

RESOLUTION NO. _____

RESOLUTION OF THE BOARD OF SUPERVISORS
OF THE COUNTY OF SISKIYOU

A RESOLUTION OF THE SISKIYOU COUNTY BOARD OF SUPERVISORS AUTHORIZING THE RATIFICATION OF TWO FAA AIRPORT IMPROVEMENT PROGRAM (AIP) GRANTS FOR THE IMPLEMENTATION OF THE PAVEMENT MAINTENANCE MANAGEMENT PROGRAM (PMMP) AND THE AIRPORT LAYOUT PLAN (ALP) AT SISKIYOU COUNTY AIRPORT.

WHEREAS, the County of Siskiyou and the Federal Aviation Administration are parties to federal Airport Improvement Program (AIP) grant 3-06-0157-010-2022 and 3-06-0157-011-2022 for airport development or noise program implementation; and

WHEREAS, the California Department of Transportation, pursuant to the Public Utilities Code section 21683.1, provides grants of 4.5% of Federal Aviation Administration grants to airports; and

WHEREAS, the California Department of Transportation requires the Board of Supervisors to adopt a resolution authorizing the submission of an application for an AIP Matching grant;

NOW, THEREFORE BE IT RESOLVED that the Board of Supervisors of the County of Siskiyou, State of California:

1. Authorizes filing an application for a state AIP Matching grant for this project.
2. Authorizes accepting the allocation of state AIP Matching funds for the project.
3. Authorizes execution of an AIP Matching Grant Agreement for this project; and

BE IT FURTHER RESOLVED, that the Board of Supervisors of the County of Siskiyou does hereby authorize Angela Davis, County Administrator, to sign any documents required to apply for and accept these subject funds on behalf of the County of Siskiyou.

I hereby certify the foregoing resolution was introduced and read at the regular meeting of the County Board of Supervisors of the County of Siskiyou on the 4th day of October 2022, and the resolution was duly adopted at said meeting by the following vote:

AYES:
NOES:
ABSENT:
ABSTAIN:

Brandon A. Criss, Chair
Siskiyou County Board of Supervisors

ATTEST:
Laura Bynum, County Clerk



Siskiyou County
Department of General Services
 PO Box 1127
 Yreka, California 96097
 Phone: (530) 842-8220 Fax: (530) 842-8288

Notice of Intent (NOI)

Project Name:	FAA - Airport Improvement Program
Department:	General Services - Airports
Last Updated:	N/A
Project Manager:	Angela Adkison
Department Director:	Joy Hall

Project Description:

The Airport Improvement Program funds are to be used for the implementation of a Pavement Maintenance Management Program Update (PMMP) and the Airport Layout Plan (ALP) at the Siskiyou County Airport. The PMMP will provide insight into the current state of the airfield structural pavement and provide guidance as to how to improve the pavement conditions in the future. The ALP will provide GIS and mapping data and define a capital improvement program for the airport.

Summary:

FAA AIP grants fund 90% of a total project. We will also be applying for the State AIP match funds for both grants, which are 4.5% of each of the total projects cost, once the FAA approval is received. This cycle of grant funding will be used to develop the PMMP and ALP for Siskiyou County Airport.

APPROVALS

DocuSigned by:
 Prepared By Angela Adkison
 Project Manager

Approved By Joy B. Hall
 Department Director

DocuSigned by:
Angela Davis
 County Administrator

Joy Hall
 Director of General Services
 jdhall@co.siskiyou.ca.us

Amanda Kimball
 Project Coordinator
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 Transportation Services Manager
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Rachelle York
 Department Fiscal Officer
 rayork@co.siskiyou.ca.us

**ATTACHMENT
Grant Summary Form**

This form is available on the County's Intranet.

County of Siskiyou
GRANT SUMMARY FORM

GENERAL INFORMATION

Grant Title			Grant No.(CFDA)			
General Description of Grant Work scope						
Granting Agency		FED	STATE	OTHER	Agency Contact	Phone No.
Responsible Department				Department Contact		Extension No.
Board Approval Date		Application Date		Award Date		Est'd Completion Date

GRANT COST AND REVENUE SUMMARY

Program Cost Summary	Total	Grant Portion
Revenue (Please display with brackets <>)		
Soft/hard cash match or In kind (<>)		
Staffing		
Contract Services		
Supplies & Other Operating Expenditures		
Capital Outlay		
Indirect Cost@ % of Direct Costs		
TOTAL GRANT COSTS AND REVENUES	\$	\$
How Was Grant Portion Determined?		

Budget Amendment Request Required? Appropriation Transfer	Yes	No	If yes, please attach copy of Budget

Does this grant allow for supplanting? Yes No
 Does this grant allow for program income? Yes No
 Will this require an advance of grant dollars? Yes No

OTHER COMMENTS (note any significant or unusual compliance requirements)

Use reverse side if necessary to provide additional information

Prepared By: _____

Date: _____

****Please attach a copy of the grant guidelines and all supporting documents that relate to the program cost summary section.

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