



GRANT AMENDMENT

Agency Tracking # 40100-40400	Edison ID 70791	Contract # AERO-22-242-00	Amendment # 2							
Contractor Legal Entity Name City of Crossville			Edison Vendor ID 1547							
Amendment Purpose & Effect(s) Adding time only										
Amendment Changes Contract End Date: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		End Date: 8/12/2024								
TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A):			\$ 0.00							
Funding —										
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount					
2022	\$1,835.00	\$33,030.00		\$1,835.00	\$36,700.00					
2022	\$0.00	\$118,500.00		\$0.00	\$118,500.00					
2024	\$0.00	\$0.00		\$0.00	\$0.00					
TOTAL:										
American Recovery and Reinvestment Act (ARRA) Funding: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										
Budget Officer Confirmation: There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.			<i>OCR USE</i>							
			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Speed Chart (optional)</td> <td style="width: 50%;">Account Code (optional)</td> </tr> <tr> <td>TX00303532</td> <td></td> </tr> <tr> <td>TX00303709</td> <td></td> </tr> <tr> <td>TX00303710</td> <td style="text-align: center;">71302</td> </tr> </table>			Speed Chart (optional)	Account Code (optional)	TX00303532		TX00303709
Speed Chart (optional)	Account Code (optional)									
TX00303532										
TX00303709										
TX00303710	71302									

ADDRESS: 6

LOCATION CODE: CROSSV-005

**AMENDMENT TWO
OF GRANT CONTRACT
AERO-22-242-00**

This Grant Contract Amendment is made and entered by and between the State of Tennessee, Department of Transportation, hereinafter referred to as the "State" and City of Crossville, hereinafter referred to as the "Grantee." It is mutually understood and agreed by and between said, undersigned contracting parties that the subject Grant Contract is hereby amended as follows:

1. Grant Contract Section B.1. Contract Period is deleted in its entirety and replaced with the following:

B.1. This Grant Contract shall be effective on **August 13th, 2021** ("Effective Date") and extend for a period of **thirty-six (36) months** after the Effective Date ("Term"). The State shall have no obligation to the Grantee for fulfillment of the Scope outside the Term.

2. Grant Contract section C.5. Invoice Requirements is deleted in its entirety and replaced with the
3. Grant Contract Attachment One is deleted in its entirety and replaced with the new attachment **Attachment One** attached hereto.
4. Grant Contract Attachment Two is deleted in its entirety and replaced with the new attachment **Attachment Two** attached hereto.
5. Grant Contract Attachment Three is deleted in its entirety and replaced with the new attachment **Attachment Three** attached hereto.
6. Grant Contract Attachment Four is deleted in its entirety and replaced with the new attachment **Attachment Four** attached hereto.

Required Approvals. The State is not bound by this Amendment until it is signed by the contract parties and approved by appropriate officials in accordance with applicable Tennessee laws and regulations (depending upon the specifics of this contract, said officials may include, but are not limited to, the Commissioner of Finance and Administration, the Commissioner of Human Resources, and the Comptroller of the Treasury).

Amendment Effective Date. The revisions set forth herein shall be effective once all required approvals are obtained. All other terms and conditions of this Grant Contract not expressly amended herein shall remain in full force and effect.

IN WITNESS WHEREOF,

CITY OF CROSSVILLE:

18-555-0154-22

GRANTEE SIGNATURE

DATE

RANDALL J. CRAWFORD, CITY MAYOR

PRINTED NAME AND TITLE OF GRANTEE SIGNATORY (above)

DEPARTMENT OF TRANSPORTATION:

HOWARD H. ELEY, DEPUTY GOVERNOR & COMMISSIONER

DATE

JOHN H. REINBOLD, GENERAL COUNSEL

APPROVED AS TO FORM AND LEGALITY

DATE

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 type="checkbox"/> New <input checked="" type="checkbox"/> Continuation * Other (Specify) <input type="checkbox"/> Revision
*3. Date Received: _____ 4. Applicant Identifier: _____	
5a. Federal Entity Identifier: 62-6000277	*5b. Federal Award Identifier: 347SBGP59
State Use Only:	
6. Date Received by State: _____	7. State Application Identifier: _____
8. APPLICANT INFORMATION:	
*a. Legal Name: CITY OF CROSSVILLE	
*b. Employer/Taxpayer Identification Number (EIN/TIN): 62-6000277	*c. UEI: QJTJZNYNSL34
d. Address:	
*Street 1: 392 N MAIN ST	_____
Street 2:	_____
*City: CROSSVILLE	_____
County/Parish: CUMBERLAND	_____
*State: TN	_____
*Province:	_____
*Country: USA: United States	_____
*Zip / Postal Code	_____
e. Organizational Unit:	
Department Name: CROSSVILLE MEMORIAL AIRPORT	Division Name: _____
f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: _____	*First Name: VALERIE
Middle Name:	_____
*Last Name: HALE	_____
Suffix:	_____
Title: CITY CLERK	
Organizational Affiliation: _____	
*Telephone Number: 931-456-5680	Fax Number: 484-7713
*Email: VALERIE.HALE@CROSSVILLE.GOV	

Application for Federal Assistance SF-424

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

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

C: City or Township Government

Type of Applicant 3: Select Applicant Type:

Pick an applicant type

*Other (Specify)

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

Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

***12. Funding Opportunity Number:**

3-47-SBGP-59

*Title:

AIRPORT LIGHTING REHABILITATION

13. Competition Identification Number:

Title:

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

CROSSVILLE, TN

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

AIRPORT LIGHTING REHABILITATION (PRECISION APPROACH PATH INDICATOR LIGHTS)

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

*a. Applicant: TN-06

*b. Program/Project: TN-06

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

*a. Start Date: 04/30/2022

*b. End Date: 07/31/2024

18. Estimated Funding (\$):

*a. Federal	\$ 139,700
*b. Applicant	
*c. State	\$ 7,800
*d. Local	\$ 7,800
*e. Other	\$ 0
*f. Program Income	\$ 0
*g. TOTAL	\$ 155,300

TDOT USE ONLY

Staff Recommended: **APPROVED**

Fiscal Year: 2024

Federal:	\$0.00	PSR Signature: <u>J.P.S.</u>	Date: <u>8/18/2023</u>
State:	\$0.00	TAC Signature: _____	Date: _____
Local:	\$0.00		

***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?**

Yes No

If "Yes", explain:

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: Dr. *First Name: RANDALL
 Middle Name: J.
 *Last Name: CRAWFORD
 Suffix: _____

*Title: MAYOR

*Telephone Number: 931-456-5680

Fax Number: 931-484-7713

* Email: RJ.CRAWFORD@CROSSVILLETN.GOV

*Signature of Authorized Representative:



*Date Signed: 07/25/2023

View Budget Statement

OMB Number: 4040-0004
Expiration Date: 12/31/2022

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application	* 2. Type of Application: <input type="radio"/> New <input checked="" type="radio"/> Continuation <input type="radio"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: 03/25/2022	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: 62-6000277	5b. Federal Award Identifier: 3-47-SBGP-59	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: CITY OF CROSSVILLE		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 62-6000277	* c. UEI: QJTJZNYNSL34	
d. Address:		
* Street1: 392 N. MAIN ST	<input type="text"/>	
Street2:	<input type="text"/>	
* City: CROSSVILLE	<input type="text"/>	
County/Parish: CUMBERLAND	<input type="text"/>	
* State: TN: Tennessee	<input type="text"/>	
Province:	<input type="text"/>	
* Country: USA: UNITED STATES	<input type="text"/>	
* Zip / Postal Code: 38555	<input type="text"/>	
e. Organizational Unit:		
Department Name: CROSSVILLE MEMORIAL AIRPORT	Division Name: <input type="text"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/>	* First Name: VALERIE	<input type="text"/>
Middle Name: <input type="text"/>	<input type="text"/>	
* Last Name: HALE	<input type="text"/>	
Suffix: <input type="text"/>	<input type="text"/>	
Title: CITY CLERK	<input type="text"/>	
Organizational Affiliation: <input type="text"/>		
* Telephone Number: 931-456-5680	Fax Number: 931-484-7713	
* Email: VALERIE.HALE@CROSSVILLETN.GOV		

Application for Federal Assistance SF-424

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

C: City or Township Government

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:

20.106

CFDA Title:

20.106

*** 12. Funding Opportunity Number:**

3-47-SBGP-59

* Title:

AIRPORT LIGHTING REHABILITATION

13. Competition Identification Number:

Title:

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

CROSSVILLE, TN

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

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

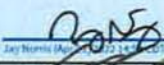

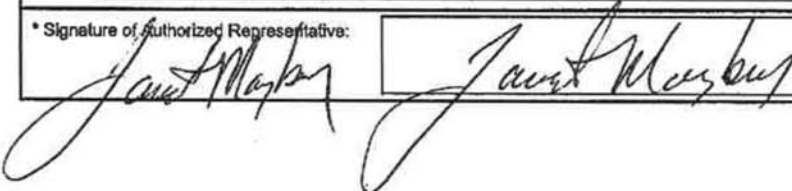
AIRPORT LIGHTING REHABILITATION (PRECISION APPROACH PATH INDICATOR LIGHTS)

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: <input type="text" value="TN-06"/>	* b. Program/Project: <input type="text" value="TN-06"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a. Start Date: <input type="text" value="04/30/2022"/>	* b. End Date: <input type="text" value="04/30/2023"/>
18. Estimated Funding (\$):	
* a. Federal: <input type="text" value="106700"/>	<div style="background-color: #e0f0ff; padding: 5px;"> <p>TDOT USE ONLY</p> <p>Staff Recommended: APPROVED</p> <p>Fiscal Year: 2022</p> <p>Federal: \$118,500.00</p> <p>State: \$0.00</p> <p>Local: \$0.00</p> <p>PSR Signature:  Date: Apr 22, 2022</p> <p>TAC Signature:  Date: 4/28/22</p> </div>
* b. Applicant: <input type="text"/>	
* c. State: <input type="text" value="5900"/>	
* d. Local: <input type="text" value="5900"/>	
* e. Other: <input type="text"/>	
* f. Program Income: <input type="text"/>	
* g. TOTAL: <input type="text" value="118500"/>	
19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input type="radio"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/> . <input type="radio"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> No If "Yes", provide explanation and attach <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="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) <input checked="" type="checkbox"/> ** I AGREE <small>** 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.</small>	
Authorized Representative:	
Prefix: <input type="text"/>	* First Name: <input type="text" value="JAMES"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="MAYBERRY"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="MAYOR"/>	
* Telephone Number: <input type="text" value="931-484-5113"/>	Fax Number: <input type="text" value="931-484-7713"/>
* Email: <input type="text" value="JAMES.MAYBERRY@CROSSVILLETN.GOV"/>	
* Signature of Authorized Representative: 	* Date Signed: <input type="text" value="04/08/2022"/>

CITY OF CROSSVILLE

392 NORTH MAIN STREET
CROSSVILLE, TENNESSEE 38555-4275
TEL (931) 484-5113
FAX (931) 484-7713

July 23, 2021

Ms. Michelle Frazier, Director
Tennessee Department of Transportation
Aeronautics Division
P. O. Box 17326
Nashville, TN 37217

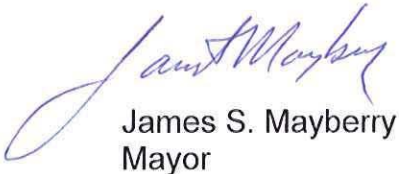
Dear Ms. Frazier:

The City of Crossville hereby requests financial assistance from the Tennessee Department of Transportation in the amount of \$36,700 for full Engineering Professional Services for the Precision Approach Path Indicator (PAPI) replacement on runway 26 of the Crossville Memorial Airport.

We have available the necessary funds for the local share of the proposed improvements. I am authorized to provide additional information or assurances associated with this request.

Please let me know if you have any questions or need additional information.

Respectfully,



James S. Mayberry
Mayor

**ATTACHMENT TWO
PAGE ONE**

Federal Award Identification Worksheet

Subrecipient's name (must match name associated with its Unique Entity Identifier (SAM))	
Subrecipient's Unique Entity Identifier (SAM)	
Federal Award Identification Number (FAIN)	3-47-SBGP-59
Federal award date	5/29/2020
Subaward Period of Performance Start and End Date	8/13/2021 – 8/12/2024
Subaward Budget Period Start and End Date	July 1, 2022 – June 30, 2023
Assistance Listing number (formerly known as the CFDA number) and Assistance Listing program title.	20.106
Grant contract's begin date	8/13/2021
Grant contract's end date	8/12/2024
Amount of federal funds obligated by this grant contract	\$139,680
Total amount of federal funds obligated to the subrecipient	
Total amount of the federal award to the pass-through entity (Grantor State Agency)	\$19,191,159
Federal award project description (as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA))	Airport Lighting Rehabilitation
Name of federal awarding agency	Federal Aviation Administration
Name and contact information for the federal awarding official	FAA, Memphis Airports District Office 2600 Thousand Oaks Blvd, Ste 2250 Memphis, TN 38118-2462
Name of pass-through entity	Tennessee Department of Transportation
Name and contact information for the pass-through entity awarding official	TN Department of Transportation Aeronautics Division 7335 Centennial Boulevard Nashville, TN 37209 615-741-3208
Is the federal award for research and development?	N/A
Indirect cost rate for the federal award (See 2 C.F.R. §200.331 for information on type of indirect cost rate)	N/A

Federal Award Identification Worksheet is a required document the (Highlighted Box) must be completed by the sponsor and returned with signed grant for execution.

This Worksheet will need to be updated every six (6) months for the length of this project and uploaded into BlackCat in the Documents Tab under project 78-555-0112-22.

Any questions please contact your Program Monitor, Jake Bennett, at 615-253-1911

**ATTACHMENT TWO
PAGE TWO**

Federal Award Identification Worksheet

Subrecipient's name (must match name associated with its Unique Entity Identifier (SAM))	
Subrecipient's Unique Entity Identifier (SAM)	
Federal Award Identification Number (FAIN)	3-47-SBGP-64
Federal award date	7/13/2021
Subaward Period of Performance Start and End Date	8/13/2021 – 8/12/2024
Subaward Budget Period Start and End Date	July 1, 2022 – June 30, 2023
Assistance Listing number (formerly known as the CFDA number) and Assistance Listing program title.	20.106
Grant contract's begin date	8/13/2021
Grant contract's end date	8/12/2024
Amount of federal funds obligated by this grant contract	\$11,850
Total amount of federal funds obligated to the subrecipient	
Total amount of the federal award to the pass-through entity (Grantor State Agency)	\$14,663,946
Federal award project description (as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA))	Airport Lighting Rehabilitation
Name of federal awarding agency	Federal Aviation Administration
Name and contact information for the federal awarding official	FAA, Memphis Airports District Office 2600 Thousand Oaks Blvd, Ste 2250 Memphis, TN 38118-2462
Name of pass-through entity	Tennessee Department of Transportation
Name and contact information for the pass-through entity awarding official	TN Department of Transportation Aeronautics Division 7335 Centennial Boulevard Nashville, TN 37209 615-741-3208
Is the federal award for research and development?	N/A
Indirect cost rate for the federal award (See 2 C.F.R. §200.331 for information on type of indirect cost rate)	N/A

Federal Award Identification Worksheet is a required document the (Highlighted Box) must be completed by the sponsor and returned with signed grant for execution.

This Worksheet will need to be updated every six (6) months for the length of this project and uploaded into BlackCat in the Documents Tab under project 78-555-0112-22.

Any questions please contact your Program Monitor, Jake Bennett, at 615-253-1911.

ATTACHMENT THREE

PAGE ONE

GRANT BUDGET				
City of Crossville: Airport Lighting Rehabilitation			AERO-22-242-02	
The Grant Budget line-item amounts below shall be applicable only to expense incurred during the following				
Applicable Period: BEGIN: 8/13/2021			END: 8/12/2024	
POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹	GRANT CONTRACT	GRANTEE MATCH	TOTAL PROJECT
1. 2	Salaries, Benefits & Taxes	0.00	0.00	0.00
4, 15	Professional Fee, Grant & Award ²	\$153,365.00	\$1,835.00	\$155,200.00
5, 6, 7, 8, 9, 10	Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications	0.00	0.00	0.00
11. 12	Travel, Conferences & Meetings	0.00	0.00	0.00
13	Interest ²	0.00	0.00	0.00
14	Insurance	0.00	0.00	0.00
16	Specific Assistance To Individuals	0.00	0.00	0.00
17	Depreciation ²	0.00	0.00	0.00
18	Other Non-Personnel ²	0.00	0.00	0.00
20	Capital Purchase ²	0.00	0.00	0.00
22	Indirect Cost	0.00	0.00	0.00
24	In-Kind Expense	0.00	0.00	0.00
25	GRAND TOTAL	\$153,365.00	\$1,835.00	\$155,200.00

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A*, (posted on the Internet at: <http://www.state.tn.us/finance/act/documents/policy3.pdf>).

² Applicable detail follows this page if line-item is funded.

³ A Grantee Match Requirement is detailed by this Grant Budget, and the maximum total amount reimbursable by the State pursuant to this Grant Contract, as detailed by the "Grant Contract" column above, shall be reduced by the amount of any Grantee failure to meet the Match Requirement.

ATTACHMENT THREE

PAGE TWO

GRANT BUDGET LINE-ITEM DETAIL:

PROFESSIONAL FEE, GRANT & AWARD	AMOUNT
Airport Lighting Rehabilitation	\$155,200.00
TOTAL	\$155,200.00

Matched TAD Project #18-555-0154-22
Project Breakdown:

Original:		
TX00303532	\$ 33,030.00	90% Federal 59 NPE
	\$ 1,835.00	5% State
	<u>\$ 1,835.00</u>	5% Local
	\$ 36,700.00	
Amendment 1:		
TX00303709	\$106,650.00	100% Federal 59 NPE
TX00303710	\$ 11,850.00	100% Federal 64 ARPA
Amendment 2:	\$ 0.00	Time only
Grant Total:	\$155,200.00	

Parent Child Information

The Grantee should complete this form and submit it with the Grant Contract. The Grantee should submit only one, completed "Parent Child Information" document to the State during the Grantee's fiscal year.

"Parent" means an entity whose IRS filing contains the information of at least one other entity.

"Child" means an entity whose information is contained in another entity's IRS filing.

Grantee's Edison Vendor ID number:

Is City of Crossville a parent? Yes No

If yes, provide the name and Edison Vendor ID number, if applicable, of any child entities.

Is City of Crossville a child? Yes No

If yes, complete the fields below.

Parent entity's name: _____

Parent entity's tax identification number: _____

Note: If the parent entity's tax identification number is a social security number, this form must be submitted via US mail to:

Central Procurement Office, Grants Program Manager
3rd Floor, WRS Tennessee Tower
312 Rosa L Parks Avenue
Nashville, TN 37243

Parent entity's contact information

Name of primary contact person: _____

Address: _____

Phone number: _____

Email address: _____

Parent entity's Edison Vendor ID number, if applicable: _____