



FY21 AIP Pre-Application Checklist

Airport: _____

Date: _____

Project Description:

X **We will pursue an FY21 ACIP identified proposed project.**

We do not plan on having a project this FY21. The FAA is authorized

to: Carryover entitlements into the next fiscal year.

Transfer the Entitlements (*will need to complete a Transfer Request Form).

If you plan to pursue an FY21 Project, please complete the following Checklist & submit with PreApp:

No.	Document	Yes	No	N/A	Comments Attached
1.	Grant Schedule (NOTE FAA DUE DATES - pg 3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Standard Form 424 (Preapplication), Form 5100-100 (parts II-IV for airport Development grants), Form 5100-101 (parts II-IV for Planning grants) (Includes project cost breakdown and sketch)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Project Description - Provide a clear Narrative and Justification. For proposed pavement projects include a Pavement Condition Index (PCI) information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Proposed project is currently depicted on an FAA-approved ALP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Exhibit A Airport Property Map (attached or previously submitted to ADO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Environmental Documentation (NEPA Determination Completed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	60% Design & Construction Safety Phasing Plan (CSPP) completed/submitted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Some of the items can be answered by simply checking the "Yes" and "No" boxes, while others require additional information (please provide additional info/justification on Page 2).

_____ Date: _____

Sponsor's Designated Representative (Signature)

Please sign and return Pre-Application Checklist Pages 1-2 to your assigned ADO Airport Planner.

The purpose of this checklist is to identify some of the requirements and considerations associated with requesting Airport Improvement Program (AIP) funds. Airport Sponsors should read and consider each of the items carefully.

FY20 Project	AIP Entitlements Available	Total AIP Federal Share Amount Requested	Total Sponsor Local Share	Total Estimated Project Cost
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INCLUDE ANY ADDITIONAL INFORMATION:

FY 2021 AIP GRANT SCHEDULE

Event	Due Date
Environmental NEPA Submittal (NLT)	October 16, 2020
Environmental Clearance	November 13, 2020
Pre-Application Checklist Submittal (NLT)	November 13, 2020
2022-2026 ACIP Submitted (NLT)	November 31, 2020
90% Plans, Specs., Estimate, Engineer's Report & CSPP Submittal (NLT)	December 31, 2020
Allow 45 days for CSPP Review and another 30 days for advertisement / Bid procurement	
Final Grant Application (NLT)	March 26, 2021

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):

* Other (Specify):

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

3-06-0206

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: City of Salinas

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

94-6000412

* c. Organizational DUNS:

0109194470000

d. Address:

* Street1:

200 Lincoln Ave

Street2:

* City:

Salinas

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

93901-2639

e. Organizational Unit:

Department Name:

Public Works

Division Name:

Salinas Municipal Airport

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

Prefix:

* First Name:

Brett

Middle Name:

J.

* Last Name:

Godown

Suffix:

Title: Airport Manager

Organizational Affiliation:

City of Salinas

* Telephone Number:

831-758-7214

Fax Number:

831-759-2518

* Email:

brett.godown@ci.salinas.ca.us

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:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

Federal Aviation Administration (FAA)

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

20-106

* Title:

Airport Improvement Program (AIP)

13. Competition Identification Number:

N/A

Title:

N/A

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

Add Attachment

Delete Attachment

View Attachment

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

Airport Pavement Management System (APMS) Update

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="96,750.00"/>
* b. Applicant	<input type="text" value="10,750.00"/>
* 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="107,500.00"/>

*** 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:

Application for Federal Assistance (Planning Projects)

Part II – Project Approval Information

Section A – Statutory Requirements

The term “Sponsor” refers to the applicant name as provided in box 8 of the associated SF-424 form.

Item 1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does Sponsor maintain an active registration in the System for Award Management (www.SAM.gov)?	
Item 2	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Can Sponsor commence the work identified in the application in the fiscal year the grant is made or within six months after the grant is made, whichever is later?	
Item 3	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Are there any foreseeable events that would delay completion of the project? If yes, provide attachment to this form that lists the events.	
Item 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Is the project covered by another Federal assistance program? If yes, please identify other funding sources by the Catalog of Federal Domestic Assistance (CFDA) number. CFDA: _____	
Item 5	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Will the requested Federal assistance include Sponsor indirect costs as described in 2 CFR Appendix VII to Part 200, States and Local Government and Indian Tribe Indirect Cost Proposals?	
If the request for Federal assistance includes a claim for allowable indirect costs, select the applicable indirect cost rate the Sponsor proposes to apply:	
<input type="checkbox"/> De Minimis rate of 10% as permitted by 2 CFR § 200.414	
<input type="checkbox"/> Negotiated Rate equal to ____% as approved by _____ (the Cognizant Agency) on _____ (Date) (2 CFR part 200, appendix VII)	
<i>Note: Refer to the instructions for limitations of application associated with claiming Sponsor indirect costs.</i>	

Section B – Certification Regarding Lobbying

The declarations made on this page are under the signature of the authorized representative as identified in box 21 of form SF-424, to which this form is attached. The term “Sponsor” refers to the applicant name provided in box 8 of the associated SF-424 form.

The Authorized Representative certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the Sponsor, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the Authorized Representative shall complete and submit Standard Form-LLL, “Disclosure Form to Report Lobbying,” in accordance with its instructions

(3) The Authorized Representative shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Part III – Budget Information

Section A – Budget Summary

Grant Program (a)	Federal Catalog No (b)	New or Revised Budget		
		Federal (c)	Non-Federal (d)	Total (e)
1. Airport Improvement Program	20-106	\$ 96,750	\$ 10,750	\$ 107,500
2.				
3. TOTALS		\$ 96,750	\$ 10,750	\$ 107,500

Section B – Budget Categories (All Grant Programs)

4. Object Class Categories	Airport Improvement Program (1)		Other Program (2)		Total
	Amount	Adjustment + or (-) Amount (Use only for revisions)	Amount	Adjustment + or (-) Amount (Use only for revisions)	
a. Administrative expense	\$ 7,500	\$	\$	\$	\$ 7,500
b. Airport Planning	100,000				100,000
c. Environmental Planning	0				0
d. Noise Compatibility Planning	0				0
e. Subtotal	107,500				107,500
f. Program Income	0				0
g. TOTALS (line e minus line f)	\$ 107,500	\$	\$	\$	\$ 107,500

Section C – Non-Federal Resources

Grant Program (a)	Applicant (b)	State (c)	Other Sources (d)	Total (e)
5. Local Share	\$ 10,750	\$ 0	\$ 0	\$ 10,750
6.				
7. TOTALS	\$ 10,750	\$ 0	\$ 0	\$ 10,750

Section D – Forecasted Cash Needs

Source of funds	Total for Project	1 st Year	2 nd Year	3 rd Year	4 th Year
8. Federal	\$ 96,750	\$ 96,750	\$	\$	\$
9. Non-Federal	10,750	10,750			
10. TOTAL	\$ 107,500	\$ 107,500	\$	\$	\$

Section E – Other Budget Information

11. Other Remarks: (attach sheets if necessary) Administrative expense: Preliminary / Pre-Grant expenditures \$3,500 IFE \$4,000 City staff
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Part IV - Program Narrative

(Suggested Format)

PROJECT: Airport Pavement Managemt Sytem (APMS) Update
AIRPORT: Salinas Municipal Airport (SNS)
1. Objective: The last APMS update was completed four years ago in 2016 and since then pavement rehabilitation projects were performed to extend the useful life of existing pavements. This project will provide a visual update for the condition of the pavement in terms of operational surface condition, updates to the PCI, generate quantities for distress repair for short term maintenance budget estimates, and project future functional conditions of operational surfaces to aid in the determination of the pavement life and develop rehabilitation alternatives to prolong the useful life of the pavement sections. As pavement is one of the largest capital investments at an airport is it important to fully understand the conditions of the infrastructure and how to best maintain it.
2. Benefits Anticipated: An update to the airport pavement management system (APMS) will provide critical data for maintenance of existing infrastructure in a fiscally constrained environment to ensure SNS can continue to safely accommodate aircraft operations. This update will allow SNS to keep the APMS current and be in compliance with FAA requirements of completing every 3 years (AC 150/5380-7B, Appendix A, Public Law 103-305 and Grant Assurance 11). Additionally, by completing this project concurrently with an airport master plan update, the information can be incorporated into a comprehensive capital improvement plan (CIP).
3. Approach: <i>(See approved Scope of Work in Final Application)</i> Outline of scope: 1) Evaluate Record Drawing Documentation 2) Update Network Defintion Map 3) Pavement Management System Update 4) Pavement Condition Index Surveys 5) System Customization 6) Functional Data Analysis 7) Structural Data Analysis 8) Economic Analysis and Budget Cost Estimates 9) Airfield Geometry Evaluation for Adherence to FAA ACs 10) Pavement Management Program and Report Antiicipated to be completed over a 9 month period.
4. Geographic Location: 36-39-46.0314N / 121-36-22.9191W 3 miles SE of Salinas, CA
5. If Applicable, Provide Additional Information: N/A
6. Sponsor's Representative: <i>(include address & telephone number)</i> Brett Godown, Airport Manager 30 Mortensen Avenue, Salinas, CA 93905 (831) 758-7214 / brett.godown@ci.salinas.ca.us



FEDERAL AVIATION ADMINISTRATION

CATEGORICAL EXCLUSION FORM

Airport: Salinas Municipal Airport (SNS)

Project: Airport Pavement Management System (APMS) Update

FAA has determined that the listed project qualifies for a categorical exclusion under FAA Order 1050.1E, paragraph:

307h. Approval of an airport's sponsor request to impose Passenger facility Charges or approval to impose and use Passenger Facility Chargers for planning studies.

307m FAA administrative actions associated with transfer of ownership or operation of an existing airport, for acquisition or long-term lease as long as the transfer is limited to ownership, right of possession, and/or operating responsibility.

307n Issuance of grants to prepare noise exposure maps and noise compatibility programs.

307o Issuance of planning grants which do not imply a project commitment, such as airport planning grants and grants to states participating in the state block grant program

309h Acquisition of security equipment required by rule or regulation for the safety or security of personnel and property on the airport or snow removal equipment.

Signature of Responsible FAA Official

Date