

**COUNTY FACILITIES COMMITTEE MEETING
AIRPORT AGENDA
February 23, 2021**

Committee Members: *Magowan*, Bruno, Wild, Shepler and Strough

I. Committee Meeting Call to Order by Chair

II. Approval of minutes of prior Committee Meeting

III. Action Agenda/New Business Items:

1. Request: Authorizing Chairperson to apply for and execute grant with FAA
Rationale: For the Coronavirus Response and Relief Supplemental Appropriation Act, 2021 (CRRSA)

IV. Discussion Items

1. Solar Land Lease
2. Reimbursement for extra cost associated with Court Ruling for Forest Enterprise

V. Referrals/Pending Items

VI. Privilege of the floor and public comment (please allow for 15 second delay on live stream meetings)

VII. Motion to Adjourn

Attachments:

RESOLUTION REQUEST FORM NO. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: County Facilities - Airport

DATE: 2/23/21

- (a) Purpose of Grant: Authorizing Chairperson of the BOS to apply for a grant agreement with FAA and to authorize the Chairperson to execute the grant for the reimbursement of eligible airport cost under the Coronavirus Response and Relief Supplemental Appropriation Act, 2021 (CRRSA).
- (b) Name of Grantor: FAA-AIP
- (c) Address of Contractor: FAA-NYADO, 1 Aviation Plaza, Room 111, Jamaica NY 11434
- (d) Grantor's Contact Person and Telephone Number: E. Martinez, (718) 995-5771
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? yes
- (f) Effective Date of Grant: n/a
- (g) Termination Date of Grant: n/a
- (h) Total Dollar Amount Involved (not to exceed): \$23,000
- (i) Deadline to Submit Grant Application and/or Grant Agreement: ASAP
- (j) Is a Budget amendment required? 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? NO If Yes, Where are the Funds? List Budget Code (with title), Object Code (with title), and Amount **OR** Capital Project **OR** Capital

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: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
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* 3. Date Received: <input type="text" value="02/15/2021"/>	4. Applicant Identifier: <input type="text" value="GFL"/>
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5a. Federal Entity Identifier: <input type="text" value="3-36-0033-__-2021"/>	5b. Federal Award Identifier: <input type="text"/>
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State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
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8. APPLICANT INFORMATION:

* a. Legal Name: <input type="text" value="Warren County"/>	
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="14-6002576"/>	* c. Organizational DUNS: <input type="text" value="098334733"/>

d. Address:

* Street1:	<input type="text" value="Warren County Municipal Center"/>
Street2:	<input type="text" value="1340 State Route 9"/>
* City:	<input type="text" value="Lake George"/>
County/Parish:	<input type="text" value="Warren"/>
* State:	<input type="text" value="NY: New York"/>
Province:	<input type="text"/>
* Country:	<input type="text" value="USA: United States of America"/>
* Zip / Postal Code:	<input type="text" value="12845"/>

e. Organizational Unit:

Department Name: <input type="text"/>	Division Name: <input type="text"/>
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="Kevin"/>
Middle Name: <input type="text" value="J."/>	
* Last Name: <input type="text" value="Hajos"/>	
Suffix: <input type="text" value="P.E."/>	

Title: <input type="text" value="Superintendent of Public Works"/>

Organizational Affiliation: <input type="text" value="Warren County"/>
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* Telephone Number: <input type="text" value="(518) 761-6556"/>	Fax Number: <input type="text"/>
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* Email: <input type="text" value="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:

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.):

Add Attachment

Delete Attachment

View Attachment

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

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.

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.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="23,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="23,000.00"/>

*** 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

Add Attachment

Delete Attachment

View Attachment

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: