



OSWEGO COUNTY LEGISLATURE

County Office Building • 46 East Bridge Street • Oswego, NY 13126
Phone (315)349-8230 • Fax (315)349-8237 www.oswegocounty.com

TO: Leg. John Martino, Vice Chair; Leg. Daniel Farfaglia; Leg. David Holst;
Leg. Linda Lockwood; Leg. Patrick Twiss; Leg. Stephen Walpole

FROM: Leg. James Weatherup, Chair

RE: **Special Finance and Personnel Committee Meeting**

DATE: August 3, 2018

Thursday, August 9, 2018

6:55 p.m.

**H. Douglas Barclay Courthouse
Pulaski**

AGENDA
(tentative)

1. Resolution accepting a Federal Aviation Administration Grant and establishing a capital project to perform the design phase for Rehabilitation Aircraft Apron

Resolution No. _____

August 9, 2018

RESOLUTION ACCEPTING A FEDERAL AVIATION ADMINISTRATION GRANT AND ESTABLISHING A CAPITAL PROJECT TO PERFORM THE DESIGN PHASE FOR REHABILITATION AIRCRAFT APRON

By Legislator Stephen Walpole:

WHEREAS, Oswego County has received a grant offer for the Design Phase for Rehabilitation Aircraft Apron at the Oswego County Airport, Fulton, NY and

WHEREAS, the total design cost is estimated at \$109,000, with a Federal share of 90% (\$98,100) and a state share of 5% (\$5,450), and

WHEREAS, the local share of \$5,450 can be funded from Capital Reserve #175-Airport.

NOW, on recommendation of the Infrastructure, Facilities and Technology Committee, with the approval of the Finance and Personnel Committee, be it

RESOLVED, that there is hereby established Capital Project #83 - Rehabilitation Aircraft Apron (Design) and said project is hereby authorized for a maximum expenditure of \$109,000 and be it further

RESOLVED, that the Oswego County Legislature authorizes the Chairman of the Legislature to enter into an agreement with the Federal Aviation Administration accepting this grant offer, and be it further

RESOLVED, that a certified copy of this resolution delivered to the County Treasurer shall be his authority to affect such transfer and make such adjustments.

ROLL CALL

YES: _____ NO: _____ ABSENT: _____



COUNTY OF OSWEGO
HIGHWAY DEPARTMENT

31 Schaad Drive
Oswego NY 13126
(315) 349-8331 Fax (315) 349-8256

Kurt Ospelt, Highway Superintendent

Chris Baldwin, P.E., Highway Engineer

INFORMATIONAL MEMORANDUM

SUBJECT: Establish Capital Project #83 Rehabilitate Aircraft Apron (Design)

PURPOSE: To recommend that the Infrastructure, Facilities and Technology Committee, the Finance & Human Resources Committee, and the Oswego County Legislature approve establishing Capital Project #83 with the authorization level of \$109,000 for the design phase Rehabilitate Aircraft Apron at the Oswego County Airport, Fulton, NY.

SUMMARY: The Highway Department will receive 90% Federal funding (\$98,100) and 5% State funding (\$5,450) for this project. The local share for this project will be \$5,450.

**RECOMMENDED:
ACTION:** The Infrastructure, Facilities and Technology Committee, recommends the Oswego County Legislature authorize the establishment of Capital Project # 83.

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="98,100.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="5,450.00"/>
* d. Local	<input type="text" value="5,450.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="109,000.00"/>

* 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? (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:

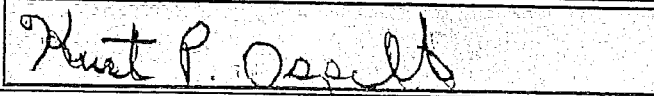
Suffix:

* Title:

* Telephone Number:

Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

COUNTY OF OSWEGO
BUDGET MODIFICATION REQUEST

ACCOUNT NUMBER		ACCOUNT NUMBER			DESCRIPTION	DOLLAR AMOUNT
ORG	OBJECT	PROJ	ORG	OBJECT		
H	529000	83	H	445920	83	\$ 109,000.00
			H	435910	83	(98,100.00)
			H	450310	83	(5,450.00)
						(5,450.00)
A	599014	175				5,450.00
			H	1599		(5,450.00)
TOTAL AMOUNT						-

COMMITTEE SIGNATURES _____ DATE _____

_____ COUNTY TREASURER _____ DATE _____

_____ PERSONNEL DIRECTOR _____ DATE _____

_____ COUNTY ADMINISTRATOR _____ DATE _____

_____ DEPARTMENT HEAD _____ DATE _____

Ant P. DeLuca
COUNTY ADMINISTRATOR
08/22/2018
DATE