

RESOLUTION NO. 2797

BE IT RESOLVED by the Albany City Council that it does hereby approve submittal of a preapplication to the Federal Aviation Administration for a grant in the amount of \$245,095 for an overlay of the taxiway and apron area at the Albany Municipal Airport and authorizes the City Manager to sign the agreement on behalf of the City of Albany.

DATED this 13th day of July, 1988.

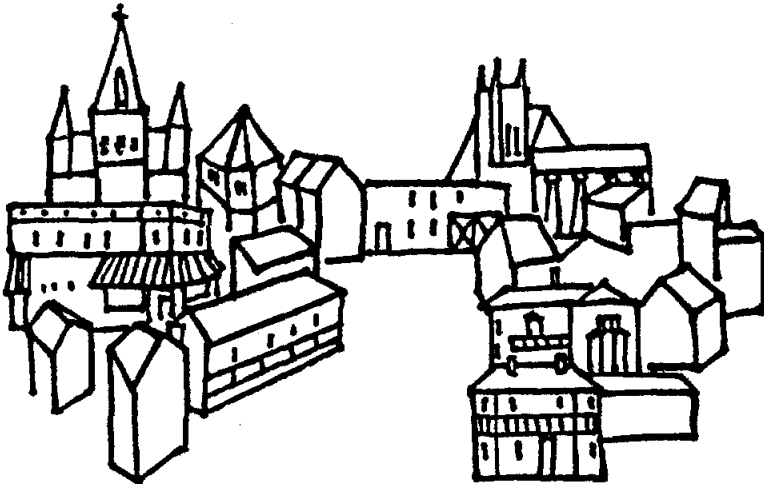


Mayor

ATTEST:



City Recorder



City of Albany

June 27, 1988

Paul E. Burket
State of Oregon
Aeronautics Division
3040 25th St., SE
Salem, OR 97310

Dear Mr. Burket:

SUBJECT: Albany Municipal Airport
1988 Pre-Application for Federal Assistance

Attached is a copy of our 1988 Pre-Application for Federal Assistance for the Albany Municipal Airport.

If you have any questions or need any additional information, please contact Mike Corso at 967-4300, extension 382.

Sincerely,

John Joyce, P.E.
Public Works Director

Enclosures
jmm



City of Albany

June 27, 1988

Joe Dills
D-4 Council of Governments
1555 Madison St., Suite 5
Corvallis, OR 97333

Dear Mr. Dills:

SUBJECT: Albany Municipal Airport
1988 Pre-Application for Federal Assistance

Attached is a copy of our 1988 Pre-Application for Federal Assistance for the Albany Municipal Airport for D-4 Council of Governments approval.

If you have any questions or need any additional information, please contact Mike Corso at 967-4300, extension 382.

Sincerely,

John Joyce, P.E.
Public Works Director

Enclosures
jmm



City of Albany

June 27, 1988

Delores Streeter
Intergovernmental Relations Division
1555 Cottage Ave.
Salem, OR 97301

Dear Ms. Streeter:

**SUBJECT: Albany Municipal Airport
1988 Pre-Application for Federal Assistance**

Attached are eight copies of our 1988 Pre-Application for Federal Assistance for the Albany Municipal Airport for State Clearing House approval.

If you have any questions or need any additional information, please contact Mike Corso at 967-4300, extension 382.

Sincerely,

John Joyce, P.E.
Public Works Director

Enclosures
jmm



OREGON PROJECT NOTIFICATION AND REVIEW SYSTEM

NOTIFICATION OF INTENT TO APPLY FOR FEDERAL AID

For Internal Use Only		1-8) PNRS #						Page One										
02	12] APPLICANT	[45] 46] DIVISION				[79]												
	City of Albany	Public Works Department																
03	12] APPLICANT ADDRESS	STREET		[45] 46] CITY		[60]	[76]	ZIP		[80]								
	P. O. Box 490			Albany				97321 1										
04	12] CONTACT PERSON	[45] 46] AREA CODE		[48]	49] PHONE		[55]	[56]	EXTENSION		[59]							
	John Joyce, P.E.	503			967-4300				380									
01	12] PROJECT TITLE																	
	Albany Airport Improvements, 1988																	
11	12] PROJECT LOCATION—CITY			PROJECT LOCATION—COUNTY			PROJECT LOCATION					[79]						
	Albany, Oregon			Linn			SEC: 9 T: 11 South R: 3 West											
05	SUMMARY PROJECT DESCRIPTION (ATTACH SUPPORTING DOCUMENTS AS NECESSARY—SEE INSTRUCTIONS ON BACK)																	
	Albany Municipal Airport Improvement Project																	
06	12] See attached project description																	
07	12]																	
08	12]																	
09	12]																	
10	12]																	
	AMOUNT REQUESTED—FEDERAL FUNDS				NON-FEDERAL MATCHING FUNDS				OTHER		TOTAL							
	12]	(A) Grant	[19]	20]	(B) Other	[27]	28]	(C) State	[35]	36]	(D) Local	[43]	44]	(E) FUNDS	[51]	52]	(F) FUNDS	[60]
		\$220,585.00		n/a		n/a		\$ 24,510.00									\$245,095.00	
13	12] TYPE OF OTHER FEDERAL FUNDS (See 12B)				[45] 46] TYPE OF OTHER NON-FEDERAL FUNDS (See 12E)				[79]									
	n/a																	
14	12] FEDERAL PROGRAM TITLE											[71]						
	Airport Improvement Program																	
15	12] FEDERAL AGENCY NAME				[45] 46] FEDERAL SUB-AGENCY NAME				[79]									
	Department of Transportation				Federal Aviation Administration													
17	(A) TYPE OF APPLICANT: (Check (X) the single most applicable box)																	
	STATE	INTER-STATE	COUNTY	CITY	SCHOOL DISTRICT	SPECIAL DISTRICT	COMMUNITY ACTION	SPONSORED ORGANIZATION	OTHER									
	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20									
	(B) TYPE OF ACTION: (Check (X) as many boxes as apply to this action)																	
	NEW GRANT	CONT. GRANT	SUPPLY GRANT	INCREASE DURATION	DECREASE DURATION	CANCELLATION	INCREASE DOLLARS	DECREASE DOLLARS										
	<input type="checkbox"/> 21	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28										
	(C) HAS DISTRICT CLEARINGHOUSE BEEN NOTIFIED?				(D) REVIEW REQUIRED by A-95		(E) ENVIRONMENTAL IMPACT		(F) HOUSING RELOCATION REQUIRED									
	Yes	No	Date: June 27, 1988		Yes	No	Yes	No	Yes	No								
	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30			<input type="checkbox"/> 31	<input type="checkbox"/> 32	<input type="checkbox"/> 33	<input type="checkbox"/> 34	<input type="checkbox"/> 35	<input type="checkbox"/> 36								
	(G) ESTIMATED APPLICATION FILING DATE:				41] MONTH	[42]	43] DAY	[44]	45] YEAR	[46]								
					June		27		1988									

ADDITIONAL INFORMATION—ALL APPLICANTS

I. A. Is the project consistent with the city or county comprehensive plan, zoning and subdivision ordinance? No Yes

I. B. Is the proposal consistent with statewide land use goals? No Yes

I. C. Is the proposal consistent with state and regional plans? No Yes

II. Will the project have an impact on a neighboring jurisdiction? No Yes

If so, is the project consistent with the comprehensive plan for that jurisdiction? No Yes

III. Explain deviations if any, from pertinent plans.

n/a

IV. Federal Catalog number (or Public Law no. and title) 20.106

V. Has funding agency been notified? No Yes Date: June 10, 1988

VI. If project includes state funds (12C), identify agency DOT - FAM

STATE AGENCIES ONLY

VIII. (a) IS PROGRAM BUDGETED NON-BUDGETED

(b) STATE SHARE

GENERAL FUND CASH	OTHER FUND CASH	IN KIND
\$ _____	\$ _____	\$ _____

(c) FUNDING METHOD FEDERAL SHARE STATE SHARE TOTAL

First Year	% _____	\$ _____	% _____	\$ _____	% _____	\$ _____
Second Year	% _____	\$ _____	% _____	\$ _____	% _____	\$ _____
Third Year	% _____	\$ _____	% _____	\$ _____	% _____	\$ _____

(d) WILL PROGRAM REQUIRE HIRING OF NEW STATE EMPLOYEES? No Yes Number _____

(e) Will accounting for this grant be administered by the Executive Dept. Accounting Division? Yes No

PLEASE ATTACH ANY ADDITIONAL NARRATIVE OR REMARKS

INSTRUCTIONS FOR PAGE 1 — Continued

- Line 17. A. Check the one which is most applicable — Explain "other" in an attached memo.
- Line 17. B. Check One or more, as appropriate.
- Line 17. C. Check appropriate box. If Yes, indicate date of submission.
- Line 17. D. Check appropriate box. If "No" explain reason for submission, i.e., Governor's Directive administrative policy, request assistance or advice for program design, in an attached memo.
- Line 17. E. If Yes, attach statement of your judgment as to the nature and extent of the environmental effect anticipated. Include any adverse effects that cannot be avoided and any alternatives to the chosen course of action. If a draft EIS is required by the Funding Agency, either attach copy(s) or, if to be submitted for separate review later, indicate anticipated date.
- Line 17. F. If yes, describe proposed method of compliance with Federal Housing Relocation Act of 1970 in an attached memo.
- Line 17. G. Give date you expect to file formal application with funding agency. (Use numbers, i.e., 04-17-72) If less than 90 days from date of Notice of Intent, explain reason for lack of early warning in an attached memo.

INSTRUCTIONS FOR PAGE 2

- I. A. The term "comprehensive plan" includes at least the following elements:
- | | | | |
|------------------|-------------------------|----------------------|------------------------------|
| land use | public schools | energy conservation | open space |
| transportation | other public facilities | housing | scenic and historic areas |
| water and sewage | urban growth boundaries | economic development | agriculture and forest lands |
| solid waste | geologic hazards | recreation | other natural resources |
- I. B. This refers to the statewide land use goals adopted by the State Land Conservation and Development Commission.
- I. C. The term "state and regional plans" refers to any plan developed by a state agency or regional body, such as plans for social services and resource management.
- II. Refer to I.A., above.
- III. Explain any "no" answer under I or II.
- IV. Enter number of program as listed in OMB Catalog of Federal Domestic Assistance, or OMB Circular A-95, Attachment D (Revised 2/9/71). If not listed, use appropriate Public Law, (or ORS) number and title.
- V. Check appropriate box. If yes, enter date of contract.
- VI. Explain any entry on Line 12C.
- VII. To be completed by state agencies only:
- (a) Either has been included in Legislative approved budget (or) requires "Emergency Board" action.
 - (b) Enter amount of General Fund cash, other fund cash (Explain sources in ATTACHED MEMO), In-kind match (Explain sources).
 - (c) Enter appropriate percentages and dollar amounts — totals must agree with Line 12.
 - (d) Check appropriate box and enter number.
 - (e) If yes, see Executive Department Accounting Division Procedures 15/971/09.