

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> * If Revision, select appropriate letter(s): <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____	
<b>*3. Date Received:</b> NA	<b>4. Applicant Identifier:</b> ONP (Newport Municipal) Newport, OR
<b>*5b. Federal Entity Identifier:</b> 410040	<b>*5b. Federal Award Identifier:</b>
<b>State Use Only:</b>	
<b>6. Date Received by State:</b>	<b>7. State Application Identifier:</b>
<b>8. APPLICANT INFORMATION:</b>	
<b>*a. Legal Name:</b> City of Newport	
<b>*b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 93-6002222	<b>*c. Organizational DUNS:</b> 03-079-4671
<b>d. Address:</b>	
<b>*Street 1:</b> _____ <b>Street 2:</b> _____ <b>*City:</b> <u>NEWPORT</u> <b>County:</b> _____ <b>*State:</b> <u>OR</u> <b>Province:</b> _____ <b>*Country:</b> <u>USA: United States</u> <b>*Zip / Postal Code</b> _____	
<b>e. Organizational Unit:</b>	
<b>Department Name:</b>	<b>Division Name:</b>
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>	
<b>Prefix:</b> <u>Mr.</u> <b>*First Name:</b> <u>Lance</u> <b>Middle Name:</b> _____ <b>*Last Name:</b> <u>Vanderbeck</u> <b>Suffix:</b> _____ <b>Title:</b> <u>Director/Wildlife Coordinator/Maintenance/Grant Compliance</u> <b>Organizational Affiliation:</b>  <b>*Telephone Number:</b> <u>541-867-7422</u> <b>Fax Number:</b> <b>*Email:</b> <u>I.vanderbeck@newportoregon.gov</u>	

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\*a. Applicant: 5

\*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	\$69,000.
*b. Applicant	\$0
*c. State	\$0
*d. Local	\$0
*e. Other	\$0
*f. Program Income	\$0
*g. TOTAL	\$69,000.

**\*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 \_\_\_\_\_

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: Spencer  
Middle Name: \_\_\_\_\_  
\*Last Name: Nebel  
Suffix: \_\_\_\_\_

\*Title: City Manager

\*Telephone Number: 541-867-7422

Fax Number:

\* Email: s.nebel@newportoregon.gov; l.vanderbeck@newportoregon.gov

\*Signature of Authorized Representative: 

\*Date Signed: 5-7-20

## **CITY MANAGER REPORT AND RECOMMENDATIONS**



**Meeting Date: May 4, 2020**

**Agenda Item:**

**Authorization for an Application for Federal Assistance from the Federal Aviation Administration.**

**Background:**

The Federal Aviation Administration has been providing funding for airports located across the country. Newport Municipal Airport is eligible for operational funding in the amount of \$69,000. This is the first direct federal aid that the City has seen from the Federal CARES Act.

**Recommended Action:**

I recommend the City Council consider the following motion:

**I move to authorize the City Manager to make application to the Federal Aviation Administration for a Federal CARES Act grant in the amount of \$69,000 to assist in funding with Airport operational costs.**

**Fiscal Effects:**

These funds will help offset operational costs at the airport.

**Alternatives:**

None recommended.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Spencer R. Nebel".

Spencer R. Nebel  
City Manager



CITY OF NEWPORT  
GRANT APPLICATION INFORMATION

Granting Agency: FAA

Grant Application Due Date: ASAP

Amount of Grant, if Awarded: \$69,000

City Match, if Any: 0

City Contact: \_\_\_\_\_

Purpose of Grant: CARES act for funding from FAA  
for operations at Newport Municipal Airport.

Does Grant Require City Council Approval: To Apply  To Accept

Date of City Council Approval, if Required: May 4, 2020

Does Grant Require City Manager Approval: To Apply  To Accept

Date of City Manager Approval, if Required: MAY 4, 2020 City Council

Department Head Approval: [Signature]  
Signature

Date of Approval: \_\_\_\_\_

Attach a copy of the grant application.

*This document must be completed, and fully executed by the appropriate parties,  
prior to applying for any grant.*