

County Facilities - Airport
Department of Public Works
AGENDA
June 18, 2018 – 11:10 am

Committee Members: *DIAMOND, Beaty, Leggett, Loeb, Geraghty, Strough, Simpson, Frasier, Wild, McDevitt, Sokol*

- I. **Committee Meeting Call To Order**..... Chairman Diamond
- II. **Motion to Approve Minutes of Prior Committee Meeting**..... Chairman Diamond
- III. **Action Agenda/New Business**
Page
 - 2 Grant App – Runway 1/19 Extension Prelim Design/EA..... Kevin Hajos
Rationale – Prelim design includes new hydrology study/EA.
 - 7 Grant App – Acquire Airfield Maintenance Equipment..... Kevin Hajos
Rationale – Replace 31 year old sweeper with Multi-purpose
sweeper and plow
- IV. **Referral/Pending Items - None**
- V. **Information for Discussion/Review**
 - Amend Resolution 671 of 2015 (associated increased cost)..... Dan Vincelette
 - Negotiations with RichAir – Executive Session..... Negotiating Team
- VI. **Privilege of the Floor to discuss any additional items to come before the Committee**
- VII. **Motion to Adjourn**

Attachments

RESOLUTION REQUEST FORM NO. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: DPW-Airport

DATE: 6/18/18

- (a) Purpose of Grant: Rnwy 1-19 Ext/Phase IV & Prelim Design and EA FAA RA
- (b) Name of Grantor: FAA/NYS DOT
- (c) Address of Contractor: 159-30 Rockaway Blvd, NYADO Jamaica, New York 11434
- (d) Grantor's Contact Person and Telephone Number: Ms. Evelyn Martinez, NYADO Manager (718) 995-5771
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach?
- (f) Effective Date of Grant: Upon Execution
- (g) Termination Date of Grant: Upon Completion
- (h) Total Dollar Amount Involved (not to exceed): \$1,288,500
- (i) Deadline to Submit Grant Application and/or Grant Agreement: 7/20/2018
- (j) Is a Budget amendment required? No If yes, also complete and submit Form No. 7.
- (k) Are the funds to go into a Capital Project or Capital Reserve Project? Yes If yes, also complete and submit Form No. 8 or Form No. 9, as applicable.
- (i) Is a Local Share Required? Yes If Yes, Where are the Funds? List Budget Code (with title), Object Code (with title), and Amount OR Capital Project OR Capital Reserve Project Number and Title and Amount: \$64,425 - A.892.00

FLOYD BENNETT MEMORIAL AIRPORT

GRANT APPLICATION FY 2018

Environmental Assessment for Runway 1-19 Extension - Phase IV & Preliminary Design



Warren County

PREPARED BY



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):

[Empty field]

* Other (Specify):

[Empty field]

* 3. Date Received:

6/21/18

4. Applicant Identifier:

GFL

5a. Federal Entity Identifier:

3-36-0033-__-2018

5b. Federal Award Identifier:

1903. __

State Use Only:

6. Date Received by State:

[Empty field]

7. State Application Identifier:

[Empty field]

8. APPLICANT INFORMATION:

* a. Legal Name: County of Warren

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

14-6002576

* c. Organizational DUNS:

0983347330000

d. Address:

* Street1:

1340 State Route 9

Street2:

Municipal Center Offices

* City:

Lake George

County/Parish:

Warren

* State:

NY: New York

Province:

[Empty field]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

12845-0000

e. Organizational Unit:

Department Name:

Department of Public Works

Division Name:

Airport

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

Prefix: Mr.

* First Name: Kevin

Middle Name: J.

* Last Name: Hajos

Suffix: P.E.

Title: Superintendent of Public Works

Organizational Affiliation:

[Empty field]

* Telephone Number: (518) 761-6556

Fax Number: (518) 644-2476

* Email: khajos@warrencountydpw.com



Application for Federal Assistance SF-424

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

B: County Government

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:

CFDA Title:

*** 12. Funding Opportunity Number:**

3-36-0033-__ - 2018

* Title:

Environmental Assessment for Runway 1-19 Extension- Phase IV & Preliminary Design

13. Competition Identification Number:

Title:

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

GFL ALP P&I Change_12-30-13.pdf

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Environmental Assessment for Runway 1-19 Extension- Phase IV & Preliminary Design

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="1,159,650.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="64,425.00"/>
* d. Local	<input type="text" value="64,425.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,288,500.00"/>

* 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:

RESOLUTION REQUEST FORM NO. 5

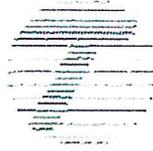
Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: DPW-Airport

DATE: 6/18/18

- (a) Purpose of Grant: Acquire Airfield Maintenance Equipment (Multi-purpose sweeper and plow)
- (b) Name of Grantor: NYSDOT
- (c) Address of Contractor: 159-30 Rockaway Blvd, NYADO Jamaica, New York 11434
- (d) Grantor's Contact Person and Telephone Number: NYSDOT Aviation Bureau Denise Gerald 518 485-7691
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach?
- (f) Effective Date of Grant: Upon Execution
- (g) Termination Date of Grant: Upon Completion
- (h) Total Dollar Amount Involved (not to exceed): \$640,000
- (i) Deadline to Submit Grant Application and/or Grant Agreement: 6/29/2018
- (j) Is a Budget amendment required? No If yes, also complete and submit Form No. 7.
- (k) Are the funds to go into a Capital Project or Capital Reserve Project? No, If yes, also complete and submit Form No. 8 or Form No. 9, as applicable.
- (i) Is a Local Share Required? Yes If Yes, Where are the Funds? List Budget Code (with title), Object Code (with title), and Amount OR Capital Project OR Capital Reserve Project Number and Title and Amount: Will include in 2019 budget.





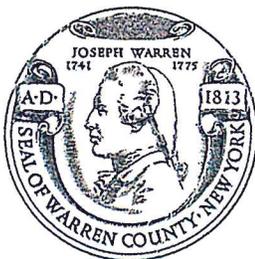
New York State
Department of Transportation

FY2017 AVIATION CAPITAL GRANT PROGRAM



ACQUIRE AIRFIELD MAINTENANCE EQUIPMENT

**FLOYD BENNETT MEMORIAL AIRPORT (GFL)
WARREN COUNTY, NEW YORK**



Prepared by:



PART A: SHORT PROJECT TITLE AND DESCRIPTION

***SHORT TITLE OF PROPOSED PROJECT (75 characters)**

Acquire Airfield Maintenance Equipment

***SHORT PROJECT DESCRIPTION :** Provide a description of what will be constructed and the beneficial outcomes of the project. (No more than 300 characters.)

This project is for the purchase of one (1) Multi-Tasking Snow Removal Vehicle to replace an existing sweeper used for snow and FOD removal operations at Floyd Bennett Memorial Airport.

PART B: APPLICANT INFORMATION

*** OWNER NAME:**

Warren County

DBA:

***Address: 1** 4028 Main Street

Address 2:

***City:** Warrensburg

***State:** NY

***Zip Code:** 12885

***Phone #:** (518) 761-6556

Fax Number: (518) 623-2772

***E-mail:** khajos@warrencountydpw.com

NYS GRANTS GATEWAY ID:

GDV-DEC-05192

SFS VENDOR ID:

1000002438

CONTACT INFORMATION:

Salutation: Mr.

***First Name:** Kevin

***Last Name:** Hajos

***Title:** Superintendent of Public Works

Check here to use the same contact information as entered above. If different, please complete the following:

Address 1: 4028 Main Street

Address 2:

City: Warrensburg

State: NY

Zip Code: 12885

Phone #: (518) 761-6556

Fax Number: (518) 623-2772

E-mail: khajos@warrencountydpw.com

PART C: PROJECT DATA

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Is the Airport listed in the 2008 New York State Airport System Plan?

Yes

Please choose the response which best represents your Airport Layout Plan (ALP) status. Plan submitted with this Application

All projects must have a service life of 10 years or more. Please indicate the estimated service life in number of years:

15

PART D: SMART GROWTH THRESHOLD QUESTIONS

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Is any part of the proposed project outside of the airport-owned property?

No

Is the the project likely to affect surface or groundwater; have impacts on air quality; or affect historic or archaeological resources?

No

Is this a new project which has not been included in the airport's regular planning process (i.e. a project that has not been discussed or coordinated with state, local, or federal government agencies and which has not been included in municipal or regional planning plans)?

No

Please note that a "Yes" answer to any of the Smart Growth questions asked above requires you to complete the Smart Growth Questionnaire located at: www.dot.ny.gov/aviationgrants

PART E: DETAILED PROJECT DESCRIPTION

***EXISTING CONDITIONS AND NEEDS:** Describe existing conditions intended to be remedied by this project. Submit project plans, drawings, or other supporting documents as necessary to support your application.

The current vehicle is a 1987 Propelled Sweeper. The piece of equipment is 31 years old and is becoming difficult to maintain and operate and its reliability is questionable. The existing sweeper is well beyond its 10-12 year normal life expectancy. The FAA Safety inspector has noted that this piece of equipment should be replaced. Attached is a copy of the letter of correction recommendations from the 2013 FAA Part 139 Certification Inspection Report.

***PROJECT OBJECTIVE:** Describe what the project is intended to accomplish.

This project generally involves the purchase of a Multi-Tasking Snow Removal Vehicle (MTE) to replace our existing broom. The Sweeper and Plow will be an MB5 mid-mount broom compact multi-tasking snow removal vehicle from MB Companies, Inc. or approved equal. See attached manufacturer's catalog cut.

During snow conditions, we have found that the use of a broom is the most effective way to clean grooved runway surfaces without requiring costly and environmentally unfriendly deicing solutions. The single high speed runway MTE is a critical piece of equipment during snow removal operations. It is an important piece in our snow removal fleet as shown on the attached snow removal area computations.

In the summer months, the vehicle will be used to sweep our aviation surfaces to reduce the risk of foreign object debris damage to aircrafts.

PART F: PROJECT BUDGET AND FUNDING SOURCES

*Provide a budget breakdown for the estimated project costs, including other fund sources such as: local funds, current state or federal share (i.e., previous state and/or federal funding awards), and amount of funding requested in this application. The value of any salvaged materials shall be shown as a credit in the estimate.

Use of Funds	State Funds Requested	Applicant Match	Other State Funds	Federal Funds	Other Funds	TOTAL
Prelim. Design	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Final Design	\$13,500.00	\$1,500.00	\$0.00	\$0.00	\$0.00	\$15,000.00
Acquisition	\$562,500.00	\$62,500.00	\$0.00	\$0.00	\$0.00	\$625,000.00
Construction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Construction Inspection	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Type...	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL PROJECT COST	\$576,000.00	\$64,000.00	\$0.00	\$0.00	\$0.00	\$640,000.01

There is a local share requirement for this program based on your airport type and annual number of enplanements. Please see the Program Guidance for additional information. The percentage shown in the box to the right is the calculated value of the required match based on the data you have entered into the budget table above. [Click here to see match requirements.](#) 10%

Enplanement figures are based on the latest FAA-published annual figures for U.S airports:

- For general aviation airports, relievers, and commercial service airports with less than 50,000 annual enplanements, the State share can be up to 90% of eligible project costs (applicant provides at least 10%).
- For commercial service airports with 50,000 or more enplanements, but less than 700,000 enplanements, the State share can be up to 80% of eligible project costs (applicant provides at least 20%).
- For commercial service airports with annual enplanements of 700,000 or more, the State share can be up to 70% of eligible project costs (applicant provides at least 30%).

PART G: ENVIRONMENTAL REVIEWS AND PERMITTING

State Environmental Quality Review Act (SEQR): Not Started In-Process Record of Decision Issued

National Environmental Policy Act (NEPA): Not Started In-Process Record of Decision Issued

SEQR Lead Agency

NEPA Lead Agency

Are there any special environmental conditions?

Do you have the required environmental permits?

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

****Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
Please attach any backup information available and be as detailed as possible.***

DEPARTMENT NAME:

DATE:

(a) Purpose of Request:

(b) Details:

(c) Previous Resolution Number:

(d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount:

Sample: A.8021 470 Planning & Community Development – Contract

* as listed in budget and LOGOS