

County Facilities - Airport
Department of Public Works
AGENDA
June 18, 2018 – 11:25 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/E..... Kevin Hajos
 - Rationale – Prelim design includes new hydrology study/EA.
- IV. Referral/Pending Items - None**
- V. Information for Discussion/Review**
 - 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

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"/>
* 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: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
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: <input type="text"/>	
* 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: <input type="text"/>		
* 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.

Add Attachment

Delete Attachment

View Attachment

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

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: