

Grant Application Request/Notice



- New Competitive Grant Application
- New Non-competitive Grant Application
- Annual Renewal Grant Application (*per BOS Reso # _____*)
- Electronic Submission (ie. Grants.gov etc.)

Application Due Date: 9/30/2017
Department Name: IGS/Airport
Office 2: _____

GRANT BACKGROUND INFORMATION:

Contact information for Grantor:	Grant Amount:	Funding Type:	Funding Period:
Name: Shannon Montano	\$52180 / year \$52180 Total	<input type="checkbox"/> Federal: CFDA # _____ <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	From: <u>10/01/2017</u>
Address: CALTRANS Division of Aeronautics 1120 N. Street, MS 40, Sacramento, CA 95814 Phone: 916-654-4718			To: <u>06/30/2018</u>
Source(s) of matching funds:			Is grant expected to renew? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
FAA Nevada County Airport Enterprise Fund			
	Amount(s) of match:		In-Kind?
	\$1,043,595		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	\$63,775		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

GRANT PROGRAM DESCRIPTION:

Describe the program to be funded through this grant (include who will be served and what services will be provided): This grant will fund the construction of phase II of the perimeter fence and gate system upgrades.

GRANT FUNDING ANALYSIS:

Does funding include: Yes No **If applicable, what percentage?** _____ %

Administrative costs?

Describe limitations on allowable administrative costs: Administrative costs are reimbursable if those costs are directly in support of the funded projects, and only when grant funding remains after the project is complete.

Describe funding sustainability:

GRANT PROGRAM STAFFING:

	<u>Job Title</u>	<u>% FTE</u>	<u>Temporary?</u>	<u>New hire?</u>
What staff will be assigned to grant program?	Nevada County Airport Manager	.9	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Accounting Technician	.6	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby approve submittal of this grant application per the authority granted by BOS Resolution 05-481.

Department Director's Signature: _____ Date: _____

CEOs Signature: _____ Date: _____

Grant Application Log # (see CEO I Drive) _____

Dept provided complete copy of application to Auditor Controller on _____ (date) By: _____ (name)