



GRANT AMENDMENT

Agency Tracking # 40100-00420	Edison ID 61679	Contract # AERO-20-208-00	Amendment # 2		
Contractor Legal Entity Name City of Crossville			Edison Vendor ID 1547		
Amendment Purpose & Effect(s) Adding additional term and grant language					
Amendment Changes Contract End Date: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		End Date: 9/5/2024			
TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A):			\$0.00		
Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
2020	\$10,000.00	\$180,000.00		\$10,000.00	\$200,000.00
2022	\$0.00	\$0.00		\$0.00	\$0.00
2022	\$0.00	\$0.00		\$0.00	\$0.00
TOTAL:	\$10,000.00	\$180,000.00		\$10,000.00	\$200,000.00
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>	
Speed Chart (optional) TX00270477		Account Code (optional) 71302			

ADDRESS: 6

LOCATION CODE: CROSSV-005

**AMENDMENT TWO
OF GRANT CONTRACT
AERO-20-208-00**

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 **September 6th, 2019** ("Effective Date") and extend for a period of **Sixty (60) 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 following:

C.5. Invoice Requirements. The Grantee shall invoice the State no more often than monthly, with all necessary supporting documentation, and present such to:

Department of Transportation-Aeronautics Division
<https://www.blackcataviation.com/>

- a. Each invoice shall clearly and accurately detail all of the following required information (calculations must be extended and totaled correctly).
- (1) Invoice/Reference Number (assigned by the Grantee).
 - (2) Invoice Date.
 - (3) Invoice Period (to which the reimbursement request is applicable).
 - (4) Grant Contract Number (assigned by the State).
 - (5) Grantor: Department of Transportation-Aeronautics Division
 - (6) Grantor Number (assigned by the Grantee to the above-referenced Grantor).
 - (7) Grantee Name.
 - (8) Grantee Tennessee Edison Registration ID Number Referenced in Preamble of this Grant Contract.
 - (9) Grantee Remittance Address.
 - (10) Grantee Contact for Invoice Questions (name, phone, or fax).
 - (11) Itemization of Reimbursement Requested for the Invoice Period— it must detail, at minimum, all of the following:
 - i. The amount requested by Grant Budget line-item (including any travel expenditure reimbursement requested and for which documentation and receipts, as required by "State Comprehensive Travel Regulations," are attached to the invoice).
 - ii. The amount reimbursed by Grant Budget line-item to date.
 - iii. The total amount reimbursed under the Grant Contract to date.
 - iv. The total amount requested (all line-items) for the Invoice Period.
- b. The Grantee understands and agrees to all of the following.
- (1) An invoice under this Grant Contract shall include only reimbursement requests for actual, reasonable, and necessary expenditures required in the delivery of service described by this Grant Contract and shall be subject to the Grant Budget and any other provision of this Grant Contract relating to allowable reimbursements.

- (2) An invoice under this Grant Contract shall not include any reimbursement request for future expenditures.
- (3) An invoice under this Grant Contract shall initiate the timeframe for reimbursement only when the State is in receipt of the invoice, and the invoice meets the minimum requirements of this section C.5.
- (4) An invoice under this Grant Contract shall be presented to the State within sixty (60) days after the end of the calendar month in which the subject costs were incurred or services were rendered by the Grantee. An invoice submitted more than sixty (60) days after such date will NOT be paid. The State will not deem such Grantee costs to be allowable and reimbursable by the State unless, at the sole discretion of the State, the failure to submit a timely invoice is warranted. The Grantee shall submit a special, written request for reimbursement with any such untimely invoice. The request must detail the reason the invoice is untimely as well as the Grantee's plan for Submitting future invoices as required, and it must be signed by a Grantee agent that would be authorized to sign this Grant Contract.

3. The following is added as Grant Contract section E.18.

E.18. Airport Layout Plan. The Grantee understands and agrees to update the Airport Layout Plan to reflect the construction to standards satisfactory to the FAA and submit it in final form to the State or the FAA, as applicable. It is further mutually agreed that the reasonable cost of developing said Airport Layout Plan Map is an allowable cost within the scope of a project funded under this Grant Contract. Airport Sponsor Grant Assurance 29 further addresses the Sponsor's statutory obligations to maintain an airport layout plan in accordance with 49 U.S.C. § 47107(a)(16).

4. The following is added as Grant Contract section E.19.

E.19. Master Plan Coordination. The Grantee agrees to coordinate this master planning study with metropolitan planning organizations, other local planning agencies, and with the State Airport System Plan prepared by the State and consider any pertinent information, data, projections, and forecasts which are currently available or as will become available. The Grantee agrees to consider any State Clearinghouse comments and to furnish a copy of the final report to the State.

5. The following is added as Grant Contract section E.20.

E.20. Airport Layout Plan Coordination. The Grantee has made available to (or will make available to) and has provided (or will provide) upon request to the metropolitan planning organization, if any, in the area in which the airport is located, a copy of the proposed airport layout plan (ALP) or ALP amendment to depict the project and a copy of any airport master plan in which the project is described or depicted.

6. The following is added as Grant Contract section E.21.

E.21. Airports Geographic Information System (GIS) Survey. If the Grantee's GIS survey is not reflected on an updated ALP that meets FAA requirements within four (4) years from the date of the grant (regardless of whether it is generated using the AGIS/eALP system or through some other computer-aided design platform), then the Grantee may be required to repay that portion of this Grant Contract that relates to the survey work.

7. Grant Contract Attachment One is deleted in its entirety and replaced with the new attachment **Attachment One** attached hereto.

8. Grant Contract Attachment Three is deleted in its entirety and replaced with the new attachment **Attachment Three** 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:

18-555-0149-20

GRANTEE SIGNATURE

DATE

JAMES S. MAYBERRY, CITY MAYOR

PRINTED NAME AND TITLE OF GRANTEE SIGNATORY (above)

GRANTEE LEGAL COUNSEL'S SIGNATURE

DATE

DEPARTMENT OF TRANSPORTATION:

JOSEPH GALBATO III, INTERIM COMMISSIONER

DATE

**JOHN H. REINBOLD, GENERAL COUNSEL
APPROVED AS TO FORM AND LEGALITY**

DATE

View Burden Statement

Application for Federal Assistance SF-424

* 1. Type of Submission:		* 2. Type of Application:		* If Revision, select appropriate letter(s):	
<input type="radio"/> Preapplication		<input type="radio"/> New		<input type="text"/>	
<input checked="" type="radio"/> Application		<input checked="" type="radio"/> Continuation		* Other (Specify):	
<input type="radio"/> Changed/Corrected Application		<input type="radio"/> Revision		<input type="text"/>	
* 3. Date Received:		4. Applicant Identifier:			
<input type="text" value="03/25/2022"/>		<input type="text"/>			
5a. Federal Entity Identifier:			5b. Federal Award Identifier:		
<input type="text" value="62-6000277"/>			<input type="text" value="3-47-SBGP-57"/>		
State Use Only:					
6. Date Received by State:		7. State Application Identifier:			
<input type="text"/>		<input type="text"/>			
8. APPLICANT INFORMATION:					
* a. Legal Name: <input type="text" value="CITY OF CROSSVILLE"/>					
* b. Employer/Taxpayer Identification Number (EIN/TIN):			* c. UEI:		
<input type="text" value="62-6000277"/>			<input type="text" value="QJTJZNYNSL34"/>		
d. Address:					
* Street1:	<input type="text" value="392 N MAIN ST"/>				
Street2:	<input type="text"/>				
* City:	<input type="text" value="CROSSVILLE"/>				
County/Parish:	<input type="text" value="CUMBERLAND"/>				
* State:	<input type="text" value="TN: Tennessee"/>				
Province:	<input type="text"/>				
* Country:	<input type="text" value="USA: UNITED STATES"/>				
* Zip / Postal Code:	<input type="text" value="38555"/>				
e. Organizational Unit:					
Department Name:			Division Name:		
<input type="text" value="CROSSVILLE MEMORIAL AIRPORT"/>			<input type="text"/>		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:	<input type="text"/>	* First Name:	<input type="text" value="VALERIE"/>		
Middle Name:	<input type="text"/>				
* Last Name:	<input type="text" value="HALE"/>				
Suffix:	<input type="text"/>				
Title:	<input type="text" value="CITY CLERK"/>				
Organizational Affiliation:					
<input type="text" value="CITY OF CROSSVILLE"/>					
* Telephone Number:	<input type="text" value="931-456-5680"/>	Fax Number:	<input type="text" value="931-484-7713"/>		
* Email:	<input type="text" value="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:

C: City or Township Government

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

FEDERAL AVIATION ADMINISTRATION

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

3-47-SBGP-57

* Title:

Airport Layout Plan Update

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 Layout Plan Update

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 TN06

* b. Program/Project TN-016

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 6/1/2022

* b. End Date: 9/05/24

18. Estimated Funding (\$):

* a. Federal	<input type="text"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<u>0</u>

TDOT USE ONLY

Staff Recommended: APPROVED

Fiscal Year: 2022

Federal: \$0.00

State: \$0.00

Local: \$0.00

PSR Signature: Jay Norris (Apr 19, 2022 (6:04:00 CDT))

Date: Apr 19, 2022

TAC Signature: _____

Date: _____

* 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: James

Middle Name:

* Last Name: Mayberry

Suffix:

* Title: Mayor

* Telephone Number: 931-484-5113 Fax Number: 931-484-7713

* Email: james.mayberry@crossville-tn.gov

* Signature of Authorized Representative: James Mayberry

* Date Signed: 3/25/2022

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

RE: TAD Project Number: 18-555-0149-20
TAD Contract Number: AERO-20-208-00
Federal Grant Number: 3-47-SBGP-57

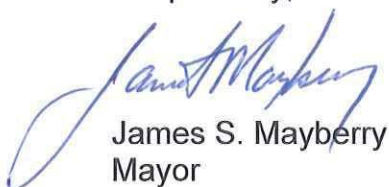
Dear Ms. Frazier:

The City of Crossville hereby requests a one-year grant extension from the Tennessee Department of Transportation on the Crossville Memorial Airport "Airport Layout Project" ALP as cited above. No additional monies will be required. The project has been delayed because of the removal of obstructions and the acquisition of avigation easements in the approach surfaces. COVID issues played a part in these delays.

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

REQUEST FOR STATE FUNDING
FOR AIRPORT IMPROVEMENT

Airport: Crossville Memorial Airport
Project Title: ALP Update
Project Description: ALP Update

UPIN: BCG0001166
Submitted By: Michael Stultz
Date Submitted: 7/23/2021 4:25:02PM
Project Manager: Kabrina Webb

Applicant: City of Crossville
Phone: 931-484-5278

Project in CIP?: Not Proposed Date Entered in CIP:

Explanation of Need: Add a year to the grant term

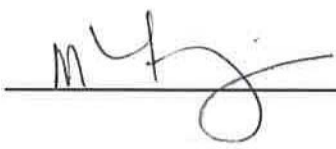
Estimated Cost:

Fiscal Year:	2022		
Federal:	\$1	100.0%	
State:	\$0	0.0%	
Local:	\$0	0.0%	
Other:	\$0	0.0%	
Total:	\$1	100%	

Matching Funds Available?: 0.00

Airport Sponsor Comments:

TAD Comments:

TDOT USE ONLY	
Staff Recommended:	
Approved:	
Rejected:	
Moved:	
PSR Signature: 	Date: 8/19/21
TAC Signature: _____	Date: _____

CITY OF CROSSVILLE
392 NORTH MAIN STREET
CROSSVILLE, TENNESSEE 38555~4232
TEL (931) 484~5113
FAX (931) 484~7713

OFFICE OF THE
MAYOR

July 19, 2019

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 \$200,000 for an Airport Layout Plan Update for 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

REQUEST FOR STATE FUNDING
FOR AIRPORT IMPROVEMENT

Airport: Crossville Memorial Airport
Project Title: ALP Update
Project Description: ALP Update

UPIN: BCG0001166
Submitted By: Valerie Hale
Date Submitted: 7/19/2019 2:13:30PM
Project Manager: Jeff Fields

Applicant: City of Crossville
Phone: 931-484-5016

Project in CIP?: Not Proposed Date Entered in CIP:

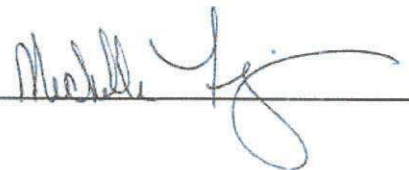
Explanation of Need: The Airport Layout Plan Must be updated every 10 years. The last update was 2010.

Estimated Cost:

Fiscal Year:	2,019	
Federal:	\$180,000	90.0%
State:	\$10,000	5.0%
Local:	\$10,000	5.0%
Other:	\$0	0.0%
Total:	\$200,000	100%
Matching Funds Available?:		10,000.00

Airport Sponsor Comments:

TAD Comments:

TDOT USE ONLY	
Staff Recommended:	
Approved:	
Rejected:	
Moved:	
PSR Signature: <u></u>	Date: <u>9/17/19</u>
TAC Signature: _____	Date: _____

ATTACHMENT THREE

PAGE ONE

GRANT BUDGET				
City of Crossville: Update ALP			AERO-20-208-02	
The Grant Budget line-item amounts below shall be applicable only to expense incurred during the following				
Applicable Period: BEGIN: 9/6/2019			END: 9/5/2024	
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	\$190,000.00	\$10,000.00	\$200,000.00
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	\$190,000.00	\$10,000.00	\$200,000.00

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
Update ALP	\$200,000.00
TOTAL	\$200,000.00

Matched TAD Project #18-555-0149-20
Project Breakdown:

Original:		
TX00270477	\$180,000.00	100% Federal 57 NPE
	\$ 10,000.00	5% State
	<u>\$ 10,000.00</u>	5% Local
	\$200,000.00	100%
Amendment 1:	\$0.00	Federal
	\$0.00	State
	\$0.00	Local
Amendment 2:	\$0.00	Federal
	\$0.00	State
	\$0.00	Local
Grant Total:	\$200,000.00	