



MARIPOSA COUNTY

Public Works · (209) 966-5356



RESOLUTION - ACTION REQUESTED 2016-153

MEETING: April 5, 2016

TO: The Board of Supervisors

FROM: Tony Stobbe, Public Works Director

RE: Approve Application for FAA AIP Grants

RECOMMENDATION AND JUSTIFICATION:

Approve the Application for Federal Aviation Administration (FAA) Airport Improvement Program (AIP) Grants, and Ratify the Public Works Director's Signature on the Grant Applications.

The Airport Improvement Program provides grants to public agencies for the planning and development of public-use airports. The Mariposa-Yosemite Airport is eligible for up to \$150K annually, with up to three years of accumulation before the eligibility must be forgone or loaned to other airports. Funded projects are subject to a 10% local match, with Caltrans under certain circumstances contributing 5% of the local match. For these applications, the 5% match from Caltrans is not available due to the timing of their programming of match funds.

In an ideal scenario, grant applications would be filed with the FAA at the beginning of the calendar year. Given the relative short planning horizon, and the pending expiration of the oldest annual apportionment, Public Works consulted with the FAA to develop two planning projects. The larger project is an update to the Airport Layout Plan (ALP) that will include development of a narrative report of existing conditions, forecasts, requirements, updates to the ALP drawing set, and the completion of an aerial survey and base mapping for Airport GIS. The second project is the development of a Pavement Maintenance/Management Plan that will guide future efforts to maintain and re-capitalize the existing pavement at the Airport.

To help ensure that the FAA includes these grant requests in their current programming efforts, the Public Works Director filed both applications with the San Francisco Airports District Office on March 23, 2016. This action does not prevent subsequent modification, amendment, or withdrawal pending the approval or direction of the Board.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

On June 2, 2015 the Board approved the transfer of \$150K in expiring entitlement to Nevada County in order to keep these funds in the State.

It is anticipated that the work associated this grant will be accomplished by a firm selected under the proposed Request for Qualifications for On-Call Airport Consulting Services, which was approved for advertisement by the Board on March 14, 2016.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

The Board could choose to modify the applications or to provide alternative direction to Public Works. If the Board does not approve of the applications, the ability to utilize the entitlement will be at risk and alternatives that would involve a transfer or loan the entitlement will need to be explored.

FINANCIAL IMPACT:

These grants are subject to a 10% local match, which is planned for funding from the Airport Operations budget in the Professional Services line.

ATTACHMENTS:

MPI AIP ALP SF424 (PDF)
MPI AIP ALP 2016 FAA-5100-101 Part IV (PDF)
MPI AIP PMP SF424 (PDF)
MPI AIP PMP 2016 FAA-5100-101 Part IV (PDF)

CAO RECOMMENDATION

Requested Action Recommended



Mary Hodson, CAO 3/30/2016

RESULT: ADOPTED [UNANIMOUS]

MOVER: Rosemarie Smallcombe, District I Supervisor

SECONDER: Marshall Long, District III Supervisor

AYES: Smallcombe, Jones, Long, Cann, Carrier

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): _____ * Other (Specify): _____
* 3. Date Received: _____	4. Applicant Identifier: MPI _____	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: County of Mariposa		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000880	* c. Organizational DUNS: 6232580270000	
d. Address:		
* Street1: 4639 Ben Hur Road	_____	
Street2:	_____	
* City: Mariposa	_____	
County/Parish:	_____	
* State:	CA: California	
Province:	_____	
* Country:	USA: UNITED STATES	
* Zip / Postal Code: 95338-xxxx	_____	
e. Organizational Unit:		
Department Name: Department of Public Works	Division Name: _____	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	* First Name: Tony	
Middle Name: _____	_____	
* Last Name: Stobbe	_____	
Suffix: _____	_____	
Title: Director of Public Works		
Organizational Affiliation: County of Mariposa		
* Telephone Number: 209-966-5356	Fax Number: 209-966-2828	
* Email: tstobbe@mariposacounty.org		

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:**

N/A

*** Title:**

N/A

13. Competition Identification Number:

N/A

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Airport Layout Plan Narrative Report with updated drawing set and Airport GIS (AGIS)

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="125,000.00"/>
* b. Applicant	<input type="text" value="13,889.00"/>
* 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="138,889.00"/>

*** 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:

PART IV - PROGRAM NARRATIVE
(Suggested Format)

PROJECT: Pavement Maintenance/Management Plan
AIRPORT: Mariposa-Yosemite
1. Objective: The objective is to create a Pavement Maintenance/Management Plan for the Mariposa-Yosemite Airport
2. Benefits Anticipated: This project will provide guidance on future paving projects to be completed at the Airport with priority rankings and estimated costs.
3. Approach: <i>(See approved Scope of Work in Final Application)</i> Detailed scope of work will be prepared. Creation of the PMP will include Data Collection and Testing followed by development of the Pavement Maintenance/Management Plan .
4. Geographic Location: 37-30-39.1000N / 120-02-22.3000W 4 miles west of Mariposa, CA
5. If Applicable, Provide Additional Information:
6. Sponsor's Representative: <i>(include address & telephone number)</i> Tony Stobbe, Director of Public Works, County of Mariposa 4639 Ben Hur Road Mariposa, CA 95338 209-966-5356

PART IV - PROGRAM NARRATIVE
(Suggested Format)

PROJECT: ALP Narrative Report with AGIS
AIRPORT: Mariposa-Yosemite
1. Objective: The objective is to create a Mariposa-Yosemite Airport Layout Plan Narrative Report, including an updated ALP drawing set and aerial survey and base mapping per Airport GIS.
2. Benefits Anticipated: This project will provide a current ALP drawing set including Airport GIS Information, and will provide guidance on future projects to be completed at the Airport, utilizing updated forecasts and planning justifications, with priority rankings and estimated costs.
3. Approach: <i>(See approved Scope of Work in Final Application)</i> Detailed scope of work will be prepared - ALP Update Approach will include 1) Inventory of Existing Conditions, 2) Develop Forecasts, 3) Examine Facility Requirements 4) Develop Recommended Development Plan and ACIP, 5) Complete Survey for AGIS, and 6) Update ALP Drawing Set.
4. Geographic Location: 37-30-39.1000N / 120-02-22.3000W 4 miles west of Mariposa, CA
5. If Applicable, Provide Additional Information:
6. Sponsor's Representative: <i>(include address & telephone number)</i> Tony Stobbe, Director of Public Works, County of Mariposa 4639 Ben Hur Road Mariposa, CA 95338 209-966-5356

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5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	
State Use Only:		
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Add Attachment

Delete Attachment

View Attachment

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Pavement Maintenance/Management Program

Attach supporting documents as specified in agency instructions.

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View Attachment

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* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="25,000.00"/>
* b. Applicant	<input type="text" value="2,778.00"/>
* 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="27,778.00"/>

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