July, 2014
3	Rates and Fees	36,623.89	\$2,289	\$34,335	July, 2014
4	DBE and ACDBE	\$6,000.00	\$375	\$5,625	July, 2014
5	IFE	\$3,600	\$225	\$3,375	July, 2014
TOTALS		\$496,568	\$31,036	\$465,532	

Part I - AIP Grant Master Certification

- **Sponsor Certification for Selection of Consultants**
- **Sponsor Certification for Project Plans and Specifications**
- **Sponsor Certification Equipment/Construction Contracts**

Sponsor's Name: City of Santa Fe

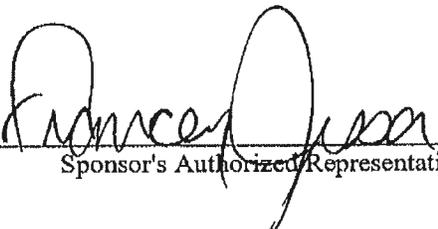
Airport: Santa Fe Municipal Airport

Project Number: AIP 3-35-0037-41-2014

Project Description: SAF Airport Master Plan, Air Service Study, Rates and Fees

Section 47105 (formerly 509(d)) of the Airport and Airway Improvement Act of 1982, as amended (herein called the Act), authorizes the Secretary to require certification from sponsors that they will comply with statutory and administrative requirements. The following list of certified items includes major requirements for this aspect of project implementation. However, the list is not comprehensive, nor does it relieve sponsors from fully complying with all applicable statutory and administrative standards. Every certified item must be marked. Each certified item with a "no" response must be fully explained in an attachment to this certification. If the item is not applicable to this project, mark the item "N/A."

I certify that, for the project identified herein, the responses to the following items are correct as marked, and that the attachments, if any, are correct and complete.

Signed:  Dated: 8/25/14
Sponsor's Authorized Representative

Francey Jesson, C.M., Airport Manager
Typed Name and Title of Sponsor's Representative

This certification shall be submitted to the appropriate FAA Airport Development Office after bids have been secured and prior to entering into the contract.

This master development certification is a reformatted version of Sponsor Certifications included within Attachments 1 through 3 of AIP Guidance Letter 91-1.

SPONSOR CERTIFICATION FOR SELECTION OF CONSULTANTS

General procurement standards for consultant services within Federal grant programs are described in 49 CFR 18.36. Sponsors may use other qualifications-based procedures provided they are equivalent to specific standards in 49 CFR 18 and Advisory Circular 150/5100-14C.

1. Advertisements were placed to ensure fair and open competition from a wide area of interest.

Yes No N/A

2. For contracts over \$25,000, consultants were selected using competitive procedures based on qualifications, experience, and disadvantaged business enterprise requirements with the fee determined through negotiation.

Yes No N/A

3. An independent cost analysis was performed, and a record of negotiations has been prepared reflecting the considerations involved in the establishment of fees.

Yes No N/A

4. If engineering or other services are to be performed by sponsor force account personnel, prior approval was obtained from FAA.

Yes No N/A

5. The consultant services contracts clearly establish the scope of work and delineate the division of responsibilities between all parties engaged in carrying out elements of the project.

Yes No N/A

6. Costs associated with work ineligible for AIP funding are clearly identified and separated from eligible items.

Yes No N/A

7. All mandatory contract provisions for grant-assisted contracts were included in all consultant services contracts.

Yes No N/A

8. If the contract is awarded without competition, pre-award review and approval **will be obtained** from FAA.

Yes _____ No _____ N/A X

9. Cost-plus-percentage-of-cost methods of contracting prohibited under Federal standards **were not** used.

Yes X No _____ N/A _____

10. If the services being procured cover more than the single grant project referenced in this certification, the scope of work **was** specifically described in the advertisement, and future work will not be initiated beyond five years.

Yes X No _____ N/A _____

SPONSOR CERTIFICATION FOR PROJECT PLANS AND SPECIFICATIONS

General AIP standards are described in Advisory Circulars 150/5100-6, 150/5100-15, and 150/5100-16. A list of current advisory circulars with specific standards for design or construction of airports and procurement or installation of airport equipment and facilities is referenced in Grant Assurance 34.

1. The plans and specifications **were developed** in accordance with all applicable Federal standards and requirements, and **no deviation** from or modification to standards set forth in the advisory circulars was necessary other than those previously approved by FAA.

Yes _____ No _____ N/A X

2. Specifications for the procurement of equipment are **not proprietary** or written so as to restrict competition. At least two manufacturers can meet the specification.

Yes _____ No _____ N/A X

3. The development included in the plans **is depicted** on an airport layout plan approved by FAA.

Yes _____ No _____ N/A X

4. Development which is ineligible for AIP funding **has been identified** in the plans and specifications.

Yes _____ No _____ N/A X

5. Process control and acceptance tests required for the project by standards contained in Advisory Circular 150/5370-10 **was included** in the project specifications.

Yes _____ No _____ N/A X

6. If a value engineering clause is incorporated into the contract, concurrence **was obtained** from FAA.

Yes _____ No _____ N/A X

7. The plans and specifications **will incorporate** applicable requirements and recommendations set forth in the Federally-approved environmental finding.

Yes _____ No _____ N/A X

8. For construction activities within or near aircraft operational areas, the requirements contained in Advisory Circular 150/5370-2 **were discussed** with FAA and incorporated into the specifications. A safety/phasing plan **was prepared**, and FAA concurrence has been obtained, if required.

Yes _____ No _____ N/A X

9. The project was **physically completed** without Federal participation in costs due to errors or omissions in the plans and specifications which were foreseeable at the time of project design.

Yes _____ No _____ N/A X

SPONSOR CERTIFICATION FOR EQUIPMENT/CONSTRUCTION CONTRACTS

Standards for advertising and awarding equipment and construction contracts within Federal grant programs are described in 49 CFR 18.36. Sponsors may use their procurement procedures reflecting State and local laws or regulations provided procurements conform to specific standards in 49 CFR 18 and Advisory Circulars 150/5100-6, 150/5100-15, and 150/5100-16.

1. A code or standard of conduct **is in effect** governing the performance of the sponsor's officers, employees, or agents in soliciting and awarding procurement contracts.

Yes _____ No _____ N/A X

2. Qualified personnel **will be engaged** to perform contract administration, engineering supervision, and construction inspection and testing.

Yes _____ No _____ N/A X

3. The procurement **was publicly advertised** using the competitive sealed bid method of procurement.

Yes _____ No _____ N/A X

4. The request for bids clearly and accurately **describes** all administrative and other requirements of the equipment and/or services to be provided.

Yes _____ No _____ N/A X

5. Concurrence **will be obtained** from FAA prior to contract award under any of the following circumstances:

- a. Only one qualified person/firm submits a responsive bid;
- b. The contract is to be awarded to other than the lowest responsive and responsible bidder;
- c. Life cycle costing is a factor in selecting the lowest responsive bidder, and
- d. Proposed contract prices are more than 10 percent over the sponsor's cost estimate.

Yes _____ No _____ N/A X

6. All contracts exceeding \$100,000, **required** a bid guarantee of 5 percent, a performance bond of 100 percent, and a payment bond of 100 percent.

Yes _____ No _____ N/A X

7. Contracts exceeding \$100,000 **contain** provisions or conditions specifying administrative, contractual, and legal remedies, including contract termination, for those instances in which contractors violate or breach contract terms. They also **contain** provisions requiring compliance with applicable standards and requirements issued under Section 306 of the Clean Air Act (42 USC 1857 (h)),

Section 508 of the Clean Water Act (33 USC 1368), Executive Order 11738, and environmental protection regulations (40 CFR Part 15).

Yes _____ No _____ N/A X

8. All construction contracts involving labor **contain** provisions ensuring that in the employment of labor honorably discharged Vietnam era veterans and disabled veterans will be given preference.

Yes _____ No _____ N/A X

9. All construction contracts exceeding \$2,000 **contain** provisions requiring compliance with the Davis-Bacon Act and bid solicitations **contain** a copy of the current Federal wage rate determination. Provisions requiring compliance with Sections 103 and 107 of the Contract Work Hours and Safety Standards Act (40 USC 327-330) and the Copeland "Anti-Kick Back" Act **are** included.

Yes _____ No _____ N/A X

10. All construction contracts exceeding \$10,000 **contain** appropriate clauses from 41 CFR Part 60 for compliance with Equal Employment Opportunity Executive Order 11246.

Yes _____ No _____ N/A X

11. All contracts and subcontracts **contain** clauses required from Title VI Civil Rights Assurances and 49 CFR 23 for Disadvantaged Business Enterprises.

Yes _____ No _____ N/A X

12. Appropriate checks **will be** made to assure that contracts or subcontracts are not awarded to those individuals or firms suspended, debarred, or voluntarily excluded from doing business with any DOT element and appearing on the DOT Unified List.

Yes _____ No _____ N/A X

**U.S. DEPARTMENT OF TRANSPORTATION
 FEDERAL AVIATION ADMINISTRATION
 AIRPORT IMPROVEMENT PROGRAM
 SPONSOR CERTIFICATION
 DRUG-FREE WORKPLACE**

City of Santa Fe
(Sponsor)

Santa Fe Municipal Airport
(Airport)

AIP 3-35-0037-41-2014
(Project Number)

SAF Airport Master Plan, Air Service Study, Rates and Fees
(Work Description)

Title 49, United States Code, section 47105(d), authorizes the Secretary to require certification from the sponsor that it will comply with the statutory and administrative requirements in carrying out a project under the Airport Improvement Program (AIP). General requirements on the drug-free workplace within Federal grant programs are described in Title 49, Code of Federal Regulations, Part 29. Sponsors are required to certify they will be, or will continue to provide, a drug-free workplace in accordance with the regulation. The AIP project grant agreement contains specific assurances on the Drug-Free Workplace Act of 1988.

Except for the certified items below marked not applicable (N/A), the list includes major requirements for this aspect of project implementation, although it is not comprehensive, nor does it relieve the sponsor from fully complying with all applicable statutory and administrative standards.

	Yes	No	N/A
1. A statement has been (will be) published notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the sponsor's workplace, and specifying the actions to be taken against employees for violation of such prohibition.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. An ongoing drug-free awareness program has been (will be) established to inform employees about:			
a. The dangers of drug abuse in the workplace;			
b. The sponsor's policy of maintaining a drug-free workplace;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Any available drug counseling, rehabilitation, and employee assistance programs; and			
d. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.			
3. Each employee to be engaged in the performance of the work has been (will be) given a copy of the statement required within item 1 above.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Employees have been (will be) notified in the statement required by item 1 above that, as a condition employment under the grant, the employee will:			
a. Abide by the terms of the statement; and	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.			

	Yes	No	N/A
5. The FAA will be notified in writing within ten calendar days after receiving notice under item 4b above from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title of the employee, to the FAA. Notices shall include the project number of each affected grant.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. One of the following actions will be taken within 30 calendar days of receiving a notice under item 4b above with respect to any employee who is so convicted:			
a. Take appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Require such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency.			
7. A good faith effort will be made to continue to maintain a drug-free workplace through implementation of items 1 through 6 above.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have prepared documentation attached hereto with site(s) for performance of work (street address, city, county, state, zip code). There are no such workplaces that are not identified in the attachment. I have prepared additional documentation for any above items marked "no" and attached it hereto. I certify that, for the project identified herein, responses to the forgoing items are accurate as marked and attachments are correct and complete.

City of Santa Fe, NM

(Name of Sponsor)

(Signature of Sponsor's Designated Official Representative)

(Typed Name of Sponsor's Designated Official Representative)

Francey Jesson, CM

(Typed Title of Sponsor's Designated Official Representative)

Airport Manager

(Date)

8/27/14

**ACTION SHEET
ITEM FROM THE
PUBLIC WORKS/CIP AND LAND USE COMMITTEE MEETING
OF
MONDAY, JULY 28, 2014**

ITEM 17

REQUEST FOR APPROVAL OF AN APPLICATION FOR A FEDERAL AIRPORT IMPROVEMENT PROGRAM GRANT IN THE AMOUNT OF \$496,568 FOR THE PURPOSE OF CONDUCTING THE AIRPORT MASTER PLAN UPDATE, THE AIRPORT AIR SERVICE STUDY, AND THE AIRPORT RATES & FEES STUDY

- REQUEST FOR APPROVAL FOR THE AIRPORT MANAGER TO ACCEPT THE FEDERAL GRANT ONCE FORMALLY OFFERED IN ORDER TO MEET FEDERAL AIRPORT IMPROVEMENT PROGRAM DEADLINES
- REQUEST FOR APPROVAL OF A BUDGET ADJUSTMENT REQUEST (FRANCEY JESSON)

PUBLIC WORKS COMMITTEE ACTION: Approved on Consent

FUNDING SOURCE: 52812.510300

SPECIAL CONDITIONS / AMENDMENTS / STAFF FOLLOW UP:

VOTE	FOR	AGAINST	ABSTAIN
CHAIRPERSON TRUJILLO	X		
COUNCILOR BUSHEE	X		
COUNCILOR DIMAS	X		
COUNCILOR DOMINGUEZ	X		
COUNCILOR RIVERA	X		