

GRANT DURATION RULE



FAA
Airports

ASSURANCES

Airport Sponsors

A. General.

1. These assurances shall be complied with in the performance of grant agreements for airport development, airport planning, and noise compatibility program grants for airport sponsors.
2. These assurances are required to be submitted as part of the project application by sponsors requesting funds under the provisions of Title 49, U.S.C., subtitle VII, as amended. As used herein, the term "public agency sponsor" means a public agency with control of a public-use airport; the term "private sponsor" means a private owner of a public-use airport; and the term "sponsor" includes both public agency sponsors and private sponsors.
3. Upon acceptance of this grant offer by the sponsor, these assurances are incorporated in and become part of this grant agreement.

B. Duration and Applicability.

1. **Airport development or Noise Compatibility Program Projects Undertaken by a Public Agency Sponsor.**

The terms, conditions and assurances of this grant agreement shall remain in full force and effect throughout the useful life of the facilities developed or equipment acquired for an airport development or noise compatibility program project, or throughout the useful life of the project items installed within a facility under a noise compatibility program project, but in any event not to exceed twenty (20) years from the date of acceptance of a grant offer of Federal funds for the project. However, there shall be no limit on the duration of the assurances regarding Exclusive Rights and Airport Revenue so long as the airport is used as an airport. There shall be no limit on the duration of the terms, conditions, and assurances with respect to real property acquired with federal funds. Furthermore, the duration of the Civil Rights assurance shall be specified in the assurances.

2. **Airport Development or Noise Compatibility Projects Undertaken by a Private Sponsor.**

The preceding paragraph 1 also applies to a private sponsor except that the useful life of project items installed within a facility or the useful life of the facilities developed or equipment acquired under an airport development or noise compatibility program project shall be no less than ten (10) years from the date of acceptance of Federal aid for the project.

DATE OF ACCEPTANCE

The Sponsor's acceptance of this Offer and ratification and adoption of the Project Application incorporated herein shall be evidenced by execution of this instrument by the Sponsor, as hereinafter provided, and this Offer and Acceptance shall comprise a Grant Agreement, as provided by the Act, constituting the contractual obligations and rights of the United States and the Sponsor with respect to the accomplishment of the Project and compliance with the assurances and conditions as provided herein. Such Grant Agreement shall become effective upon the Sponsor's acceptance of this Offer.

UNITED STATES OF AMERICA
FEDERAL AVIATION ADMINISTRATION
WESTERN-PACIFIC REGION

By: John P. Milligan
John P. Milligan, Supervisor
Standards Section

Part II - Acceptance

The sponsor does hereby ratify and adopt all assurances, statements, representations, warranties, covenants, and agreements contained in the Project Application and incorporated materials referred to in the foregoing Offer and does hereby accept this Offer and by such acceptance agrees to comply with all of the terms and conditions in this Offer and in the Project Application.

Executed this 29th day of June, 1994.

City of Santa Monica, California

Name of Sponsor

(SEAL)

By: John Falili
Sponsor's Designated Official
Representative

Attest: Blaise E. DeMora

Title: City Manager

Title: City Clerk

CERTIFICATE OF SPONSOR'S ATTORNEY

I, Marsha J. Moutrie, acting as Attorney for the Sponsor do hereby certify:

That in my opinion the Sponsor is empowered to enter into the foregoing Grant Agreement under the laws of the State of California. Further, I have examined the foregoing Grant Agreement and the actions taken by said Sponsor relating thereto, and find that the acceptance thereof by said Sponsor and Sponsor's official representative has been duly authorized and the execution thereof is in all respects due and proper and in accordance with the laws of the said State and the Act. In addition, for grants involving projects to be carried out on property not owned by the Sponsor, there are no legal impediments that will prevent full performance by the Sponsor. Further, it is my opinion that the said Grant Agreement constitutes a legal and binding obligation of the Sponsor in accordance with the terms thereof.

Dated at Santa Monica CA this 29th day of June, 1994.

Marsha J. Moutrie
Signature of Sponsor's Attorney

OUTLAY REPORT AND REQUEST FOR REIMBURSEMENT FOR CONSTRUCTION PROGRAMS

(See instructions on back)

Approved by Office of Management and Budget, No. 80-10187

1 1 1 PAGES

1. TYPE OF REQUEST

☐ FINAL ☒ PARTIAL

2. BASIS OF REQUEST

☒ CASH ☐ ACCRUAL

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED

Federal Aviation Administration

4. FEDERAL AWARD OR OTHER PROGRAM NUMBER ASSIGNED BY FEDERAL AGENCY

DIFA08-94-C-20857

5. PARTIAL PAYMENT REQUEST NO.

ONE (1)

6. EMPLOYER IDENTIFICATION NUMBER

95-6000790

7. RECIPIENT ACCOUNT OR OTHER IDENTIFYING NUMBER

AIP 3-06-0239-06

8. PERIOD COVERED BY THIS REPORT

08/01/94

09/31/96

9. RECIPIENT ORGANIZATION

Name: City of Santa Monica

No. and Street: P. O. Box 2200

City, State and ZIP Code: Santa Monica, CA 90407-2200

10. PAYEE (Where check should be sent if different than item 9)

Name:

No. and Street:

City, State and ZIP Code:

11. STATUS OF FUNDS				
CLASSIFICATION	PROGRAMS—FUNCTIONS—ACTIVITIES			TOTAL
	(a)	(b)	(c)	
a. Administrative expense	\$	\$	\$	\$ -0-
b. Preliminary expense				26,275.10
c. Land, structures, right-of-way				-0-
d. Architectural engineering basic fees				118,500.00
e. Other architectural engineering fees				19,377.84
f. Project inspection fees				121,810.54
g. Land development				-0-
h. Relocation expense				-0-
i. Relocation payments to individuals and businesses				-0-
j. Demolition and removal				-0-
k. Construction and project improvement cost	Phase 1			701,534.93
l. Equipment				-0-
m. Miscellaneous cost				-0-
n. Total cumulative to date (sum of lines a thru m)				987,498.41
o. Deductions for program income				-0-
p. Net cumulative to date (Line n minus line o)				987,498.41
q. Federal share to date				888,749.00
r. Rehabilitation grants (100% reimbursement)				-0-
s. Total Federal share (sum of lines q and r)				888,749.00
t. Federal payments previously requested				-0-
u. Amount requested for reimbursement	\$	\$	\$	\$ 888,749.00
v. Percentage of physical completion of project	%	%	%	Phase 1 99 %
12. CERTIFICATION				
I certify that to the best of my knowledge and belief the billed costs or disbursements are in accordance with the terms of the project and that the reimbursement represents the Federal share due which has not been previously requested and that an inspection has been performed and all work is in accordance with the terms of the award.				
a. RECIPIENT	SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL		DATE REPORT SUBMITTED	
	Robert D. Trimborn Airport Manager		(310) 458-8726	
b. Representative certifying to line 11v.	SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL		DATE SIGNED	
	Lee B. Moen, Principal Shutt Moen Associates		09/11/96 (707) 526-5010	

271-102

STANDARD FORM 271 (7-76)
Prescribed by Office of Management and Budget
Cir. No. A-110

PARTIAL
PAYMENT 1

OUTLAY REPORT AND REQUEST FOR REIMBURSEMENT FOR CONSTRUCTION PROGRAMS

(See instructions on back)

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED

Federal Aviation Administration

6. EMPLOYER IDENTIFICATION NUMBER

95-6000790

RECIPIENT ACCOUNT OR OTHER IDENTIFYING NUMBER

AIP 3-06-0239-06

9. RECIPIENT ORGANIZATION

Name : City of Santa Monica

No. and Street :

P. O. Box 2200

City, State and ZIP Code :

Santa Monica, CA 90407-2200

Approved by Office of Management and Budget

1. TYPE OF REQUEST

FINAL ☒ PARTIAL ☒ *

2. BASIS OF REQUEST

☒ CASH ☐ ACCRUAL

4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER

DTFA08-94-C-20857

5. PARTIAL PAYMENT REQUEST NO.

TWO (2)

PERIOD COVERED BY THIS REPORT

FROM (Month, day, year) 09/01/96

TO (Month, day, year) 04/20/98

10. PAYEE (Where check should be sent if different than Recipient)

Name :

No. and Street :

City, State and ZIP Code :

11.

STATUS OF FUNDS

PROGRAMS—FUNCTIONS—ACTIVITIES

CLASSIFICATION	(a)	(b)	(c)	TOTAL
a. Administrative expense	\$	\$	\$	\$ -0-
b. Preliminary expense				27,042.56
c. Land, structures, right-of-way				-0-
d. Architectural engineering basic fees				113,500.00
e. Other architectural engineering fees				19,377.84
f. Project inspection fees				128,736.84
g. Land development				-0-
h. Relocation expense				-0-
i. Relocation payments to individuals and businesses				-0-
j. Demolition and removal				-0-
k. Construction and project improvement cost				1,007,905.83
l. Equipment				-0-
m. Miscellaneous cost				-0-
n. Total cumulative to date (sum of lines a thru m)				1,301,563.07
o. Deductions for program income				-0-
p. Net cumulative to date (Line n minus line o)				1,301,563.07
q. Federal share to date				1,171,407.00
r. Rehabilitation grants (100% reimbursement)				-0-
s. Total Federal share (sum of lines q and r)				1,171,407.00
t. Federal payments previously requested				888,749.00
u. Amount requested for reimbursement	\$	\$	\$	\$ 222,658.00
v. Percentage of physical completion of project	%	%	%	100% %

12. CERTIFICATION

I certify that to the best of my knowledge and belief the billed costs or disbursements are in accordance with the terms of the project and that the reimbursement represents the Federal share due which has not been previously requested and that an inspection has been performed and all work is in accordance with the terms of the award.

MAY - 7 1998

a. RECIPIENT

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

TYPED OR PRINTED NAME AND TITLE

Bob Trimborn, Airport Manager

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

TYPED OR PRINTED NAME AND TITLE

Lee B. Moen, Principal

Shutt Moen Associates

DATE REPORT SUBMITTED

5/5/98

TELEPHONE (Area code, number and extension)

(310) 458-8726

DATE SIGNED

04/20/98

TELEPHONE (Area code, number and extension)

(707) 526-5010

271-102

STANDARD FORM 271 (7-76)
Prescribed by Office of Management and Budget
Cir. No. A-110

* Phase I is 100% complete, Phase II is in progress.

PARTIAL
PAYMENT 2

OUTLAY REPORT AND REQUEST FOR REIMBURSEMENT FOR CONSTRUCTION PROGRAMS

(See instructions on back)

Approved by Office of Management and Budget, No. 80-R0181

1. TYPE OF REQUEST
☐ FINAL ☒ PARTIAL

2. BASIS OF REQUEST
☐ CASH ☒ ACCRUAL

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED
 Federal Aviation Administration

4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY
 TFA08-94-C-20857

5. PARTIAL PAYMENT REQUEST NO.
 Three (3)

6. EMPLOYER IDENTIFICATION NUMBER
 95-6000790

7. RECIPIENT ACCOUNT OR OTHER IDENTIFYING NUMBER
 AIP3-06-0239-06

8. PERIOD COVERED BY THIS REPORT
 FROM (Month, day, year) 04/21/98 TO (Month, day, year) 09/01/00

9. RECIPIENT ORGANIZATION
 City of Santa Monica

10. PAYEE (Where check should be sent if different than item 9)

No. and Street P.O. Box 2200
 City, State and ZIP Code Santa Monica, CA 90407-2200

11. STATUS OF FUNDS				
CLASSIFICATION	PROGRAMS—FUNCTIONS—ACTIVITIES			TOTAL
	(a)	(b)	(c)	
a. Administrative expense	\$	\$	\$	\$ -0-
b. Preliminary expense				44,042.56
c. Land, structures, right-of-way				-0-
d. Architectural engineering basic fees				118,500.00
e. Other architectural engineering fees				19,377.84
f. Project inspection fees				128,736.84
g. Land development				-0-
h. Relocation expense				-0-
i. Relocation payments to individuals and businesses				-0-
j. Demolition and removal				-0-
k. Construction and project improvement cost				1,007,905.83
l. Equipment				-0-
m. Miscellaneous cost				-0-
n. Total cumulative to date (sum of lines a thru m)				1,318,563.70
o. Deductions for program income				-0-
p. Net cumulative to date (Line n minus line o)				1,318,563.07
q. Federal share to date				1,186,707.00
r. Rehabilitation grants (100% reimbursement)				-0-
s. Total Federal share (sum of lines q and r)				1,186,707.00
t. Federal payments previously requested				1,171,407.00
u. Amount requested for reimbursement	\$	\$	\$	\$ 15,300.00
v. Percentage of physical completion of project	%	%	%	-0-% *

I find \$ 15,300 of the amount requested for reimbursement to be an allowable project cost based on the representations and certifications of the sponsor as contained in the payment requested. I further find this cost has not previously been reimbursed, and hereby approve payment of such amount.

Robert C. Caballero
 Name
 10/2/00
 Date

12. CERTIFICATION

I certify that to the best of my knowledge and belief the billed costs or disbursements are in accordance with the terms of the project and that the reimbursement represents the Federal share due which has not been previously requested and that an inspection has been performed and all work is in accordance with the terms of the award. OCT - 2

a. RECIPIENT	SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL <i>[Signature]</i> TYPED OR PRINTED NAME AND TITLE	DATE REPORT SUBMITTED 09/27/00 TELEPHONE (Area code, number and extension)
b. Representative certifying to line 11v.	SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL TYPED OR PRINTED NAME AND TITLE	DATE SIGNED TELEPHONE (Area code number and extension)

271-102

STANDARD FORM 271 (7-76)
 Prescribed by Office of Management and Budget
 Cir. No. A-110

*Phase I is 100% complete, Phase II is in progress

PARTIAL
 PAYMENT 3

OUTLAY REPORT AND REQUEST FOR REIMBURSEMENT FOR CONSTRUCTION PROGRAMS

Approved by Office of Budget, No. 80-RO181

1. TYPE OF REQUEST: ☒ FINAL ☒ PARTIAL

2. BASIS OF REQUEST: ☒ CASH ☐ ACCRUAL

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED: Federal Aviation Administration

4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY: DTEA08-94-C-20857

5. PARTIAL PAYMENT REQUEST NO.: Four (4)

6. EMPLOYER IDENTIFICATION NUMBER: 95-6000790

7. RECIPIENT ACCOUNT OR OTHER IDENTIFYING NUMBER: AIP 3-06-0239-06 (11)

8. PERIOD COVERED BY THIS REPORT: FROM 09/01/00 TO 08/08/01

9. RECIPIENT ORGANIZATION: City of Santa Monica

10. PAYEE: (Where check should be sent if different than item 9)

11. STATUS OF FUNDS: PROGRAMS—FUNCTIONS—ACTIVITIES

CLASSIFICATION	(a)	(b)	(c)	TOTAL
a. Administrative expense	\$	\$	\$	\$ 0
b. Preliminary expense				44,042.56
c. Land, structures, right-of-way				0
d. Architectural engineering basic fees				118,500.00
e. Other architectural engineering fees				19,377.84
f. Project inspection fees				128,736.84
g. Land development				0
h. Relocation expense				0
i. Relocation payments to individuals and businesses				0
j. Demolition and removal				0
k. Construction and project improvement cost				1,581,724.83
l. Equipment				0
m. Miscellaneous cost				0
n. Total cumulative to date (sum of lines a thru m)				1,892,382.07
o. Deductions for program income				0
p. Net cumulative to date (Line n minus line o)				1,892,382.07
q. Federal share to date				1,604,700.00
r. Rehabilitation grants (100% reimbursement)				0
s. Total Federal share (sum of lines q and r)				1,604,700.00
t. Federal payments previously requested				1,186,707.00
u. Amount requested for reimbursement	\$	\$	\$	\$417,993.00
v. Percentage of physical completion of project	%	%	%	80 %

12. CERTIFICATION

I certify that to the best of my knowledge and belief the billed costs or disbursements are in accordance with the terms of the project and that the reimbursement represents the Federal share due which has not been previously requested and that an inspection has been performed and all work is in accordance with the terms of the award.

a. RECIPIENT: Robert D. Trimborn, Airport Manager

b. Representative certifying to line 11v: Antonio Shorban

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL: Alicia Roseborough

DATE REPORT SUBMITTED: 08/16/01

DATE SIGNED: 8.16.01

TELEPHONE: 310.458.8926

PARTIAL PAYMENT 4

GRANT AMMENDMENT FOR FINAL PAYMENT



U.S. Department
of Transportation

Federal Aviation
Administration

Page 1 of 2 Pages

Contract No. DTFA08-94-C-20857

Santa Monica Airport/Planning Area

Santa Monica, California

AMENDMENT NO. 2 TO GRANT AGREEMENT FOR PROJECT NO. NO. 3-06-0239-06

WHEREAS, the Federal Aviation Administration (hereinafter referred to as the "FAA") has determined it to be in the interest of the United States that the Grant Agreement between the FAA, acting for and on behalf of the United States, and the city of Santa Monica, (hereinafter referred to as the "Sponsor"), accepted by said Sponsor on the 29th day of June, 1994, be amended in conformance with Sponsor's letter dated September 27, 2002.

NOW THEREFORE, WITNESSETH:

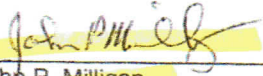
That in consideration of the benefits to accrue to the parties hereto, the FAA on behalf of the United States, on the one part, and the Sponsor, on the other part, do hereby mutually agree that said Grant Agreement be and is hereby amended as follows:

The maximum obligation stated on page 2, condition 1, is hereby increased by \$240,600.00, from \$1,604,700.00 to \$1,845,300.00.

All other terms and conditions of the Grant Agreement remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have caused this Amendment to said Grant Agreement to be duly executed as of the 27 day of August, 2003.

UNITED STATES OF AMERICA
FEDERAL AVIATION ADMINISTRATION
WESTERN-PACIFIC REGION


John P. Milligan
Supervisor, Standards Section

See Receipt

FINAL!

DUPLICATE REPORT AND REQUEST FOR REIMBURSEMENT FOR CONSTRUCTION PROGRAMS		OMB APPROVAL NO. 0348-0002		PAGE 1 OF 1 PAGES	
(See instructions on back)		TYPE OF REQUEST <input checked="" type="checkbox"/> FINAL <input type="checkbox"/> PARTIAL		2. PARTIAL PAYMENT REQUEST NO.	
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED Federal Aviation Administration		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER DTFA08-94-C-20857		5. PARTIAL PAYMENT REQUEST NO.	
6. EMPLOYER IDENTIFICATION NUMBER 95-6000790		7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER AIP 3-06-0239-06 (11)		PERIOD COVERED BY THIS REQUEST FROM (Month, day, year) 08/09/2001 TO (Month, day, year) 06/30/2002	
8. RECIPIENT ORGANIZATION Name: City of Santa Monica No. and Street: 1685 Main Street City, State and ZIP Code: Santa Monica, CA 90401		9. PAYEE (Where check is to be sent if different than item 8) Name: City of Santa Monica Treasury Division No. and Street: 1685 Main Street Room 103, P.O. Box 2200 City, State and ZIP Code: Santa Monica, CA 90407-2200			
11. STATUS OF FUNDS					
CLASSIFICATION	(a) PROGRAMS	(b) FUNCTIONS	(c) ACTIVITIES	TOTAL	
a. Administrative expense	\$	\$	\$	\$ 0.00	
b. Preliminary expense				44,042.56	
c. Land, structures, right-of-way				0.00	
d. Architectural engineering basic fees				118,500.00	
e. Other architectural engineering fee				19,377.84	
f. Project inspection fees				128,736.84	
g. Land development				0.00	
h. Relocation expense				0.00	
i. Relocation payments to individuals and businesses				0.00	
j. Demolition and removal				0.00	
k. Construction and project improvement cost				1,761,930.03	
l. Equipment				0.00	
m. Miscellaneous cost				0.00	
n. Total cumulative to date (sum of lines a thru m)	0.00	0.00	0.00	2,072,587.27	
o. Deductions for program income				0.00	
p. Net cumulative to date (line n minus line o)	0.00	0.00	0.00	2,072,587.27	
q. Federal share to date				1,845,300.00	
r. Rehabilitation grants (100% reimbursement)					
s. Total Federal share (sum of lines q and r)	0.00	0.00	0.00	1,845,300.00	
t. Federal payments previously requested				1,604,700.00	
u. Amount requested for reimbursement	\$	\$	\$	\$ 240,600.00	
v. Percentage of physical completion of project	%	%	%	100 %	
12. CERTIFICATION		SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL		DATE REPORT SUBMITTED	
I certify that to the best of my knowledge and belief the billed costs or disbursements are in accordance with the terms of the project and that the reimbursement represents the Federal share due which has not been previously requested and that an inspection has been performed and all work is in accordance with the terms of the award.		Robert Dale Trimbur, Assistant Manager		08/14/02	
		Bill Zein, Sr. Civil Engineer		8/2/02	

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PREVIOUS EDITION USABLE
271-103

STANDARD FORM 271 (Rev. 7-82)
Prescribed by OMB Circular A-102 and A-110

5TH AND FINAL
PAYMENT!



U.S Department
of Transportation
**Federal Aviation
Administration**

FINAL!
↓

Memorandum

Western-Pacific Region
Airports Division
P.O. Box 92007
Los Angeles, CA 90009

Subject: **ACTION: Request for Final Grant Payment;**
Grant Payment No. 5

Date: August 28, 2003

From: Supervisor, Standards Section, AWP-621

Reply to **R. Cabalbag:**
Attn. of: x3630

Manager, Contract and Payables, AWP-28
To: **THRU:** Supervisor, Programming Section, AWP-612

The attached Outlay Report and Request for **Reimbursement for Construction** Programs, STD Form 271 (two copies) are submitted in support of subject payment application.

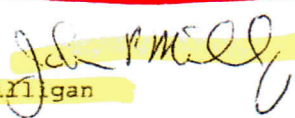
SPONSOR: City of Santa Monica, CA.

LOCATION: Santa Monica Municipal Airport

PROJECT NO: AIP 3-06-0239-06

CONTRACT NO: **DTFA08-94-C-20857**

AMOUNT: \$240,600.00


John P. Milligan

Attachments