



RESOLUTION No. 22-157

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

RESOLUTION AUTHORIZING THE AIRPORT MANAGER TO EXECUTE AND SUBMIT AN APPLICATION FOR A FEDERAL AVIATION ADMINISTRATION GRANT IN THE AMOUNT OF \$360,366 TO FUND THE REHABILITATION OF THE TAXIWAY A AND RAMPS 1, 2 & 5 AT THE NEVADA COUNTY AIRPORT

WHEREAS, the Nevada County Airport desires to rehabilitate the pavement on taxiway A and ramp 2, with bid alternates on ramp 1 and ramp 5; and

WHEREAS, the Airport's engineering consultant has completed the design and engineering of the pavement rehabilitation; and

WHEREAS, Resolution 22-085 approved the bid documents for the pavement rehabilitation, the bid solicitation was advertised on February 8th and were opened on March 1, 2022 and the lowest bid allowed for the full scope of the project to be completed under this grant application; and

WHEREAS, the total cost of the taxiway and ramps rehabilitation is estimated at \$400,406, the Federal Aviation Administration (FAA) grant application is expected to fund 90% of the cost, or \$360,366, and the Airport will be applying for a CALTRANS Division of Aeronautics grant expected to fund 4.5% of the cost, or \$18,018, and the remaining 5.5% of the cost, or \$22,022, will be funded by the Airport Enterprise Fund.

NOW, THEREFORE, BE IT RESOLVED that the Nevada County Board of Supervisors of the County of Nevada, State of California, hereby:

1. Authorizes the Airport Manager to execute and submit an application for an FAA grant for the rehabilitation of Taxiway A and Ramps 1, 2 & 5.

PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a regular meeting of said Board, held on the 12th day of April, 2022, by the following vote of said Board:

Ayes: Supervisors Heidi Hall, Edward Scofield, Dan Miller, Susan K. Hoek and Hardy Bullock.

Noes: None.

Absent: None.

Abstain: None.

ATTEST:

JULIE PATTERSON HUNTER
Clerk of the Board of Supervisors

By: 


Susan K. Hoek, Chair

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:

600 - 3-06-0095

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

Nevada County Airport

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

94-6000526

*** c. Organizational DUNS:**

0109790290000

d. Address:

*** Street1:**

13083 John Bauer Avenue

Street2:

*** City:**

Grass Valley

County/Parish:

Nevada

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

95945-9533

e. Organizational Unit:

Department Name:

Nevada County Airport

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:

*** Last Name:**

Edwards

Suffix:

Title:

Airport Manager

Organizational Affiliation:

Nevada County Airport

*** Telephone Number:**

530-273-3374

Fax Number:

*** Email:**

kevin.edwards2@co.nevada.ca.us

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:

N/A

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

Add Attachment

Delete Attachment

View Attachment

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

Nevada County Airport, Grass Valley, Nevada County, CA - Construct - Rehab. Taxiway A (30'x4,410') & Ramp 2 (5,050 sf); Ramp 1 (133,500 sf); Ramp 5 (65,850 sf)

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="360,366.00"/>
* b. Applicant	<input type="text" value="22,022.00"/>
* c. State	<input type="text" value="18,018.00"/>
* 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="400,406.00"/>

*** 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: