



**RESOURCE MANAGEMENT  
AGENCY  
COUNTY OF TULARE  
AGENDA ITEM**

**BOARD OF SUPERVISORS**

KUYLER CROCKER  
District One  
PETE VANDER POEL  
District Two  
AMY SHUKLIAN  
District Three  
EDDIE VALERO  
District Four  
DENNIS TOWNSEND  
District Five

**AGENDA DATE:** June 2, 2020

Public Hearing Required	Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Scheduled Public Hearing w/Clerk	Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Published Notice Required	Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Advertised Published Notice	Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Meet & Confer Required	Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Electronic file(s) has been sent	Yes <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Budget Transfer (Aud 308) attached	Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Personnel Resolution attached	Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Agreements are attached and signature line for Chairman is marked with tab(s)/flag(s)	Yes <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
CONTACT PERSON: Celeste Perez PHONE: (559) 624-7010		

**SUBJECT:** CARES Act Grant Application for Sequoia Field Airport

**REQUEST(S):**

That the Board of Supervisors:

1. Approve the submission of a Federal Aviation Administration Airport Grant application in the amount of \$20,000 to fund airport operations at Sequoia Field Airport under the Coronavirus Aid, Relief, and Economic Security Act; and
2. Authorize the Chair to sign the grant application on behalf of the County.

**SUMMARY:**

The County is eligible for up to \$20,000 in funding for Sequoia Field under the Coronavirus Aid, Relief, and Economic Security (CARES) Act (Public Law 116-136), which has made funding available for airport sponsors among other things. Staff completed the attached application with direction from the Federal Aviation Administration and, when approved, it will allow the funds to be used for operational expenses, such as payroll, utility bills, or payment of debt service.

The operations and maintenance of Sequoia Field Airport are funded by the County with additional funds from the California Aid to Airport Program, revenues from leases at the airport, and other sources as available.

**FISCAL IMPACT/FINANCING:**

There is no net county cost to the general fund.

The proposed application will provide an additional \$20,000 to operations and

**SUBJECT:** CARES Act Grant Application for Sequoia Field Airport

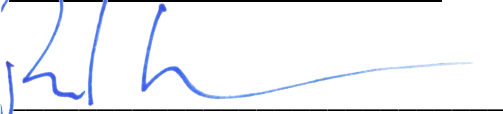
**DATE:** June 2, 2020

Maintenance at Sequoia Field which, when approved, will be used for operational, such as payroll, utility expenses bills, or payment of debt service. It will lessen the need for contribution for airport operations by the General Fund in an equivalent amount and is intended to reduce impacts caused by the COVID-19 pandemic. There is no match requirement.

**LINKAGE TO THE COUNTY OF TULARE STRATEGIC BUSINESS PLAN:**

This program links to Strategic Initiative 1: Safety and Security, which includes the goal of improving and maintaining adequate transportation infrastructure. The proposed action meets this initiative by allowing for the application of federal funds for operations and maintenance at Sequoia Field Airport.

**ADMINISTRATIVE SIGN-OFF:**



Reed Schenke

cc: County Administrative Office

Attachment(s) Application for Federal Assistance for Sequoia Field Operations

**BEFORE THE BOARD OF SUPERVISORS  
COUNTY OF TULARE, STATE OF CALIFORNIA**

IN THE MATTER OF CARES ACT GRANT )  
APPLICATION FOR SEQUOIA FIELD ) Resolution No. \_\_\_\_\_  
AIRPORT )

UPON MOTION OF SUPERVISOR \_\_\_\_\_, SECONDED BY  
SUPERVISOR \_\_\_\_\_, THE FOLLOWING WAS ADOPTED BY THE  
BOARD OF SUPERVISORS, AT AN OFFICIAL MEETING HELD JUNE 2, 2020, BY  
THE FOLLOWING VOTE:

AYES:  
NOES:  
ABSTAIN:  
ABSENT:

ATTEST: JASON T. BRITT  
COUNTY ADMINISTRATIVE OFFICER/  
CLERK, BOARD OF SUPERVISORS

BY: \_\_\_\_\_  
Deputy Clerk

\* \* \* \* \*

1. Approved the submission of a Federal Aviation Administration Airport Grant application in the amount of \$20,000 to fund airport operations at Sequoia Field Airport under the Coronavirus Aid, Relief and Economic Security Act; and
2. Authorized the Chair to sign the grant application on behalf of the County.

**Application for Federal Assistance  
for Sequoia Field Operations**

**Application for Federal Assistance SF-424**

<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> <input type="text"/> <b>* Other (Specify):</b> <input type="text"/>
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<b>* 3. Date Received:</b> <input type="text" value="NA"/>	<b>4. Applicant Identifier:</b> <input type="text" value="D86-Sequoia Field Visalia, CA"/>
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<b>5a. Federal Entity Identifier:</b> <input type="text" value="60266"/>	<b>5b. Federal Award Identifier:</b> <input type="text"/>
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**State Use Only:**

<b>6. Date Received by State:</b> <input type="text"/>	<b>7. State Application Identifier:</b> <input type="text"/>
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**8. APPLICANT INFORMATION:**

**\* a. Legal Name:**

<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> <input type="text" value="94-6000545"/>	<b>* c. Organizational DUNS:</b> <input type="text" value="1687835120000"/>
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**d. Address:**

**\* Street1:**   
**Street2:**   
**\* City:**   
**County/Parish:**   
**\* State:**   
**Province:**   
**\* Country:**   
**\* Zip / Postal Code:**

**e. Organizational Unit:**

<b>Department Name:</b> <input type="text" value="Resource Management Agency"/>	<b>Division Name:</b> <input type="text" value="Public Works"/>
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**f. Name and contact information of person to be contacted on matters involving this application:**

**Prefix:**  **\* First Name:**   
**Middle Name:**   
**\* Last Name:**   
**Suffix:**

**Title:**

**Organizational Affiliation:**

**\* Telephone Number:**  **Fax Number:**

**\* Email:**

**Application for Federal Assistance SF-424**

**\* 9. Type of Applicant 1: Select Applicant Type:**

X: Other (specify)

Type of Applicant 2: Select Applicant Type:

B: County Government

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

Airport Sponsor

**\* 10. Name of Federal Agency:**

Federal Aviation Administration

**11. Catalog of Federal Domestic Assistance Number:**

20.106

CFDA Title:

Airport Program

**\* 12. Funding Opportunity Number:**

NA

\* Title:

NA

**13. Competition Identification Number:**

NA

Title:

NA

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

Add Attachment

Delete Attachment

View Attachment

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

Any purpose for which airport funds may be lawfully used, as found in the Office of Airports Revenue Use Policy, except airport development or land acquisition.

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.

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="20,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* 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="20,000.00"/>

**\* 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

Add Attachment

Delete Attachment

View Attachment

**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: