



PUBLIC DOCUMENT
INDEX No.
9 3 4 7 6
CITY CLERK'S OFFICE
MUSCATINE, IOWA

City Hall, 215 Sycamore St.
Muscatine, IA 52761-3840
(563) 262-4141
Fax (563) 262-4142

COMMUNITY DEVELOPMENT

MEMORANDUM

Planning,
Zoning,
Building Safety,
Construction Inspection Services,
Public Health,
Housing Inspections,
Code Enforcement

To: Mayor and City Council Members

Cc: Gregg Mandsager, City Administrator
Dave Gobin, Community Development Director

From: Adam Thompson, Community Development Coordinator

Date: May 18, 2016

Re: Request to submit FAA grant application for Airport Layout Plan Update

Introduction & Background: The FAA is requesting an update to the Airport Layout Plan. This update is supported by City Staff and the Airport Advisory Commission. In order to continue to be eligible for infrastructure project going forward an updated ALP is required and with the completion of the Airport Reconstruction Project is the best time to complete. The total project grant request is \$162,474.79. The FAA would fund 90% of the project total (\$146,227.31) with 10% contributed as the local match (\$16,247.48). The FAA has approved this project to move forward with a "Go Letter". The grant application will be submitted the end of May with funding approval anticipated in July or August. This project is a budgeted project for FY16-17.

This request is only to submit the application. If approved, the grant agreement with the Iowa DOT will be brought before Council for approval.

RECOMMENDATION/RATIONALE: It is recommended that City Council approve City staff's request to submit the FAA grant application for Airport Layout Plan Update Project.

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): - Select One - * Other (Specify)	
* 3. Date Received:		4. Application Identifier: MMA-LA-1			
5a. Federal Entity Identifier:			* 5b. Federal Award Identifier: AIP No. 3-19-0063-021		
State Use Only:					
6. Date Received by State:			7. State Application Identifier:		
8. APPLICANT INFORMATION:					
* a. Legal Name: City of Muscatine, Iowa					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 42-6005008			*c. Organizational DUNS: 08-029-2048		
d. Address:					
* Street1: City Hall Street 2: 215 Sycamore Street * City: Muscatine County: Muscatine * State: Iowa Province: Country: United States *Zip/ Postal Code: 52761					
e. Organizational Unit:					
Department Name: Community Development			Division Name: Muscatine Municipal Airport		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr. First Name: Adam Middle Name: J * Last Name: Thompson Suffix:					
Title: Planning and Community Development Coordinator					
Organizational Affiliation:					
* Telephone Number: (563) 262-4141			Fax Number: (563) 264-4142		
* Email: athompson@muscatineiowa.gov					

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:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

* 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: 3-19-0063-021

Title: Update Airport Master Plan

13. Competition Identification Number:

Title:

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

City of Muscatine and Muscatine County

* 15. Descriptive Title of Applicant's Project:

The last time the airport layout plan (ALP) was completely updated was in 2002. The FAA and IDOT typically recommend ALPs be updated every eight to ten years. This project will include the update of all eleven sheets of the ALP drawing set and the creation of an extensive accompanying narrative report. In addition, the project scope will include imagery acquisition, ground survey (to check runway ends, profile, length, width, and threshold location), planimetric mapping, and AGIS project documentation. This update will give the City a more complete picture of development needs and priorities at the airport and will help provide a long term comprehensive planning strategy.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:
*a. Applicant: Second *b. Program/Project: same

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:
*a. Start Date: 06/03/2016 *b. End Date: 06/30/2017

18. Estimated Funding (\$):

*a. Federal	146,225.48
*b. Applicant	16,247.28
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	162,472.76

***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 on next page.)**
 Yes 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 18, 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: Ms. *First Name: Diana
Middle Name: L.
*Last Name: Broderson
Suffix:
*Title: Mayor

*Telephone Number: (563) 264-1550 Fax Number: (563) 264-0750

* Email: dbroderson@muscatineiowa.gov

*Signature of Authorized Representative:  *Date Signed: 5-23-16

Application for Federal Assistance (Planning Projects)

PART II – PROJECT APPROVAL INFORMATION

<p>Item 1. Does this assistance request require State, local, regional, or other priority rating?</p> <p style="text-align: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Name of Governing Body: City of Muscatine, Iowa</p> <p>Priority: 1</p>
<p>Item 2. Does this assistance request require State, or local advisory, educational or health clearances?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Name of Agency or Board: (Attach Documentation)</p>
<p>Item 3. Does this assistance request require clearinghouse review in accordance with OMB Circular A-95?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>(Attach Comments)</p>
<p>Item 4. Does this assistance request require State, local, regional or other planning approval?</p> <p style="text-align: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Name of Approving Agency: City of Muscatine, Iowa</p> <p>Date: 04/21/2016</p>
<p>Item 5. Is the proposed project covered by an approved comprehensive plan?</p> <p style="text-align: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Check one: State <input type="checkbox"/> Local <input checked="" type="checkbox"/> Regional <input type="checkbox"/></p> <p>Location of Plan: City Hall & http://www.muscatineiowa.gov</p>
<p>Item 6. Will the assistance requested serve a Federal installation?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Name of Federal Installation: Federal Population benefitting from Project:</p>
<p>Item 7. Will the assistance requested be on Federal land or installation?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Name of Federal Installation: Location of Federal Land: Percent of Project: %</p>
<p>Item 8. Will the assistance requested have an impact or effect on the environment?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>(See instruction for additional information to be provided)</p>
<p>Item 9. Will the assistance requested cause the displacement of individuals, families, businesses, or farms?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of: Individuals: _____ Families: _____ Businesses: _____ Farms: _____</p>
<p>Item 10. Is there other related Federal assistance on this project previous, pending, or anticipated?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>(See instructions for additional information to be provided.)</p>

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	\$	\$	\$ 146,226	\$ 16,247	\$ 162,473
2.						
3.						
4.						
5. TOTALS		\$	\$	\$ 146,226	\$ 16,247	\$ 162,473

SECTION B – BUDGET CATEGORIES

6. Object Class Categories	Grant Program, Function or Activity				Total
	(1)	(2)	(3)	(4)	(5)
a. Personnel	\$ 37,197.94	\$	\$	\$	\$ 37,197.94
b. Fringe Benefits	0.00				0.00
c. Travel	517.50				517.50
d. Equipment	300.00				300.00
e. Supplies	400.00				400.00
f. Contractual	70,700.00				70,700.00
g. Construction	0.00				0.00
h. Other	5,000.00				5,000.00
i. Total Direct Charges	114,115.44				114,115.44
j. Indirect Charges	48,357.32				48,357.32
k. TOTALS	\$ 162,472.76	\$	\$	\$	\$ 162,472.76
7. Program Income	\$ 0.00	\$	\$	\$	\$ 0.00

SECTION C – NON-FEDERAL RESOURCES

(a) GRANT PROGRAM	(b) APPLICANT	(c) STATE	(d) OTHER SOURCES	(e) TOTALS
8. AIP	\$ 16,247.28	\$ 0.00	\$ 0.00	\$ 16,247.28
9.				
10.				
11.				
12. TOTALS	\$ 16,247.28	\$ 0.00	\$ 0.00	\$ 16,247.28

SECTION D – FORECASTED CASH NEEDS

	Total for 1 st Year	1 st Quarter	2 nd Quarter	3 rd Quarter	4th Quarter
13. Federal	\$ 146,225.48	\$ 92,301.16	\$ 8,472.69	\$ 25,768.76	\$ 19,682.88
14. Non-Federal	16,247.28	10,255.68	941.41	2,863.20	2,186.99
15. TOTAL	\$ 162,472.76	\$ 102,556.84	\$ 9,414.10	\$ 28,631.96	\$ 21,869.86

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. AIP	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
17.				
18.				
19.				
20. TOTALS	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

SECTION F – OTHER BUDGET INFORMATION

(Attach additional sheets if necessary)

<p>21. Direct Charges:</p> <p>Equipment = \$300.00 = Targets for Aerial Survey Ground Control for Mapping Supplies = \$400.00 = Woods and Poole Economic Data for Projected Aviation Activity Section of ALP Narrative Report Contractual = \$70,700.00 = Subcontract for Imagery Acquisition and Planimetric Mapping (Also see Remarks below)</p> <p>22. Indirect Charges:</p> <p>Labor & General Administrative Overhead (Predetermined Rate) = \$37,197.94 (Direct Salary Costs) x 1.0 = \$37,197.94 Fixed Fee (Fixed Rate) = \$74,395.88 (Direct Salary Costs + Labor & General Administrative Overhead)*0.15 = \$11,159.38 Total = \$37,197.94 + \$11,159.38 = \$48,357.32</p> <p>23. Remarks:</p> <p>Additional Direct Charges = \$5,000.00 = \$2,500 City Administrative Expense + \$2,500 Independent Fee Analysis</p>
--

PART IV PROGRAM NARRATIVE (Attach per instructions)

PART IV - PROGRAM NARRATIVE
(Suggested Format)

PROJECT: 3-19-0063-021 (Update Airport Master Plan)
AIRPORT: Muscatine Municipal Airport, Muscatine, Iowa
1. Objective: Update Airport Layout Plan (ALP) drawing set and create an extensive accompanying narrative report.
2. Benefits Anticipated: The City of Muscatine will gain a more complete picture of airport development needs and priorities and will achieve a long term comprehensive airport planning strategy.
3. Approach: <i>(See approved Scope of Work in Final Application)</i> <ol style="list-style-type: none">1. Create a public/stakeholder involvement program and a public awareness campaign (by 7/25/2016).2. Complete the Airport Layout Plan Narrative Report (by 3/24/2017) to feature information on current and projected activity levels at the airport, facility requirements, alternatives and recommendations, and an implementation plan. The goal of the Narrative Report is to determine how to best accommodate the general aviation needs of the City of Muscatine and Muscatine County area in a responsible manner to the surrounding environment and local citizens. The narrative report will provide analysis and recommendations from which local authorities may take action to continue improvement to the operation of the airport.3. Update the ALP drawing set (by 6/30/2017) to graphically depict the recommended improvements from the narrative report.
4. Geographic Location: City of Muscatine, Iowa and Muscatine County, Iowa
5. If Applicable, Provide Additional Information:
6. Sponsor's Representative: <i>(include address & telephone number)</i> Adam J. Thompson City of Muscatine City Hall 215 Sycamore Street Muscatine, Iowa 52761 563.262.4141 athompson@muscatineiowa.gov