

City of Las Cruces[®]

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Council Action and Executive Summary

Item # 11

Ordinance/Resolution# 12-045

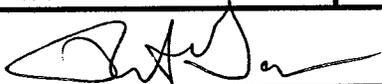
For Meeting of _____
(Ordinance First Reading Date)

For Meeting of September 6, 2011
(Adoption Date)

TITLE: A RESOLUTION OBLIGATING THE LAS CRUCES INTERNATIONAL AIRPORT TO APPLY AND ACCEPT A FEDERAL AIRPORT IMPROVEMENT PROGRAM GRANT IN THE AMOUNT OF \$418,589.00 WITH A LOCAL MATCH REQUIREMENT OF \$11,016.00 FROM THE FEDERAL AVIATION ADMINISTRATION (FAA) FOR THE ELECTRONIC AIRPORT LAYOUT PLAN AND TO ADJUST THE FY 2012 BUDGET.

PURPOSE(S) OF ACTION:

To apply and accept grant and adjust budget.

COUNCIL DISTRICT: ALL		
<u>Drafter/Staff Contact:</u> Elizabeth Vega	<u>Department/Section:</u> Finance/Grants	<u>Phone:</u> 575-541-2717
<u>City Manager Signature:</u>		

BACKGROUND / KEY ISSUES / CONTRIBUTING FACTORS:

Airport Layout Plans (ALPs) have been printed and coordinated using multiple sheet paper sets for a very long time. It is a process that the Federal Aviation Administration (FAA) has sought to modernize due to several factors including the necessity for airport officials to print and mail several copies of the new or updated sheet sets for review and approval of multiple airport authorities (local, regional, city governments, environmental, and FAA). This can be a lengthy process and may produce outdated sheet sets if multiple ALP updates are required. The FAA is therefore striving to update the ALP process through the use of current computer technologies.

The last several years, FAA has been developing their online Geospatial Information System (GIS) to support electronic airport layout plans (eALP) from individual airports nationwide. This will standardize drawing symbols, line types and layout formats no matter which engineering contractor has done the airport layout plans and decrease the need for paper sets of the plans for review.

The FAA has extended funding to the Las Cruces International Airport in the amount of \$418,589.00 to create an eALP. There will be an \$11,016.00 City match and a \$11,015.00 state match from the New Mexico Department of Transportation (NMDOT) to round out funding for the project. The City match has already been budgeted in the Airport's FY 2012 budget.

(Continue on additional sheets as required)

SUPPORT INFORMATION:

1. Resolution.
2. Exhibit "A", FAA Application.
3. Exhibit "B", Budget Adjustment.

SOURCE OF FUNDING:

Is this action already budgeted?	Yes	<input type="checkbox"/>	See fund summary below
	No	<input checked="" type="checkbox"/>	If No, then check one below:
	<i>Budget Adjustment Attached</i>	<input type="checkbox"/>	Expense reallocated from:
		<input checked="" type="checkbox"/>	Proposed funding is from a new revenue source (i.e. grant; see details below)
		<input type="checkbox"/>	Proposed funding is from fund balance in the _____ Fund.
Does this action create any revenue?	Yes	<input checked="" type="checkbox"/>	Funds will be deposited into this fund: <u>4300 Airport Improvement Fund</u> in the amount of \$ <u>418,589.00</u> for FY 2012.
	No	<input type="checkbox"/>	There is no new revenue generated by this action.

BUDGET NARRATIVE

Grant funds will be deposited into Fund #4300 (Airport Improvement) under project #70B13 to be used by the Las Cruces International Airport for the creation of an electronic airport layout plan (eALP). The \$11,016.00 match funds required will be taken from Fund #1010 (Airport Operations) which has been set aside for this specific project.

FUND EXPENDITURE SUMMARY:

Fund Name(s)	Account Number(s)	Expenditure Proposed	Available Budgeted Funds in Current FY	Remaining Funds	Purpose for Remaining Funds
Airport Improvement Fund	43806050-710900-70B13	\$418,589.00	\$418,589.00*	\$0.00	N/A
Airport Operations Fund (match)	10123180-710900-70B13	\$11,016.00	\$11,016.00*	\$0.00	N/A

*pending adjustment

(Continue on additional sheets as required)

OPTIONS / ALTERNATIVES:

1. Vote "Yes"; this will obligate the Las Cruces International Airport to apply and accept grant funds from the Federal Aviation Administration (FAA) to be used for the creation of an electronic airport layout plan. It will also adjust the FY 2012 budget.
2. Vote "No"; this will cause Las Cruces International Airport to revert funds back to the FAA.
3. Vote to "Amend"; this is not an option as the grant agreement has been written.
4. Vote to "Table"; this not an option, as grant funds need to be obligated quickly before reverting to the FAA.

REFERENCE INFORMATION:

N/A

(Continue on additional sheets as required)

RESOLUTION NO. 12-045

A RESOLUTION OBLIGATING THE LAS CRUCES INTERNATIONAL AIRPORT TO APPLY AND ACCEPT A FEDERAL AIRPORT IMPROVEMENT PROGRAM GRANT IN THE AMOUNT OF \$418,589.00 WITH A LOCAL MATCH REQUIREMENT OF \$11,016.00 FROM THE FEDERAL AVIATION ADMINISTRATION (FAA) FOR THE ELECTRONIC AIRPORT LAYOUT PLAN AND TO ADJUST THE FY 2012 BUDGET.

The City Council is informed that:

WHEREAS, the City of Las Cruces, New Mexico, a municipal corporation, is the owner of certain real property known as the Las Cruces International Airport; and

WHEREAS, the Federal Aviation Administration (FAA) has made funds available to the Las Cruces International Airport through an Airport Improvement Program Grant in the amount of \$418,589.00 with a local match requirement of \$11,016.00; and

WHEREAS, the local match requirement of \$11,016.00 has already been set aside in the Las Cruces International Airport budget for FY 2012; and

WHEREAS, the New Mexico Department of Transportation (NMDOT) has pledged a state match of \$11,015.00 bringing the total project cost to \$440,620.00; and

WHEREAS, the funds will be used to create an electronic airport layout plan (eALP).

NOW, THEREFORE, Be it resolved by the governing body of the City of Las Cruces:

(I)

THAT the Las Cruces International Airport is obligated to apply and accept an airport improvement grant in the amount of \$418,589.00 with a local match requirement of \$11,016.00 from the Federal Aviation Administration (FAA).

(II)

THAT the FY 2012 Adopted Budget is hereby adjusted as reflected in Exhibit "B" attached hereto and made a part of this resolution.

(III)

THAT City staff is hereby authorized to do all deeds as necessary in the accomplishment of the herein above.

DONE AND APPROVED this ____ day of _____, 2011.

APPROVED:

Mayor

ATTEST:

City Clerk

(SEAL)

Moved by _____

Seconded by _____

VOTE:

Mayor Miyagishima:	_____
Councillor Silva:	_____
Councillor Connor:	_____
Councillor Pedroza:	_____
Councillor Small:	_____
Councillor Sorg:	_____
Councillor Thomas:	_____

APPROVED AS TO FORM:



City Attorney

Application for Federal Assistance SF-424	
<p>*1. Type of Submission:</p> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	
<p>*2. Type of Application * If Revision, select appropriate letter(s):</p> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
<p>*3. Date Received: _____ 4. Applicant Identifier: LRU</p>	
<p>5a. Federal Entity Identifier: 3-35-0024</p>	
<p>*5b. Federal Award Identifier: _____</p>	
<p>State Use Only:</p>	
<p>6. Date Received by State: _____ 7. State Application Identifier: _____</p>	
<p>8. APPLICANT INFORMATION:</p>	
<p>*a. Legal Name: City of Las Cruces</p>	
<p>*b. Employer/Taxpayer Identification Number (EIN/TIN): 85-06000147</p>	
<p>*c. Organizational DUNS: 077 609 279</p>	
<p>d. Address:</p>	
<p>*Street 1: <u>P.O. Box 20000</u></p> <p>Street 2: _____</p> <p>*City: <u>Las Cruces</u></p> <p>County: <u>Dona Ana</u></p> <p>*State: <u>New Mexico</u></p> <p>Province: _____</p> <p>*Country: <u>USA</u></p> <p>*Zip / Postal Code <u>88004</u></p>	
<p>e. Organizational Unit:</p>	
<p>Department Name: _____ Division Name: _____</p> <p>Facilities: _____ Airport: _____</p>	
<p>f. Name and contact information of person to be contacted on matters involving this application:</p>	
<p>Prefix: <u>Ms.</u> *First Name: <u>Lisa</u></p> <p>Middle Name: <u>L.</u></p> <p>*Last Name: <u>Murphy</u></p> <p>Suffix: _____</p>	
<p>Title: <u>Airport Manager</u></p>	
<p>Organizational Affiliation: _____</p>	
<p>*Telephone Number: (575) 541-2471 Fax Number: (575) 527-6470</p>	
<p>*Email: lmurphy@las-cruces.org</p>	

Application for Federal Assistance SF-424***9. Type of Applicant 1: Select Applicant Type:**

C

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:**

Title:

13. Competition Identification Number:

Title:

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

Las Cruces, Dona Ana County, New Mexico

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

Electronic Airport Layout Plan

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
*a. Applicant: Second	*b. Program/Project: Second
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
*a. Start Date: Grant	*b. End Date: December 31, 2012
18. Estimated Funding (\$):	
*a. Federal	418,589
*b. Applicant	11,016
*c. State	11,015
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	440,620
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <u>See Block 21 date.</u>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E. O. 12372	
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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)	
<input checked="" type="checkbox"/> ** 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: Ms.	*First Name: Lisa
Middle Name: L.	
*Last Name: Murphy	
Suffix:	
*Title: Airport Manager	
*Telephone Number: (575) 541-2471	Fax Number: (575) 527-6470
* Email: lmurphy@las-cruces.org	
*Signature of Authorized Representative:	*Date Signed:

Application for Federal Assistance SF-424

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

N/A

PART II PROJECT APPROVAL INFORMATION

<p>Item 1. Does this assistance request require State, local, regional, or other priority rating?</p>	<p>Name of Governing Body Priority</p>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Item 2. Does this assistance request require State, local advisory, educational or health clearances?</p>	<p>Name of Agency or Board (Attach Documentation)</p>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Item 3. Does this assistance request require clearinghouse review in accordance with OMB Circular A-95?</p>	<p>(Attach Comments)</p>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Item 4. Does this assistance request require State, local, regional, or other planning approval?</p>	<p>Name of Approving Agency NMDOT Aviation Division Date / /</p>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Item 5. Is the proposed project covered by an approved comprehensive plan?</p>	<p>Check One: State <input type="checkbox"/> Local <input checked="" type="checkbox"/> Regional <input type="checkbox"/> Location of plan</p>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Item 6. Will the assistance requested serve a Federal installation?</p>	<p>Name of Federal Installation Federal Population benefiting from Project</p>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Item 7. Will the assistance requested be on Federal land or installation?</p>	<p>Name of Federal Installation Location of Federal Land Percent of Project</p>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Item 8. Will the assistance requested have an impact or effect on the environment?</p>	<p>See instructions for additional information to be provided.</p>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Item 9. Will the assistance requested cause the displacement of individuals, families, businesses, or farms?</p>	<p>Number of: Individuals Families Businesses Farms</p>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Item 10. Is there other related Federal assistance on this project previous, pending, or anticipated?</p>	<p>See instructions for additional information to be provided.</p>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

PART III - BUDGET INFORMATION						
SECTION A - BUDGET SUMMARY						
Grant Program, Function or Activity (a)	Federal Catalog No. (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. AIP	20-106	\$	\$	\$418,589.00	\$22,031.00	\$440,620.00
2.						
3.						
4.						
5. TOTALS		\$	\$	\$	\$	\$
SECTION B - BUDGET CATEGORIES						
6. Object Class Categories	Grant Program, Function or Activity				Total	
	(1)	(2)	(3)	(4)	(5)	
a. Personnel	\$	\$	\$	\$	\$	
b. Fringe Benefits						
c. Travel						
d. Equipment						
e. Supplies						
f. Contractual	404,620.00					
g. Construction						
h. Other	36,000.00					
i. Total Direct Charges						
j. Indirect Charges						
k. TOTALS	\$440,620.00	\$	\$	\$	\$	
7. Program Income	\$	\$	\$	\$	\$	

SECTION C - NON-FEDERAL RESOURCES					
(a) GRANT PROGRAM	(b) APPLICANT	(c) STATE	(d) OTHER SOURCES	(e) TOTALS	
8.	\$	\$	\$	\$	
9.					
10.					
11.					
12. TOTALS					
SECTION D - FORECASTED CASH NEEDS					
	Total for 1 st Year	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
13. Federal	\$418,589.00	\$104,648.00	\$104,647.00	\$104,647.00	\$104,647.00
14. Non-Federal	22,031.00	5,508.00	5,508.00	5,508.00	5,507.00
15. TOTAL	\$440,620.00	\$110,156.00	\$110,155.00	\$110,155.00	\$110,154.00
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) GRANT PROGRAM	FUTURE FUNDING PERIODS (YEARS)				
	(b) FIRST	(c) SECOND	(d) THIRD	(e) FOURTH	
16.	\$	\$	\$	\$	
17.					
18.					
19.					
20. TOTALS	\$	\$	\$	\$	
SECTION F - OTHER BUDGET INFORMATION (ATTACH ADDITIONAL SHEETS IF NECESSARY)					
21. Direct Charges:					
22. Indirect Charges:					
23. Remarks:					
PART IV - PROGRAM NARRATIVE (ATTACH PER INSTRUCTION)					

**PART IV
PROGRAM NARRATIVE**

(Suggested Format)

DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION

OMB NO. 2120-0569

PROJECT: Electronic Airport Layout Plan
AIRPORT: Las Cruces International Airport
1. Objective: Prepare an electronic Airport Layout Plan.
2. Benefits Anticipated: Airport will be provided with an electronic version of their ALP data to be submitted to the FAA AGIS website and to the airport sponsor in CAD/GIS format.
3. Approach: <i>(See approved Scope of Work in final Application)</i> Prepare an eALP in accordance with applicable FAA Advisory Circulars.
4. Geographic Location: Las Cruces International Airport, Las Cruces, New Mexico
5. If Applicable, Provide Additional Information:
6: Sponsor's Representative: <i>(incl. address & tel. no.)</i> Ms. Lisa L. Murphy Airport Manager Las Cruces International Airport P.O. Box 20000 Las Cruces, NM 88004 (575) 541-2471

**CITY OF LAS CRUCES
ADOPTED BUDGET FY 2011/2012**

FUND	DIVISION		FUND TYPE	
Airport Improvement Fund 4300	Facilities		Capital Project	
	FY 2010/11 Projected*	FY 2011/12 Adopted	FY 2011/12 Adjustment	FY 2011/12 Adjusted
RESOURCES				
Beginning Balance	\$ 737,962	730,939		730,939
REVENUES				
570010 Interest Income	\$ 14,130	20,000		20,000
570015 Net Incr (Decr) Fair Value Investment	(21,153)	0		0
70C00 FAA Grant - Air Traffic Control Tower Phase I	512,312	457,870		457,870
70B08 Rehab Runway 12-30	0	9,844		9,844
70B09 Rehab Runway 12-30	277,947	929,647		929,647
70B09 Rehab Runway 12-30	0	0		0
70B10 Automated Weather Observation System FAA	56,839	155,853		155,853
70B10 Automated Weather Observation System State	1,758	4,820		4,820
70XXX Electronic Airport Layout Plan (eALP)	0	0	418,589	418,589
Total Revenues	\$ 841,833	1,578,034	418,589	1,996,623
Total Resources	\$ 1,579,795	2,308,973	418,589	2,727,562
EXPENDITURES				
70C00 - Air Traffic Control Tower	512,312	457,870		457,870
70B08 - Rehab Runway 12-30	0	9,844		9,844
70B09 - Rehab Runway 12-30	277,947	929,647		929,647
70B10 - Automated Weather Observation System	58,597	160,673		160,673
70XXX Electronic Airport Layout Plan (eALP)	0	0	418,589	418,589
Total Expenditures	\$ 848,856	1,558,034	418,589	1,976,623
ENDING BALANCE	\$ 730,939	750,939	0	750,939

*Projected based on 8 months actual through February 28, 2011 and 4 months projected.