



GRANT AMENDMENT

Agency Tracking # 40100-40400	Edison ID 70791	Contract # AERO-22-242-00	Amendment # 1		
Contractor Legal Entity Name City of Crossville			Edison Vendor ID 1547		
Amendment Purpose & Effect(s) Adding additional time, funding, and grant language					
Amendment Changes Contract End Date: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		End Date: 8/12/2023			
TOTAL Contract Amount INCREASE or DECREASE per this Amendment (zero if N/A):			\$ 118,500.00		
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
TOTAL:	\$1,835.00	\$151,530.00		\$1,835.00	\$155,200.00
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) TX00293408 TX00 TX00		Account Code (optional) 71302			

ADDRESS: 6

LOCATION CODE: CROSSV-005

**AMENDMENT ONE
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 **twenty-four (24) 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.1. Maximum Liability is deleted in its entirety and replaced with the following:

C.1. Maximum Liability. In no event shall the maximum liability of the State under this Grant Contract exceed **One Hundred Fifty-Five Thousand Two Hundred Dollars and Zero Cents (\$155,200.00)** ("Maximum Liability"). The Grant Budget, attached and incorporated as **Attachment Three** is the maximum amount due the Grantee under this Grant Contract. The Grant Budget line-items include, but are not limited to, all applicable taxes, fees, overhead, and all other direct and indirect costs incurred or to be incurred by the Grantee.

3. The following is added as Grant Contract section E.27.

E.27. Davis-Bacon Act and Copeland Anti-Kickback Act. As a condition for receipt of grant funds, the Grantee agrees to comply with the Davis-Bacon Act, 40 U.S.C. § 3141 et seq., and the Copeland Anti-Kickback Act at 18 U.S.C. § 874 et seq., as those sections are amended from time to time during the term.

4. The following is added as Grant Contract section E.28.

E.28. Contract Work Hours and Safety Standard Act. As a condition for receipt of grant funds, the Grantee agrees to comply with the Contract Work Hours and Safety Standard Act at 40 U.S.C. § 3701 et seq., as that section is amended from time to time during the term.

5. The following is added as Grant Contract section E.30.

E.29. Notice to Proceed - Property Interest Acquired. The Grantee understands and agrees that FAA or State authorization, as applicable, for the Sponsor to issue a notice to proceed with construction work will not be given until the Grantee has adequately certified that good title will be acquired on the land on which construction is to be performed.

6. The following is added as Grant Contract section E.31.

E.30. Disadvantaged Business Enterprise (DBE)/Airport Concessions Disadvantaged Business Enterprise (ACDBE) Program. The Grantee understands and agrees that the State will not make nor be obligated to make any payments on this Grant until the Grantee has received from the FAA Office of Civil Rights approval of its DBE Program (reflecting compliance with 49 CFR Part 26), and, if applicable, its ACDBE program (reflecting compliance with 49 CFR Part 23).

7. The following is added as Grant Contract section E.32.

E.31. Site Selection. The Grantee understands and agrees that the Project funded under this Grant Contract cannot proceed beyond the site selection study until the Grantee has received formal approval from the State to proceed.

8. The following is added as Grant Contract section E.33.

E.32. Plans and Specifications Prior to Bidding. The Grantee agrees to submit plans and specifications for State review prior to advertising for bids.

9. The following is added as Grant Contract section E.34.

E.33. Plans and Specifications Approval Based Upon Certification. The State and the Grantee agree that the FAA's approval of the Grantee's Plans and Specification is based primarily upon the State's and Grantee's certification to carry out the project in accordance with policies, standards, and specifications approved by the FAA. The Grantee understands that:

- a. The State's and Grantee's certification does not relieve the Grantee of the requirement to obtain prior FAA and State approval for modifications to any AIP or supplemental appropriation standards or to notify the FAA and State of any limitations to competition within the project;
- b. The FAA's acceptance of the State's and Grantee's certification does not limit the FAA from reviewing appropriate project documentation for the purpose of validating the certification statements; and
- c. If the FAA and/or State determines that the Grantee has not complied with its certification statements, the FAA will review the associated project costs to determine whether such costs are allowable under AIP or supplemental appropriation.

10. The following is added as Grant Contract section E.35.

E.34. Consultant Contract and Cost Analysis. The Grantee understands and agrees that no reimbursement will be made on the consultant contract portion of this Grant Contract until the State has received the consultant contract, the Sponsor's analysis of costs, and the independent fee estimate.

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

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

13. 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:

TAD #18-555-0154-22

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 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): [] * Other (Specify): []		
* 3. Date Received: 03/25/2022		4. Applicant Identifier: []
5a. Federal Entity Identifier: 62-6000277		5b. Federal Award Identifier: 3-47-SBGP-59
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:		
* Street1: 392 N. MAIN ST		
Street2: []		
* City: CROSSVILLE		
County/Parish: CUMBERLAND		
* State: TN: Tennessee		
Province: []		
* Country: USA: UNITED STATES		
* Zip / Postal Code: 38555		
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: 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:

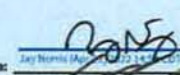

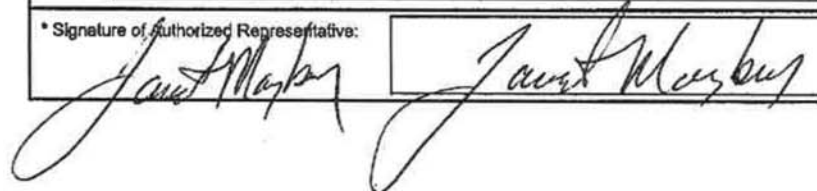
AIRPORT LIGHTING REHABILITATION (PRECISION APPROACH PATH INDICATOR LIGHTS)

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"/>	TDOT USE ONLY Staff Recommendation: APPROVED Fiscal Year: 2022 Federal: \$118,500.00 State: \$0.00 Local: \$0.00 PSR Signature:  Date: Apr 22, 2022 TAC Signature:  Date: 4/28/22
* 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	
** 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: <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

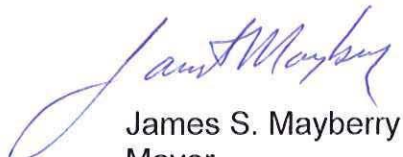
Dear Ms. Frazier:

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

REQUEST FOR STATE FUNDING
FOR AIRPORT IMPROVEMENT

Airport: Crossville Memorial Airport
Project Title: Airport Lighting Rehabilitation
Project Description: Airport Lighting Rehabilitation

UPIN: BCG0003779
Submitted By: Michael Stultz
Date Submitted: 7/23/2021 3:28:28PM
Project Manager: Michael Stultz

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

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

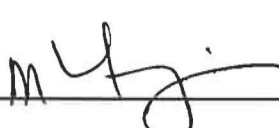
Explanation of Need: The current PAPIs are incandescent, and are rigidly mounted within the RSA. Replacing them will provide both an upgrade as well as clear an RSA violation.

Estimated Cost:

Fiscal Year:	2022		
Federal:	\$33,030	90.0%	
State:	\$1,835	5.0%	
Local:	\$1,835	5.0%	
Other:	\$0	0.0%	
Total:	\$36,700	100%	

Matching Funds Available?: 1,835.00

Comments:

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

ATTACHMENT TWO

PAGE ONE

Federal Award Identification Worksheet

Subrecipient's name (must match registered name in DUNS)	
Subrecipient's DUNS number	
Federal Award Identification Number (FAIN)	3-47-SBGP-59
Federal award date	5/29/2020
CFDA number and name	20.106 Airport Improvement Program
Grant contract's begin date	8/13/2021
Grant contract's end date	8/12/2023
Amount of federal funds obligated by this grant contract	\$139,680
Total amount of Federal Funds Obligated to the subrecipient (Federal dollars deposited in Sponsor's account in current FY (7/21-6/22) from ALL agencies) MUST be UPDATED every 6 months and uploaded into BlackCat Documents	
Total amount of the federal award to the pass-through entity (Grantor State Agency)	\$19,191,159
Name of federal awarding agency	Federal Aviation Administration
Name and contact information for the federal 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 18-555-0154-22.

Any questions please contact your Program Monitor at 615-741-3208.

ATTACHMENT TWO

PAGE TWO

Federal Award Identification Worksheet

Subrecipient's name (must match registered name in DUNS)	
Subrecipient's DUNS number	
Federal Award Identification Number (FAIN)	3-47-SBGP-64
Federal award date	7/13/2021
CFDA number and name	20.106 Airport Improvement Program
Grant contract's begin date	8/13/2021
Grant contract's end date	8/12/2023
Amount of federal funds obligated by this grant contract	\$11,850
Total amount of Federal Funds Obligated to the subrecipient (Federal dollars deposited in Sponsor's account in current FY (7/21-6/22) from ALL agencies) MUST be UPDATED every 6 months and uploaded into BlackCat Documents	
Total amount of the federal award to the pass-through entity (Grantor State Agency)	\$14,663,946
Name of federal awarding agency	Federal Aviation Administration
Name and contact information for the federal 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 18-555-0154-22.

Any questions please contact your Program Monitor at 615-741-3208.

ATTACHMENT THREE

PAGE ONE

GRANT BUDGET				
City of Crossville: Airport Lighting Rehabilitation			AERO-22-242-01	
The Grant Budget line-item amounts below shall be applicable only to expense incurred during the following				
Applicable Period: BEGIN: 8/13/2021			END: 8/12/2023	
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:		
TX00293408	\$ 33,030.00	90% Federal 59 NPE
	\$ 1,835.00	5% State
	<u>\$ 1,835.00</u>	5% Local
	\$ 36,700.00	
Amendment 1:		
TX00	\$106,650.00	100% Federal 59 NPE
TX00	<u>\$ 11,850.00</u>	100% Federal 64 ARPA
	\$118,500.00	
Grant Total:	\$155,200.00	