



THE STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION



Victoria F. Sheehan
Commissioner

William Cass, P.E.
Assistant Commissioner

March 15, 2021
Bureau of Aeronautics

His Excellency, Governor Christopher T. Sununu
State House
Concord, NH 03301

REQUESTED ACTION

Authorize the Pease Development Authority to accept federal funding from the Federal Aviation Administration (FAA) to fund operations and maintenance, concessions and airport planning and development projects at the Portsmouth International Airport at Pease and the Skyhaven Airport. Federal participation in the amount of \$2,455,647.00 is effective upon Governor approval through September 30, 2025. 100% Federal Funds (FAA).

Table with 2 columns: Description and Amount. Rows include: Funding is anticipated as follows: FY 2021; 04-96-96-964010-2021 FAA CRRSAA Funding 072-509073 Grants Federal \$1,465,647.00; 04-96-96-960030-1335 FAA Projects 034-500161 New Construction \$ 990,000.00; Total \$2,455,647.00

The funding listed above is an estimated amount that the Pease Development Authority expects to receive from the FAA through both the Airport Improvement Program (AIP) and Coronavirus Response and Relief Supplemental Appropriations Act of 2021 (CRRSAA). Upon FAA determination, the actual airport grant awards will be submitted to the Governor or Governor and Council for approval (depending upon the type of funds) with the actual funding and exact amount needed to complete the project.

EXPLANATION

A total federal amount of \$2,455,647.00 is requested from the FAA. The FAA may grant less funding or additional funds depending upon project priority and available funds. All AIP funds received from the FAA (90%) are typically matched with State funding (5%) and a local sponsor share (5%). The CRRSAA Act will provide 100% FAA grant funding only for airport operations and maintenance and airport concession expenses.

CRRSAA was signed into law on December 27, 2020 and included \$2 billion in funds to be awarded as economic relief to eligible U.S. airports and eligible concessions at those airports to prevent, prepare for and respond to the Coronavirus disease 2019 (COVID-19) pandemic.

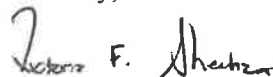
When FAA issues the grant(s), each individual grant will require Governor or Governor and Council approval, depending on the type of FAA funding.

The purpose of this request for Governor approval is to allow the Pease Development Authority and their attorney to execute all FAA grants issued in FFY 2021. This will include any FAA AIP, CRRSAA, and/or emergency funding that the FAA grants in addition to what is outlined in the attached available documentation. FAA grant offer documentation is not available at this time, as it has not been issued by FAA. The AIP documentation are estimates. In the past, the FAA has issued recovered discretionary funds to the Pease Development Authority at the end of the FFY that were above and beyond the airport's original request for FAA funding. This approval would allow the Pease Development Authority and their attorney to sign and accept the FAA funds with the understanding that the actual FAA grants received by the airport for the projects will require further Governor or Governor and Council approval, as required. The FAA may issue multiple grant offers to the Portsmouth International Airport at Pease and the Skyhaven Airport.

In the event that the Federal Funds are no longer available, General Funds will not be requested to support this program.

Please note that the state funds are from the General Fund and have been previously approved in HB25, 2019, 146:1:XVI- A Capital Budget.

Sincerely,



Victoria F. Sheehan
Commissioner

I hereby approve this request pursuant to RSA 4:45, RSA 21-P:43, and Section 4 of Executive Order 2020-04 as extended by Executive Orders 2020-05, 2020-08, 2020-09, 2020-10, 2020-14, 2020-15, 2020-16, 2020-17, 2020-18, 2020-20, 2020-21, 2020-23, 2020-24, 2020-25, 2021-01, 2021-02 and 2021-04 and suspend the Manual of Procedures 150, V., 5., requirement.

3-25-21

Date



Name: Governor Christopher T. Sununu

VFS/tlsf

Attachments:

Application for Federal Assistance SF-424

*1. Type of Submission:

- Preapplication
 Application
 Changed/Corrected Application

*2. Type of Application

- New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

*Other (Specify)

*3. Date Received:

NA

4. Applicant Identifier:

PSM (Portsmouth International at Pease) Portsmouth, NH

*5b. Federal Entity Identifier:

33-0016

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Pease Development Authority

*b. Employer/Taxpayer Identification Number (EIN/TIN):

02-6000618

*c. Organizational DUNS:

62-009-4771

d. Address:

*Street 1: PDA

Street 2: 55 International Dr.

*City: Portsmouth

County/Parish: _____

*State: NH

Province: _____

*Country: USA: United States

*Zip / Postal Code 3801

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: _____ *First Name: Paul

Middle Name: _____

*Last Name: Brean

Suffix: _____

Title: Executive Director

Organizational Affiliation:

*Telephone Number: (603) 433-6088

Fax Number:

*Email: P.Brean@peasedev.org

Application for Federal Assistance SF-424

***9. Type of Applicant 1: Select Applicant Type:**

X. Airport Sponsor

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:

Airport Improvement Program

***12. Funding Opportunity Number:**

NA _____

*Title:

NA _____

13. Competition Identification Number:

NA _____

Title:

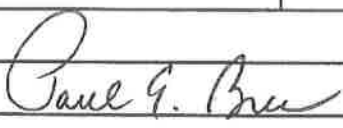
NA _____

14. Areas Affected by Project (Cities, Counties, States, etc.):

***15. Descriptive Title of Applicant's Project:**

\$1,427,609 for costs related to operations, personnel, cleaning, sanitization, janitorial services, combating the spread of pathogens at the airport, and debt service payments.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
*a. Applicant: 1	*b. Program/Project: 1
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
*a. Start Date: NA	*b. End Date: NA
18. Estimated Funding (\$):	
*a. Federal	\$1,427,609.
*b. Applicant	\$0
*c. State	\$0
*d. Local	\$0
*e. Other	\$0
*f. Program Income	\$0
*g. TOTAL	\$1,427,609.
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____.	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input checked="" type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach _____	
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: _____	*First Name: <u>Paul</u> _____
Middle Name: _____	
*Last Name: <u>Brean</u> _____	
Suffix: _____	
*Title: Executive Director	
*Telephone Number: (603) 433-6088	Fax Number: _____
* Email: P.Brean@peasedev.org	
*Signature of Authorized Representative: 	*Date Signed: <u>2/18/2021</u>

Application for Federal Assistance SF-424

*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

*2. Type of Application

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

*Other (Specify) _____

*3. Date Received:

4. Applicant Identifier:

SBG 15-xx-2021

*5b. Federal Entity Identifier:

*5b. Federal Award Identifier:

SBG 15-xx-2021

State Use Only:

6. Date Received by State:

7. State Application Identifier: SBG 15-xx-2021

8. APPLICANT INFORMATION:

*a. Legal Name: Pease Development Authority

*b. Employer/Taxpayer Identification Number (EIN/TIN):

02-0440365

*c. Organizational DUNS:

62-009-4771

d. Address:

*Street 1: 55 International Drive

Street 2: _____

*City: Portsmouth

County: Rockingham

*State: NH

Province: _____

*Country: USA: United States

*Zip / Postal Code 03801

e. Organizational Unit:

Department Name:

Skyhaven Airport

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms. *First Name: Maria

Middle Name: _____

*Last Name: Stowell

Suffix: _____

Title: Engineering Manager

Organizational Affiliation:

Pease Development Authority

*Telephone Number: 603-766-9296

Fax Number: 603-334-6135

*Email: m.stowell@peasedev.org

Application for Federal Assistance SF-424

***9. Type of Applicant 1: Select Applicant Type:**

A. State 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:

Airport Improvement Program

***12. Funding Opportunity Number:**

NA _____

*Title:

NA _____

13. Competition Identification Number:

NA _____

Title:

NA _____

14. Areas Affected by Project (Cities, Counties, States, etc.):

Strafford County

***15. Descriptive Title of Applicant's Project:**

\$13,000 for costs related to operations, personnel, cleaning, sanitization, janitorial services, combating the spread of pathogens at the airport and debt service payments.

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
*a. Applicant: 01	*b. Program/Project: 01
Attach an additional list of Program/Project Congressional Districts if needed.	
17. Proposed Project:	
*a. Start Date: NA	*b. End Date: NA
18. Estimated Funding (\$):	
*a. Federal	\$13,000.00
*b. Applicant	\$0
*c. State	\$0
*d. Local	\$0
*e. Other	\$0
*f. Program Income	\$0
*g. TOTAL	\$13,000.00
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____. <input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review. <input checked="" type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", provide explanation and attach _____	
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: Mr. _____	*First Name: Paul _____
Middle Name: E. _____	
*Last Name: Brean _____	
Suffix: _____	
*Title: Executive Director	
*Telephone Number: 603-766-9230	Fax Number: 603-334-6135
* Email: p.brean@peasedev.org	
*Signature of Authorized Representative:	*Date Signed: _____



19th Draft - FY 2022-2031 - for airport updates
DRAFT - For Discussion Purposes Only

Federal Fiscal Year 2021

Revised: 26-Jan-21

Airport Sponsor	Project Description	FAA Share (60%)	NHDOT Share (5%)	Local Share (5%)	TOTAL	AIP or SBG No.
Dean Memorial Airport	RSA Improvements: Road Relocation, Airfield Pavement Markings, Utility Relocation	\$350,000	\$19,444	\$19,444	\$388,889	SBG-18-XX-2021
Laconia Municipal Airport	Acquire Land/Easements for Obstruction Removal in RPZ to Runway 8 (6 parcels) and Runway 26 (4 parcels)	\$414,000	\$23,000	\$23,000	\$460,000	SBG-09-XX-2021
Claremont Municipal Airport	Obstruction Removal - R/W 11 approach	\$525,000	\$29,167	\$29,167	\$583,333	SBG-02-XX-2021
Requested FY 2021 Supplemental Appropriation						
Boire Field	Rehabilitate, Mark, Light, Sign, and Drain Taxiway A (approx. 6,300 LF) and Associated Slub Taxiways	\$3,500,000	\$194,444	\$194,444	\$3,888,889	SBG-12-XX-2021
FY 2020 Supplemental Appropriation + CARES Act Group 1						
Dillant-Hopkins Airport	FY 2020 SUPPLEMENTAL APPROPRIATIONS - Construction Only: Taxiway 'A' Relocation (South Section) and Taxiway 'T' Reconstruction - Phase I	\$1,611,111	\$0	\$0	\$1,611,111	SBG-08-XX-2021
Dillant-Hopkins Airport	Construction Only: Taxiway 'A' Relocation (South Section) and Taxiway 'T' Reconstruction - Phase II	\$450,000	\$25,000	\$25,000	\$500,000	SBG-08-XX-2021
Mt. Washington Regional Airport	Acquire Snow-Removal Equipment (carrier vehicle + attachments)	\$300,000	\$16,667	\$16,667	\$333,333	SBG-17-XX-2021
FY 2019 Supplemental Appropriation						
Claremont Municipal Airport	FY 2019 SUPPLEMENTAL APPROPRIATIONS: Runway 11-29 Reconstruction & RSAs (design & construct)	\$3,000,000	\$166,667	\$166,667	\$3,333,333	SBG-02-XX-2021
Statewide	State Airport System Planning - Section 106 "bundle"	\$150,000	\$16,667	\$0	\$166,667	SBG-33-XX-2021
Claremont Municipal Airport	Easement Acquisition - R/W 11 approach (2 parcels)	\$500,000	\$27,778	\$27,778	\$555,556	SBG-02-XX-2021
Dean Memorial Airport	Property Acquisition for Runway 1 RSA (2 parcels: 13.35± ac + 1.45± ac)	\$230,000	\$12,778	\$12,778	\$255,556	SBG-18-XX-2021
Laconia Municipal Airport	SRE Building - Phase I (design, permit, bid)	\$99,000	\$5,500	\$5,500	\$110,000	SBG-09-XX-2021
Dillant-Hopkins Airport	Install Perimeter Fence - Phase I (design, EA and/or permitting)	\$150,000	\$8,333	\$8,333	\$166,667	SBG-08-XX-2021
Laconia Municipal Airport	Final Design and Permit Wildlife Upgrades and Extension to Perimeter Fence & Gates	\$252,000	\$14,000	\$14,000	\$280,000	SBG-09-XX-2021
Berlin Regional Airport	N/A - NPE Placeholder	\$0	\$0	\$0	\$0	N/A
Concord Municipal Airport	N/A - NPE Placeholder	\$0	\$0	\$0	\$0	N/A
Skyhaven Airport	N/A - NPE Placeholder	\$0	\$0	\$0	\$0	N/A
Subtotal for Non-Primary Airport Sub-Grants in FFY 2021		\$11,531,111	\$559,444	\$542,778	\$12,633,333	
Airport Sponsor	Project Description	FAA Share (90%)	NHDOT Share (5%)	Local Share (5%)	TOTAL	AIP or SBG No.
Manchester-Boston Regional Airport	RIMS HS1: Construct Only: Extend Taxiway "A" to Runway 17 End; Reconfigure Taxiway "H" north of Runway 24 (Alt 2)	\$6,255,000	\$347,500	\$347,500	\$6,950,000	AIP 3-33-0011-XX-2021
Manchester-Boston Regional Airport	Design Only: Rehabilitate Runway 17-35 and Related Service Road - Phase I (design, permit, bid)	\$855,000	\$47,500	\$47,500	\$950,000	AIP 3-33-0011-XX-2021
Manchester-Boston Regional Airport	Taxiway A MSE Wall Drainage Improvements - Design Only	\$180,000	\$10,000	\$10,000	\$200,000	AIP 3-33-0011-XX-2021
Portsmouth International Airport at Pease	Purchase Snow-Removal Equipment (blower/rotary plow/spreader)	\$720,000	\$40,000	\$40,000	\$800,000	AIP 3-33-0016-XX-2021
Portsmouth International Airport at Pease	Rehabilitate Lowry Lane	\$270,000	\$15,000	\$15,000	\$300,000	AIP 3-33-0016-XX-2021
Lebanon Municipal Airport	Prepare Environmental Assessment Update	\$200,000	\$11,111	\$11,111	\$222,222	AIP 3-33-0010-XX-2021
Lebanon Municipal Airport	FAA Reimbursable Agreement (R/W 18-36 LOC relocation feasibility study)	\$50,000	\$2,778	\$2,778	\$55,556	AIP 3-33-0010-XX-2021
Lebanon Municipal Airport	Terminal Building and Maintenance Building Renovations	\$1,000,000	\$55,556	\$55,556	\$1,111,111	AIP 3-33-0010-XX-2021
Subtotal for Primary Commercial Airports in FFY 2021		\$9,530,000	\$529,444	\$529,444	\$10,588,889	
Total Need for FFY 2021		\$21,061,111	\$1,088,889	\$1,072,222	\$23,222,222	

Note: The full non-federal share of the state-sponsored projects are paid for by NHDOT.