



PORT OF BELLINGHAM
Washington State

CONSENT AGENDA
ITEM # A

MEMORANDUM

TO: ROB FIX

DATE: May 5, 2020

FROM: SUNIL HARMAN 

**COPIES: TAMARA SOBJACK
AIRPORT MANAGERS**

**SUBJECT: AUTHORIZATION FOR FAA GRANT ACCEPTANCE UNDER THE
CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT (CARES
ACT) (PUBLIC LAW 116-136)**

ACTION REQUIRED

Authorize the Executive Director to accept funds under the Coronavirus Aid, Relief, and Economic Security Act (Public Law 116-136) (CARES Act). These funds will assist the airport impacted by the COVID-19 public health emergency.

BACKGROUND

On March 27, 2020 The CARES Act was signed into law and provides a total of \$10 billion in funds to be awarded as economic relief to eligible U.S. airports including Bellingham International Airport. The FAA has allocated the funds to airports included in its National Plan of Integrated Airport Systems (NPIAS). The CARES Act provides funds to increase the federal share to 100 percent for Airport Improvement Program (AIP) and supplemental discretionary grants already planned for fiscal year 2020. Additionally, the CARES Act provides new funds distributed by various formulas for all airports that are part of the NPIAS. CARES Airport Program funding is as follows:

- Primary commercial service airports, with more than 10,000 annual passenger enplanements, will receive additional funds based on the number of annual enplanements, in a similar way to how they currently receive AIP entitlement funds.
- All commercial service airports will receive funds based on the number of passengers that board aircraft there, the amount of debt an airport has, and the amount of money the airport has in reserve.
- General aviation airports will receive funds based on their airport categories, such as National, Regional, Local, Basic and Unclassified.

On April 20, 2020 the Port received notification and instructions along with a prepopulated Application for Federal Assistance (OMB SF-424) form including the federal CARES Act funding

amount for BLI to receive a CARES Act grant. Three Options were provided to receive and apply the CARES ACT funds with varying application requirements, including:

Option 1 - The quickest option is to use all CARES Act funds for operational expenses, such as payroll, utility bills, or payment of debt service.

Option 2 - Use CARES Act funding on development or land acquisition projects.

Option 3 - Use some of the CARES Act funding on operational expenses and some on airport development.

The Port selected Option 1 and submitted the application for the entire \$5,015,751 to be used for operational expenses. On April 28, 2020 the FAA advised the CARES Act grant application had been processed and sent to the Secretary of US DOT for approval. The also informed that the applications were being approved expeditiously and estimated issuance of the grant no later than Friday, May 1, 2020.

FISCAL IMPACT

The grant is 100% federally funded to offset the impacts of the COVID – 19 public health emergency.

STRATEGIC PURPOSE

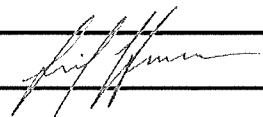
Consistent with the Port of Bellingham strategic budget, the Port's Aviation Division continues to provide high quality aviation services and facilities in a safe, secure, and efficient manner.

RECOMMENDATION

Approval of action requested.

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 * If Revision, select appropriate letter(s): <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____	
*3. Date Received: NA	4. Applicant Identifier: BLI (Bellingham International) Bellingham, WA
*5b. Federal Entity Identifier: 530005	*5b. Federal Award Identifier:
State Use Only:	
6. Date Received by State:	7. State Application Identifier:
8. APPLICANT INFORMATION:	
*a. Legal Name: Port of Bellingham	
*b. Employer/Taxpayer Identification Number (EIN/TIN): 91-6001014	*c. Organizational DUNS: 05-548-5379
d. Address:	
*Street 1: <u>4255 Mitchell Way Ste 206</u>	
Street 2: _____	
*City: <u>BELLINGHAM</u>	
County: _____	
*State: <u>WA</u>	
Province: _____	
*Country: <u>USA: United States</u>	
*Zip / Postal Code <u>98226</u>	
e. Organizational Unit:	
Department Name:	Division Name:
f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: <u>Mr.</u>	*First Name: <u>Sunil</u>
Middle Name: _____	
*Last Name: <u>Harman</u>	
Suffix: _____	
Title: Director of Aviation	
Organizational Affiliation:	
*Telephone Number: 360-676-2500 x378	
Fax Number:	
*Email: sunilh@portofbellingham.com	

Application for Federal Assistance SF-424
*9. Type of Applicant 1: Select Applicant Type: X. Airport Sponsor 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: <u>20.106</u> CFDA Title: <u>Airport Program</u>
*12. Funding Opportunity Number: <u>NA</u> *Title: <u>NA</u>
13. Competition Identification Number: <u>NA</u> Title: <u>NA</u>
14. Areas Affected by Project (Cities, Counties, States, etc.):
*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.

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
*a. Applicant: 2	*b. Program/Project:
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
*a. Start Date: NA	*b. End Date: NA
18. Estimated Funding (\$):	
*a. Federal	\$5,015,751.
*b. Applicant	\$0
*c. State	\$0
*d. Local	\$0
*e. Other	\$0
*f. Program Income	\$0
*g. TOTAL	\$5,015,751.
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____.	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input checked="" type="checkbox"/> c. Program is not covered by E. O. 12372	
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)	
<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: Mr. _____	*First Name: Sunil _____
Middle Name: _____	
*Last Name: Harman _____	
Suffix: _____	
*Title: Director of Aviation	
*Telephone Number: 360-676-2500 x378	Fax Number:
* Email: sunilh@portofbellingham.com	
*Signature of Authorized Representative: 	*Date Signed: 4/20/2020