# **CITY OF EL PASO, TEXAS** REQUEST FOR COUNCIL ACTION (RCA)

**DEPARTMENT:** 

**Aviation** 

**AGENDA DATE:** 

July 26, 2016

**CONTACT PERSON/PHONE:** 

Monica Lombraña, A.A.E. – Director of Aviation – 212-7301

**DISTRICT(S) AFFECTED: All** 

STRAREGIC GOALS:

No. 1: Create an Environment Conducive to Strong, Sustainable Economic

**Development** 

#### **SUBJECT:**

Approval of a resolution to authorize the Director of Aviation to sign and submit grant applications and related documentation to the Federal Aviation Administration (FAA), and be designated the official representative of the City of EI Paso to act in connection with the application process for the Airport Improvement Program (AIP) Project No. 3-48-0077-036-2016.

Also, that upon approval and issuance of such grant by the FAA, the City Manager be authorized to accept and sign the grant agreement, and other necessary documents when the form and substance of those documents has been reviewed and approved by the City Attorney's office.

#### **BACKGROUND / DISCUSSION:**

The Department of Aviation is submitting application for FY2016 entitlements for the following projects:

#### **ARFF** Unit Replacement

The grant application will be in the amount of \$704,476. The total cost of the project is estimated to be \$782,751 which is to be funded by 90% FAA entitlements and 10% Airport Enterprise Funds.

| Fiscal Year | FUNDS (90% FAA, 10% EPIA) |
|-------------|---------------------------|
| 2016        | FAA \$704,476             |
|             | Airport \$78,275          |
| TOTAL       | \$782,751                 |

#### **PRIOR COUNCIL ACTION:**

N/A

CITY MANAGER:

#### AMOUNT AND SOURCE OF FUNDING:

Federal Aviation Administration Airport Improvement Program Grants - \$704,476 Airport Enterprise Fund - \$78,275

#### **BOARD / COMMISSION ACTION:**

| *******                     | *****REQUIRED AUTHORIZATION***********  |
|-----------------------------|---|
| <b>LEGAL:</b> (if required) | FINANCE: (if required)  |
| DEPARTMENT HEAD:            | Sendaly for ML  |
|                             | (Example: if RCA is initiated by Purchasing, client department should sign also Information copy to appropriate Deputy City Manager |
|                             | Information copy to appropriate Deputy City Manager   |
| APPROVED FOR AGEN           |   |

DATE:

#### RESOLUTION

#### BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EL PASO:

That the Director of Aviation be authorized to sign and submit a grant application and related documentation to the Federal Aviation Administration (FAA) and be designated the official representative of the City of El Paso to act in connection with the application process for the Airport Improvement Program (AIP) Project No. 3-48-0077-036-2016;

That upon approval and issuance of such grant by the FAA, the City Manager be authorized to accept and sign the grant agreement, any related grant modifications, and other necessary documents when the form and substance of those documents has been reviewed and approved by the City Attorney's Office, and that such authorization will include the ability to accept and sign multiple agreements and documents, as the FAA grant may be issued in various disbursements;

That the City Manager be authorized to approve and sign any budget transfers needed to establish appropriations in connection with this grant, and

That the total grant amount for the following projects shall include a federal estimated share of \$704,476.00 and a local estimated share of \$78,275.00, and the total grant amount and local share will be determined by the final costs associated with the identified projects:

• ARFF Unit Replacement

| PASSED AND APPROVED THIS          | DAY OF         | , 2016.        |
|-----------------------------------|----------------|----------------|
|                                   | CITY OF EL     | PASO           |
| ATTEST:                           | Oscar Leeser,  | Mayor          |
| Richarda Duffy Momsen, City Clerk |                |                |
| APPROVED AS TO FORM:              | APPROVED       | AS TO CONTENT: |
| m                                 | Morney         | a Shibiana     |
| Marvin Foust                      | Monica Lomb    | •              |
| Senior Assistant City Attorney    | Director of Av | viation        |

OMB Number: 4040-0004 Expiration Date: 03/31/2012

| Application for Federal Assistan                 | ce SF-424  |                      |  |  |  |
|--|--|----------------------|--|--|--|
| * 1. Type of Submission                          | * 2. Type of Applica   | tion                 | * If Revision, select appropriate letter(s):   |  |  |
| ☐ Preapplication                                 | ✓ New  |                      |  |  |  |
| ✓ Application                                    | Continuation * Other (Specify)   |                      |  |  |  |
| ☐ Changed/Corrected Application                  | Revision   |                      |  |  |  |
| * 3. Date Received:                              | 4. Application I 3-48-00770  | ldentifiei<br>0-36-2 | r:<br>016  |  |  |
| 5a. Federal Entity Identifier:                   |  | * 5b. Fe             | deral Award Identifier:  |  |  |
| State Use Only:                                  |  |                      |  |  |  |
| 6. Date Received by State:                       |  | 7. State             | Application Identifier:  |  |  |
| 8. APPLICANT INFORMATION:                        |  |                      |  |  |  |
| * a. Legal Name: City of El Paso                 | ·····  |                      | the Control of the Co |  |  |
| * b. Employer/Taxpayer Identification 74-6000749 | * b. Employer/Taxpayer Identification Number (EIN/TIN):  74-6000749  *c. Organizational DUNS:  058873019 |                      | *c. Organizational DUNS: 058873019   |  |  |
| d. Address:                                      |  |                      |  |  |  |
| * Street1: 300 N. Campbell<br>Street 2:          |  |                      |  |  |  |
| * City: El Paso                                  |  |                      |  |  |  |
| County: El Paso                                  |  |                      |  |  |  |
| * State: Texas                                   |  |                      |  |  |  |
| Province:  |  |                      |  |  |  |
| Country: United States                           |  | *Z                   | Zip/ Postal Code: 79901  |  |  |
| e. Organizational Unit:                          |  |                      |  |  |  |
| Department Name: Division Name:                  |  |                      |  |  |  |
| Aviation   |  |                      |  |  |  |
|  |  |                      |  |  |  |
| f. Name and contact information of pe            | erson to be contacted  | on mat               | ters involving this application:   |  |  |
| Prefix: Ms                                       |  |                      | Monica   |  |  |
| Middle Name:                                     |  |                      | Worlda   |  |  |
| * Last Name: Lombraña                            |  |                      |  |  |  |
| Suffix: A.A.E                                    |  |                      |  |  |  |
| Title: Director of Aviation                      |  |                      |  |  |  |
| Organizational Affiliation:                      |  |                      |  |  |  |
|  |  |                      |  |  |  |
|  |  |                      |  |  |  |
|  |  |                      |  |  |  |
|  |  |                      |  |  |  |
| * Telephone Number: 915-212-730                  | 11   | Fav                  | Number: 045 770 5452   |  |  |
|  |  | гах                  | Number: 915-779-5452   |  |  |
| * Email: Monica.Lombrana@elpa                    | asotexas.gov   |                      |  |  |  |

OMB Number: 4040-0004 Expiration Date: 03/31/2012

| Application for Federal Assistance SF-42                               | 4                              |
|--|--------------------------------|
| 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:<br>Federal Aviation Administration - Tex |                                |
| 11. Catalog of Federal Domestic Assistance Nu                          | ımber:                         |
| 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.):               |
| El Paso, TX - El Paso County   |                                |
|  |                                |
|  |                                |
| * 15. Descriptive Title of Applicant's Project:                        |                                |
| 1. ARFF Unit Replacement   |                                |
|  |                                |
|  |                                |
| Attach supporting documents as specified in                            | n agency instructions.         |
|  |                                |

OMB Number: 4040-0004 Expiration Date: 03/31/2012

| Application for Federal Assistan          | e SF-424   |
|---|--|
| 16. Congressional Districts Of:           |  |
| * a. Applicant 16                         | * b. Program/Project: 16   |
| Attach an additional list of Program/F    | oject Congressional Districts if needed.   |
|   |  |
| 17. Proposed Project:                     |  |
|   |  |
| * a. Start Date: Sep 2015                 | * b. End Date: Sep 2016  |
| 18. Estimated Funding (\$):               |  |
| *a. Federal                               | \$704,476.00   |
| *b. Applicant                             | \$78,275.00  |
| *c. State                                 |  |
| *d. Local                                 |  |
| *e. Other                                 |  |
| *f. Program Income<br>*g. TOTAL           | Ф700 754 00  |
|   | \$782,751.00 w By State Under Executive Order 12372 Process?                                 |
| 13. 13 Application dubject to Nevi        | W by state shadi Exceditive shadi 120/21 100033:   |
| ☐ a. This application was made ava        | able to the State under the Executive Order 12372 Process for review on                      |
| <b> </b>                                  | 2 but has not been selected by the State for review.   |
|   |  |
|   | ny Federal Debt? (If "Yes", provide explanation.)  |
| ☐ Yes    ✓ No                             |  |
|   |  |
|   | (1) to the statements contained in the list of certifications** and (2) that the statements  |
|   | e to the best of my knowledge. I also provide the required assurances** and agree to comply  |
| , ,                                       | 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).   |
|   |  |
|   |  |
| ** The list of certifications and assurar | es, 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: Monica  |
|   |  |
| Middle Name:                              |  |
| *Last Name: Lombraña                      |  |
|   |  |
| Suffix: A.A.E.                            |  |
| *Title: Director of Aviation              |  |
| *Telephone Number: 915-212-73             | 1 Fax Number: 915-779-5452   |
| *Email: Monica.Lombrana@elp               |  |
| *Signature of Authorized Representa       | ve: Date Signed:   |
|   |  |

# PART II PROJECT APPROVAL INFORMATION SECTION A

| Item 1.   | Name of Governing Body                                      |
|---|---|
| Does this assistance request require State,   | Priority  |
| local, regional, or other priority rating?  ☐ Yes 🗷 N   | 0   |
| Item 2.   |   |
| Does this assistance request require State, local   | Name of Agency or Board (Attach Documentation)              |
| advisory, educational or health clearances?   | (Attach Documentation)                                      |
| ☐Yes 🗷 N  | 0   |
| Item 3.   | (Attach Comments)   |
| Does this assistance request require clearinghouse review in accordance with OMB Circular A-95? |   |
| review in accordance with OMB Circular A-95?  ☐Yes 🗷 N  | 0   |
|   |   |
| Item 4.  Does this assistance request require State,  | Name of Approving Agency                                    |
| local, regional, or other planning approval?  | Date / /  |
| ☐Yes 区 N  |   |
| Item 5.   | Check One: State  |
| Is the proposed project covered by an approved  | Local <b>≰</b><br>Regional □                                |
| comprehensive plan?  ⊠Yes □ N   | City of El Paso Dept of Aviation                            |
| Item 6.   | Name of Federal Installation                                |
| Will the assistance requested serve a   | Federal Population benefiting from Project                  |
| Federal installation?   | ,   |
| ☐Yes 🗷 N  | 0   |
| Item 7.   | Name of Federal Installation                                |
| Will the assistance requested be on Federal land  | Location of Federal Land                                    |
| or installation? ☐Yes 🗷 N   | Percent of Project  |
|   |   |
| Item 8.  Will the assistance requested have an impact   | See instructions for additional information to be provided. |
| or effect on the environment?   | ·   |
| ☐Yes 🗷 N  | 0   |
| Item 9.   | Number of:  |
| Will the assistance requested cause the displacement  | Individuals   |
| of individuals, families, businesses, or farms?   | Families  |
| □Yes 🗷 N  | Businesses  |
|   | T diffic  |
| Item 10.  | See instructions for additional information to be provided. |
| Is there other related Federal assistance on this project previous, pending, or anticipated?    |   |
| ☐Yes 🗷 N  | 0   |

#### PART II - SECTION C

The Sponsor hereby represents and certifies as follows:

- 1. Compatible Land Use. The Sponsor has taken the following actions to assure compatible usage of land adjacent to or in the vicinity of the airport:
- 1) Adopted Airport Master Plan
- 2) Adopted Land Use Plan
- 3) Adopted Airport Hazard Zoning Ordinance
- 2. Defaults. The Sponsor is not in default on any obligation to the United States or any agency of the United States Government relative to the development, operation, or maintenance of any airport, except as stated herewith:

N/A

3. Possible Disabilities. – There are no facts or circumstances (including the existence of effective or proposed leases, use agreements or other legal instruments affecting use of the Airport or the existence of pending litigation or other legal proceedings) which in reasonable probability might make it impossible for the Sponsor to carry out and complete the Project or carry out the provisions of Part V of this Application, either by limiting its legal or financial ability or otherwise, except as follows:

N/A

- 4. Consistency with Local Plans. The project is reasonably consistent with plans (existing at the time of submission of this application) of public agencies that are authorized by the State in which the project is located to plan for the development of the area surrounding the airport.
- 5. Consideration of Local Interest. It has given fair consideration to the interest of communities in or near where the project may be located.
- Consultation with Users. In making a decision to undertake any airport development project under Title 49, United States Code, it has undertaken reasonable consultations with affected parties using the airport at which project is proposed.
- 7. Public Hearings. In projects involving the location of an airport, an airport runway or a major runway extension, it has afforded the opportunity for public hearings for the purpose of considering the economic, social, and environmental effects of the airport or runway location and its consistency with goals and objectives of such planning as has been carried out by the community and it shall, when requested by the Secretary, submit a copy of the transcript of such hearings to the Secretary. Further, for such projects, it has on its management board either voting representation from the communities where the project is located or has advised the communities that they have the right to petition the Secretary concerning a proposed project.
- 8. Air and Water Quality Standards. In projects involving airport location, a major runway extension, or runway location it will provide for the Governor of the state in which the project is located to certify in writing to the Secretary that the project will be located, designed, constructed, and operated so as to comply with applicable and air and water quality standards. In any case where such standards have not been approved and where applicable air and water quality standards have been promulgated by the Administrator of the Environmental Protection Agency, certification shall be obtained from such Administrator. Notice of certification or refusal to certify shall be provided within sixty days after the project application has been received by the Secretary.

#### PART II - SECTION C (CONTINUED)

9. Exclusive Rights. – There is no grant of an exclusive right for the conduct of any aeronautical activity at any airport owned or controlled by the Sponsor except as follows:

N/A

- 10. Land. (a) The sponsor holds the following property interest in the following areas of land\* which are to be developed or used as part of or in connection with the Airport subject to the following exceptions, encumbrances, and adverse interests, all of which areas are identified on the aforementioned property map designated as Exhibit "A":
- 1. Fee Simple title free and clear of any exceptions or encumbrances or outstanding interests which would interfere with use of land surface or the airspace above it for: (a) airport or navigation purposes or when no longer needed for such purpose; (b) any other purpose use or disposition authorized or requested by attachment.
- 2. Easements--See attached "Exhibit A" for Texas Department of Transportation easement

The Sponsor further certifies that the above is based on a title examination by a qualified attorney or title company and that such attorney or title company has determined that the Sponsor holds the above property interests.

(b) The Sponsor will acquire within a reasonable time, but in any event prior to the start of any construction work under the Project, the following property interest in the following areas of land\* on which such construction work is to be performed, all of which areas are identified on the aforementioned property map designated as Exhibit "A":

N/A

(c) The Sponsor will acquire within a reasonable time, and if feasible prior to the completion of all construction work under the Project, the following property interest in the following areas of land\* which are to be developed or used as part of or in connection with the Airport as it will be upon completion of the Project, all of which areas are identified on the aforementioned property map designated as Exhibit "A":

N/A

\*State character of property interest in each area and list and identify for each all exceptions, encumbrances, and adverse interests of every kind and nature, including liens, easements, leases, etc. The separate areas of land need only be identified here by the area numbers shown on the property map.

## PART III - BUDGET INFORMATION - CONSTRUCTION

#### **SECTION A - GENERAL**

- 1. Federal Domestic Assistance Catalog No.
- 2. Functional or Other Breakout

### **SECTION B - CALCULATION OF FEDERAL GRANT**

|     |  | Use only f             | Total Amount        |              |  |
|-----|--|------------------------|---------------------|--------------|--|
|     | COST CLASSIFICATION                                  | Latest Approved amount | Adjustment + or (-) |              |  |
| 1.  | Administration expense                               | \$                     | \$                  | \$           |  |
| 2.  | Preliminary expense                                  |                        |                     |              |  |
| 3.  | Land, structures, right-of-way                       |                        |                     |              |  |
| 4.  | Architectural engineering basic fees                 |                        |                     |              |  |
| 5.  | Other architectural engineering fees                 |                        |                     |              |  |
| 6.  | Project inspection fees                              |                        |                     |              |  |
| 7.  | Land development                                     |                        |                     |              |  |
| 8.  | Relocation expenses                                  |                        |                     |              |  |
| 9.  | Relocation payments to individuals and businesses    |                        |                     |              |  |
| 10. | Demolition and removal                               |                        |                     |              |  |
| 11. | Construction and project improvement                 |                        |                     |              |  |
| 12. | Equipment  |                        |                     | 782,751.00   |  |
| 13. | Miscellaneous  |                        |                     |              |  |
| 14. | Total (Lines 1 through 13)                           |                        |                     | 782,751.00   |  |
| 15. | Estimated Income (if applicable)                     |                        |                     |              |  |
| 16. | Net Project Amount (Line 14 minus 15)                |                        |                     |              |  |
| 17. | Less: Ineligible Exclusions                          |                        |                     |              |  |
| 18. | Add: Contingencies                                   |                        |                     |              |  |
| 19. | Total Project Amt. (Excluding Rehabilitation Grants) |                        |                     | 782,751.00   |  |
| 20. | Federal Share requested of Line 19                   |                        |                     | 704,476.00   |  |
| 21. | Add Rehabilitation Grants Requested (100 percent)    |                        |                     |              |  |
| 22. | Total Federal grant requested (Lines 20 & 21)        |                        |                     | 704,476.00   |  |
| 23. | Grantee share  |                        |                     | 78,275.00    |  |
| 24. | Other shares   |                        |                     |              |  |
| 25. | Total project (Lines 22, 23, & 24)                   | \$                     | \$                  | \$782,751.00 |  |

| 26. Classification a. b.         | \$     | Ineligible for<br>Participation<br>(1) | Excluded from<br>Contingency Provision<br>(2) |
|----------------------------------|--------|--|---|
| b.                               | \$     |  |   |
|                                  |        |  | \$  |
| C.                               |        |  |   |
|                                  |        |  |   |
| d.                               |        |  |   |
| e.                               |        |  |   |
| f.                               |        |  |   |
| g. Total                         | als \$ |  | \$  |
| SECTION D - PROPOSED METHOD OF   | FINAN  | ICING NON-FE                           | DERAL SHARE                                   |
| 27. Grantee Share                |        |  | \$ 78,275.00                                  |
| a. Securities                    |        |  |   |
| b. Mortgages                     |        |  |   |
| c. Appropriations (By Applicant) |        |  | 78,275.00                                     |
| d. Bonds                         |        |  |   |
| e. Tax Levies                    |        |  |   |
| f. Non Cash                      |        |  |   |
| g. Other (Explain)               |        |  |   |
| h. Total – Grantee Share         |        | 78,275.00                              |   |
| 28. Other Shares                 |        |  |   |
| a. State                         |        |  |   |
| b. Other                         |        |  |   |
| c. Total Other Shares            |        |  |   |
| 29. TOTAL                        |        |  | \$ 78,275.00                                  |
| SECTION E -                      | REMA   | RKS                                    |   |
|                                  |        |  |   |
|                                  |        |  |   |
| PART IV - PROGRAM NARR           |        |  |   |

# PART IV PROGRAM NARRATIVE

(Suggested Format)

DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION

**PROJECT:** ARFF Unit Replacement

OMB NO. 2120-0569

| AIRPORT: El Paso International Airport  |
|---|
| 1. Objective:  The objective of purchase is the replacement of ARFF vehicle acquired under previous funding and required per the Airport's emergency plan and Part 139 inspection. The new equipment replaces existing equipment acquired in 2000 that is beyond its service life. The unit required is a Class 4 - 1,500 Gallaon ARFF Vehicle. Other specifications include manuals, painting, plating, and corrosion controls; Exhaust system; Cab; Doors; Training.  |
| 2. Benefits Anticipated:  |
| The benefits anticipated by this acquisition include but are not limited to the following:  • 1500-gallon vehicle will provide ARFF personnel with the necessary water, foam and agent to meet part 139 requirements for an index C airport along with the existing ARFF vehicle  • The HRET will provide ARFF personnel the opportunity to introduce agent into the cabin area of an aircraft to rapidly extinguish fire and provide a survivable atmosphere for passengers  • Improved design and safety features for ARFF personnel  • Increased reliability and reduced maintenance costs |
| 3. Approach: (See approved Scope of Work in final Application)  We will purchase unit by soliciting a request for bids and selecting the lowest bid that satisfies the requirements.  |
| 4. Geographic Location: The location and limits are shown on Exhibit "B"  |
| 5. If Applicable, Provide Additional Information:   |
|   |
| 6: Sponsor's Representative: (incl. address & tel. no.)  Monica Lombraña, AAE, Director of Aviation City of El Paso, Texas 6701 Convair Road El Paso, TX 79925  |
| 915-212-7301  |



