



## GRANT AMENDMENT

<b>Agency Tracking #</b> 40100-40400	<b>Edison ID</b> 70791	<b>Contract #</b> AERO-22-243-00	<b>Amendment #</b> 1		
<b>Contractor Legal Entity Name</b> City of Crossville			<b>Edison Vendor ID</b> 1547		
<b>Amendment Purpose &amp; Effect(s)</b> Adding additional time, funding, and adjusting grant language					
<b>Amendment Changes Contract End Date:</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<b>End Date:</b> 8/12/2023			
<b>TOTAL Contract Amount INCREASE or DECREASE per this Amendment</b> (zero if N/A):			<b>\$ 14,500.00</b>		
<b>Funding —</b>					
<b>FY</b>	<b>State</b>	<b>Federal</b>	<b>Interdepartmental</b>	<b>Other</b>	<b>TOTAL Contract Amount</b>
2022	\$0.00	\$29,600.00		\$0.00	\$29,600.00
2022	\$0.00	\$14,500.00		\$0.00	\$14,500.00
<b>TOTAL:</b>	<b>\$0.00</b>	<b>\$44,100.00</b>		<b>0.00</b>	<b>\$44,100.00</b>
<b>American Recovery and Reinvestment Act (ARRA) Funding:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
<b>Budget Officer Confirmation:</b> 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>		
<b>Speed Chart</b> (optional) TX00294092 TX00294093		<b>Account Code</b> (optional)  71302			

**ADDRESS: 6**

**LOCATION CODE: CROSSV-005**

**AMENDMENT ONE  
OF GRANT CONTRACT  
AERO-22-243-00**

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 13<sup>th</sup>, 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 **Forty-four Thousand One Hundred Dollars and Zero Cents (\$44,100.00)** ("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. 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.
- 4. Grant Contract Attachment One is deleted in its entirety and replaced with the new attachment **Attachment One** attached hereto.
  - 5. Grant Contract Attachment Two is deleted in its entirety and replaced with the new attachment **Attachment Two** attached hereto.
  - 6. 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:

18-555-0155-22

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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:

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JOSEPH GALBATO III, INTERIM COMMISSIONER

DATE

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

DATE

View Burden Statement

OMB Number: 4040-0004

Expiration Date: 12/31/2022

## 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" value="03-0668115"/>			
5a. Federal Entity Identifier:			5b. Federal Award Identifier:		
<input type="text" value="62-6000277"/>			<input type="text" value="3-47-SBGP-59, 64"/>		
<b>State Use Only:</b>					
6. Date Received by State:		7. State Application Identifier:			
<input type="text"/>		<input type="text"/>			
<b>8. APPLICANT INFORMATION:</b>					
* 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"/>		
<b>d. Address:</b>					
* 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"/>				
<b>e. Organizational Unit:</b>					
Department Name:			Division Name:		
<input type="text" value="CROSSVILLE MEMORIAL AIRPORT"/>			<input type="text"/>		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
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@CROSSVILLE.TN.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:

**\* 12. Funding Opportunity Number:**

\* Title:

**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:**

TREE OBSTRUCTION REMOVAL

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

\* b. Program/Project

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="12,983"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text" value="721"/>
* d. Local	<input type="text" value="721"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="14,425"/>

TDOT USE ONLY

Staff Recommended: APPROVED

Fiscal Year:

Federal:

State:

Local:

PSR Signature:

Date:

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:   
 Middle Name:   
 \* Last Name:   
 Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:

\* Date Signed:

CITY OF CROSSVILLE  
392 NORTH MAIN STREET  
CROSSVILLE, TENNESSEE 38555-4232  
TEL (931) 484-7060  
FAX (931) 484-7713

July 23, 2021

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

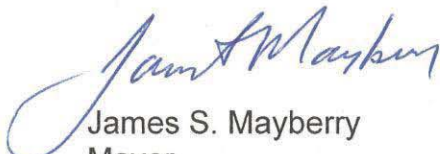
Dear Ms. Frazier:

The City of Crossville hereby requests COVID relief funds from the Tennessee Department of Transportation in the amount of \$29,600 for an environmental assessment for runway approach clearing on runways 26 and 8 of the Crossville Memorial Airport.

We have local matching funds available if necessary. 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: Obstruction Clearing - Phase II  
Project Description: Obstruction Clearing - Phase II

UPIN: BCG0003895  
Submitted By: Michael Stultz  
Date Submitted: 7/23/2021 3:28:51PM  
Project Manager: Michael Stultz

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

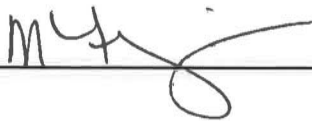
Project in CIP?: Not Proposed Date Entered in CIP:

Explanation of Need: The trees on the Runway 26 end pose an obstruction to the approach surface for the ILS approach.

**Estimated Cost:**

Fiscal Year:	2022	
Federal:	\$29,600	100.0%
State:	\$0	0.0%
Local:	\$0	0.0%
Other:	\$0	0.0%
Total:	<hr/> \$29,600	100%
Matching Funds Available?:		0.00

Comments:

<b>TDOT USE ONLY</b>	
<b>Staff Recommended:</b>	
<b>Approved:</b>	
Rejected:	
Moved:	
PSR Signature: 	Date: 8/19/21
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	\$39,690
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) <b>MUST</b> be <b>UPDATED</b> 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 18-555-0155-22.***

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

## 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-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	\$4,410
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) <b>MUST</b> be <b>UPDATED</b> 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 18-555-0155-22.***

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

## ATTACHMENT THREE

## PAGE ONE

GRANT BUDGET				
City of Crossville: Obstruction Clearing – Phase II			AERO-22-243-01	
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 <sup>1</sup>	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
1. 2	Salaries, Benefits & Taxes	0.00	0.00	0.00
4, 15	Professional Fee, Grant & Award <sup>2</sup>	\$44,100.00	0.00	\$44,100.00
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 <sup>2</sup>	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 <sup>2</sup>	0.00	0.00	0.00
18	Other Non-Personnel <sup>2</sup>	0.00	0.00	0.00
20	Capital Purchase <sup>2</sup>	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	<b>GRAND TOTAL</b>	<b>\$44,100.00</b>	<b>0.00</b>	<b>\$44,100.00</b>

<sup>1</sup> 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>).

<sup>2</sup> Applicable detail follows this page if line-item is funded.

## ATTACHMENT THREE

## PAGE TWO

## GRANT BUDGET LINE-ITEM DETAIL:

PROFESSIONAL FEE, GRANT & AWARD	AMOUNT
Obstruction Clearing – Phase II	\$44,100.00
<b>TOTAL</b>	<b>\$44,100.00</b>

Matched TAD Project # 18-555-0155-22  
Project Breakdown:

Original		
TX00294092	\$26,640.00	100% Federal 59 NPE
TX00294093	\$ 2,960.00	100% Federal 64 ARPA
Amendment 1:		
TX00294092	\$13,050.00	100% Federal 59 NPE
TX00294093	<u>\$ 1,450.00</u>	100% Federal 64 ARPA
	\$14,500.00	
Grant Total:	\$44,100.00	