





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 ol a P a

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
A. V. VIII. Il
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 day of 1994.
City of Santa Monica, California Name of Sponsor
Name of Sponsof
(SEAL) By: John Jalili.
Sponsor's Designated Official
Representative
Attest: 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.
Signature of Sponsor's Attorney

(See instructions on	luck)	1. TYPE OF REQUE	770	ASH ACCRUAL
3. FEDERAL SPONSORING AGENCY AND ORGANICH THIS REPORT IS SUBMITTED	MIZATIONAL ELEMENT	O 4. PEDERAL GROOM	GR OTHER S. PAR	
Federal Aviation Administ	ration	DTFA08-94-C-	TINGA	ONE (1)
6. EMPLOYER IDENTIFICATION RECIPION IDENT	IENT ACCOUNT OR OTH		PERIOD COVERED BY THIS	REPURT
95-6000790 AIP 3	-06-0239-06	08/01/9	10 (M	outh, day, year)
9. RECIPIENT ORGANIZATION			herh should be sent if differe	3/31/96 (nt then item 2)
Name : City of Santa Mon	ica	Name		
No. 224 D. O. Barr. 2200		No. and		
No. and P. O. Box 2200 City.		Street :		
State and ZIP Code: Santa Monica, CA	90407-2200	Street and ZIP Code .		
11.		S OF FUNDS		
CLASSIFICATION	(a)	RAMS—FUNCTIONS—	-ACTIVITIES	
			(6)	TOTAL
a. Administrative expense	\$	\$	S	s -0-
b. Preliminary expense				26,275.10
The state of the s		find \$ 888, 749.	00 of the	20,2/3.10
c. Land, structures, right-of-way	a	mount requested to	r reimbursement	-0-
d. Architectural engineering basic fees	0	be an allowable printhe representation	is and	118,500.00
e. Other architectural engineering fees	0	ertifications of the spontained in the payr	porteor as	19,377,84
	10	inter find this cost h	las not previously	
f. Project inspection fees	b	een reimbursed, and ayment of such armo	d hereby approve	121,810.54
g. Land development		2 1. 0	0 1	-0-
h. Relocation expense	N	ame	Cabalday	-0-
i. Relocation payments to individuals and	0		-	
businesses		alo	0	-0-
. Demolition and removal	T	RECEIV		-0-
k. Construction and project improvement cost	Phase 1	Versi - F.	996	701,534.93
I. Equipment		1	75.5K	-0-
m. Miscellaneous cost		AIRPONP -	82	-0-
n. Total cumulative to date (sum of lines		1		007 400 41
a thru m)		1		987,498.41
o. Deductions for program income	and the same of th	- In Pili	100	-0-
p. Net cumulative to date (Line n minus line o)	\	P Certifying Offi	1 1 1 1	987,498.41
q. Federal share to date		3	6	888,749.00
. Rehabilitation grants (100% reim-		/4	11:	-
bursement) 5. Total Federal share (sum of lines q		F L Parke	-	-0-
and r)		1		888,749.00
Federal payments previously re- quested	V			-0-
. Amount requested for relimbursement	\$	\$ 407 74 1 19	¥ \$49 6 30 5	\$ 888,749,00
Percentage of physical completion of project	%.	Carlotte I	%	Phase 1 99 %
2. CERTIFICATION	70-	SIGNATURE OF AUTHO	IRIZED CERTIFYING	Phase 1 99 %
certify that to the best of my knowledge		Alex 1	7.	SOBMITIES
nd belief the billed costs or disburse-	a. RECIPIENT	TYPED OR POMITED NA	AME AND TITLE	TELEPHONE (Area cade,
the project and that the reimburgerest		Robert D. T	rimborn	number and extension)
the project and that the reimbursement presents the Federal share due which		Airport Man		(310) 458-8726
as not been previously requested and		SIGNATURE OF AUTHO	RIZED CERTIFYING	DATE SIGNED
	b. Representative		10	09/11/96
	certifying to line	1-2001	-	A COLUMN TO THE PARTY OF THE PA
nd all work is in accordance with the	11v.	TYPED OR PRINTED NA	ME AND TITLE	TELEPHONE (Area code
		Lee B. Moen, I Shutt Moen Ass	Principal	(707) 526-5010

PARTIAL
PAYMENT 1

MENT FOR CONSTRUCTION PRO	GRAMS	Ender, No. 80-RO		1 1 1 PAGES
(Sec instructions on h	iack)	FITTAL X PA	ARTIAL X CAS	OF REQUEST ACCHUAL
3. FEDERAL SPONSORING AGENCY AND ORGA WHICH THIS REPORT IS SUBMITTED	NIZATIONAL ELEMENT TO	DENTIFYING NUMB	E OTHER S. PARTIL	AL PAYMENT REQUEST NO
Federal Aviation Administra		DTFA08-94-C-20		WO (2)
	IENT ACCOUNT OR OTHER	,	PERIOD COVERED BY THIS HE	PORT
95-6000790 AIP 3	-06-0239-06	99/01/96	1	/20/00
9. RECIPIENT DEGANIZATION			k should be sent if different	/20/98 thin stem 21
Name : City of Santa Mon	ica	Name :		
No. and P. O. Box 2200		Na. and Street		
City. State and ZIP Code: Santa Monica, CA	90407-2200	City, Street and ZIP Code:		
11.	The second secon	OF FUNDS		
		AMS—FUNCTIONS—A		
CLASSIFICATION	(a)	(b)	(c)	TOTAL
a. Administrative expense	\$	\$	\$	5 -0-
b. Preliminary expense			0.000	27,042.56
c. Land, structures, right-of-way	I find	282,658	of the	-0-
	amou	int requested for reim	bursement	113,500,00
d. Architectural engineering basic fees	on the	an allowable project of representations and		
e. Other architectural engineering fees		cations of the sponso fied in the payment r		19,377.84
f. Project inspection fees	furthe	r find this cost has no reimbursed, and hare	ot previously	128,736.84
g. Land development		ent of such amount.	aprovo	-0-
h. Relocation expense	20	when la	balba	-0-
i. Relocation payments to individuals and businesses	Namo	12/00		-0-
Description of the second	Date	7/15		-0-
Demolition and removal Construction and project improvement				-0-
cost			15 - (2) ()	1,007,905.83
I. Equipment			b-(5)21 5	-0-
m. Miscellaneous cost		1	14 01 100 Non	-0-
n. Total cumulative to date (sum of lines a thru m)		111		1,301,563.07
o. Deductions for program income		WF 5	Olida OFice	-0-
p. Net cumulative to date (Line n minus line o)			P	1 201 562 07
			20 10	
q. Federal share to date		1 9 1	The section of the se	1,171,407.00
r. Rehabilitation grants (100% reimbursement)		13	J. Studer	-0-
s. Total Federal share (sum of lines q and r)		the same		1,171,407.00
t. Federal payments previously re- quested				888,749.00
u. Amount requested for reimbursement	5	\$	5	\$ 282,658.00
v. Percentage of physical completion of project	96	%	%	100**
12. CERTIFICATION		SIGNATURE OF AUTHOR	ZED CERTIFYING	DATE REPORT SUBMITTED
I certify that to the best of my knowledge		AA /E		5/5/88
and belief the billed costs or disburse- ments are in accordance with the terms	a. RECIPIENT	TYPED OF PRINTED NAM	E AND TITLE	TELEPHONE (Area code.
of the project and that the reimbursement		Bob Trimborn,	Airport Manager	(310) 458-8726
represents the Federal share due which		SIGNATURE OF AUTHOR	IZED CERTIFYING	DATE SIGNED
has not been previously requested and	h Bassas	OFFICIAL	11	04/20/98
that an inspection has been performed and all work is in accordance with the	b. Representative certifying to line	The /		
terms of the award.	11v.	Lee B. Moen, Pr	rincipal	TELEPHONE (Area code number and extension) (707) 526 5010
271~102		Shutt Moen Asso	STANDARD FORM 7	(707) 526-5010

 $\ensuremath{\boldsymbol{\#}}$ Phase I's 100% complete, Phase II is in progress.

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

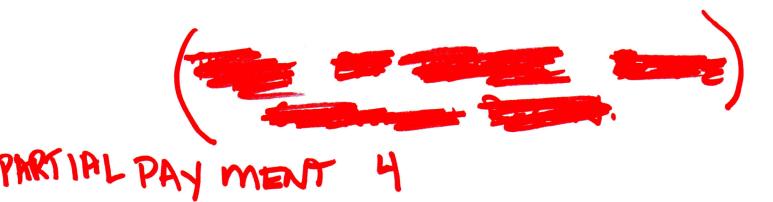
PARTIAL
PAYMENT 2

OUTLAY REPORT AND REQUEST MENT FOR CONSTRUCTION PROC		Budget, No. 80-RO1		1 1 PAGES	
(See instructions on h		1 100	2. BASIS	ACCRUAL	
3. FEDERAL SPONSDRING AGENCY AND ORGA WHICH THIS REPORT IS SUBMITTED	NIZATIONAL ELEMENT TO			L PAYMENT REQUEST NO.	
Federal Aviation Manin 6. EMPLOYER IDENTIFICATION 7. RECIPION IDENTIFICATION 10 FORTY	istration	OTFA08-94-C-	20857 Three	e (3)	
95-6000790 AIP3-	04/21/98 10. PAYEE Where check	th, day, (car) /01/00 than item 01			
Name City of Santa Monica	a	Nasse ;	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
No. and P.O. Box 2200		No. and Street			
Stafe and Santa Monica, CA	90407-2200	City, Street and 22ff Code.			
11.	STATUS	OF FUNDS			
	PROGR	AMS-FUNCTIONS-A	CTIVITIES		
CLASSIFICATION	(a)	(6)	(e)	TOTAL	
a. Administrative expense	\$	\$	s	\$ -0-	
b. Preliminary expense				44,042.56	
c. Land, structures, right-of-way		(2 2 2)		-0-	
d. Architectural engineering basic fees	amount re	5,300 of the	ement	118,500.00	
e. Other architectural engineering fees	on the rep	allowable project cost presentations and	based	19,377.84	
f. Project inspection fees	contained	ohs of the sponsor as in the payment reque	ested. I	128,736.84	
g. Land development	been rein	d this cost has not pre noursed, and hereby a		-0-	
h. Relocation expense	payment	of such amount.	.1/	-0-	
 Relocation payments to individuals and businesses 	Name	, com	8	-0-	
j. Demolition and removal	10/	2/00		-0-	
k. Construction and project improvement cost	Date			1,007,905.83	
I. 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-	
 Net cumulative to date (Line n minus line o) 				1,3 18,563.07	
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-% *	
12. CERTIFICATION		SIGNATURE OF AUTHORI	ZED CERTIFYING	DATE REPORT SUBMITTED	
I certify that to the best of my knowledge		MI			
	a. RECIPIENT	Marie The		09/27/00	
ments are in accordance with the terms	1	THEO OR PRINTED NAM	E AND TITLE	TELEPHONE (Area code,	
of the project and that the reimbursement	-			number and extension)	
represents the Federal share due which					
has not been previously requested and		SIGNATURE OF AUTHORI	ZED CERTIFYING	DATE SIGNED	
that an inspection has been performed	b. Representative				
and all work is in accordance with the terms of the award.	certifying to line	TYPED OR PRINTED NAME	TELEPHONE (Area code number and extension)		
271 102					

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

PAYMENT 3

AUTHOR DEPOSIT AND DESIGNATION		Approved by Office		PAGE OF
MENT FOR CONSTRUCTION PROC		Budget, No. 80-ROI	BASIS I	I I PAGES
(See instructions on h			RTIAL X CAN	ACCRUAL
3. FEDERAL SPONSORING AGENCY AND ORGA WHICH THIS REPORT IS SUBMITTED		IDENTIFYING NUMB BY FEDERAL AGENC	OTHER 5. PARTIA	L PAYMENT REQUEST NO.
Federal Aviation demini 6. EMPLOYER IDENTIFICATION 7. RECIPION IDENTIFICATION 1. RECIPION IDENTIFICATION IDENTIFICATION 1. RECIPION IDENTIFICATION IDENTIFICATI	Stration ENT ACCOUNT OR OTHER FYING NUMBER		ERIOD COVERED OF THIS REP	PORT
95-6000790 AIP 3	-06-0239-06 (11	09/01/00	08/08	/01 sear)
9. RECIPIENT ORGANIZATION		10. PAYEE (Where check	should be sent if different t	
Name City of Santa Monica		Name :		
No. and P.O. Box 2200		No. and		
City.		Street :		
zir cate: Santa Monica, CA 904		Street and ZIP Code:		
	THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	AMS-FUNCTIONS-A	CTIVITIES	T
CLASSIFICATION	(4)	(5)	(c)	TOTAL
a. Administrative expense	\$	\$	\$	\$ 0
b. Preliminary expense				44 042 56
c. Land, structures, right-of-way				44,042.56
		-		0
Architectural engineering basic fees				118,500.00
e. Other architectural engineering fees	I find \$	417,993	the	19,377.84
. Project inspection fees	amour to be a	requested for reimb	ursement	128,736.84
g. Land development	on the	n allowable project or representations and		120,730.04
g. Land development	certific	ations of the sponsor and in the payment re	as nuncted I	0
h. Relocation expense	further	find this cost has not	previously	0
 Relocation payments to individuals and businesses 	payme	simbursed, and hereb nt of such amount.	y approve	0
. Demolition and removal	8h	100 P. D.	· had	
. Construction and project improvement	Name	1	8,	0
cost	8/2	8/01 1	-	1,581,724.83
. Equipment	Date	K.	8-20-0	0
n. Miscellaneous cost		_	11-1-11-01-	0
n. Total cumulative to date (sum of lines a thru m)		AUG 2 a a		
		AUG 3 0 2001	V01242	1,892,382.07
o. Deductions for program income				0
Net cumulative to date (Line n minus line o)	į.	L Corporation	7	1,892,382.07
. Federal share to date	1	0	P	1,604,700.00
r. Rehabilitation grants (100% reim- bursement)		AUG 3 0 200	Y m	
s. Total Federal share (sum of lines q	[;	ALICIA ROSBOROU		0
and r) Federal payments previously re-		0350300	SH	1,604,700.00
quested payments previously re-				1,186,707.00
. Amount requested for reimbursement	\$	\$	\$	\$417,993.00
. Percentage of physical completion of project	%	%	%	
2. CERTIFICATION	70	SIGNATURE OF AUTHOR		BO % DATE REPORT SUBMITTED
certify that to the best of my knowledge		Distant		
and belief the billed costs or disburse- ments are in accordance with the terms	a. RECIPIENT	TYPED OR PRINTED NAM	E AND TITLE	TELEPHONE (Area code,
If the project and that the reimbursement		Robert D. TRimbo	port manager	08/18/01
epresents the Federal share due which as not been previously requested and		SIGNATURE OF AUTHOR		DATE SIGNED
hat an inspection has been performed	b. Representative	THE THE	-3	8.16.01
and all work is in accordance with the erms of the award.	certifying to line	TYPED OR PRINTED NAM	E AND TITLE	TELEPHONE (Area code
		Antonio SI	10. boni	310.458.8926
271-102			SYAHOARD FORM 271 D	-76) of Management and Budget



GRANT AMMENDMENT FUR PINAL 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:

AUALAGLE ON REQUEST

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.

FEDERAL AVIATION ADMINISTRATION
WESTERN-PACIFIC REGION

John P. Milligan

Supervisor, Standards Section



FINALS

OUTLAY REPORT AND REQU FOR CONSTRUCT		EMENT	OMB APPROVAL NO	. 0348-000Z	1 PAGE
†See instructi	ons on back)		TYPE OF REQUEST	PARTIAL 2	☑ CASH ☐ ACCRUAL
FEDERAL SPONSORING AGENCY AND OR			VESCRAL GRAST OR OTHER	LI PARTAL	PARTIAL PAYMENT REQUEST NO
WHICH THIS REPORT IS SUBVITTED Rederal Aviation Administration	on		DENTIFYING NUMBER SHONED BY FEDERAL AGENCY		
			DTFA08-94-C		
	RECIPIENT'S ACCOUNT NUMBER OR (DENTIFYING NUMBER		PERIOD COVE	RED BY THIS REQUES	(Mosto en anti-
95-6000790 A	IP 3-06-0239-06 (II)	0	8/09/2001		6/30/2002
RECIPIENT ORGANIZATION			PAYER (Where check is to be sent i		
tame City of Santa Monica		1	ame City of Santa Mor		
to and Street 1685 Main Stree	t		o and Street 1685 Main	Street Room 103, P.	O. Box 2200
City, State and Santa Monica, C	A 90401	21	ity, State and IP Code Santa Mon	ica, CA 90407-2200	
1.		STATUS	OF FUNDS		
	PROGRA		FUNCTIONS	ACTIVITIES	
CLASSIFICATION	(2)		(8)	(c)	TOTAL
a Administrative expense	s		s	s	5 0.00
b. Preliminary expense					44.042.56
Land, structures, right-of-way					0.00
Architectural engineering basic fee					118,500.00
Other architectural engineering fee					19,377.84
					128,736.84
Project inspection fees Land development		***********			0.00
					0.00
Relocation expense Relocation payments to individuals					0.00
and businesses Demolition and removal					0.00
Construction and project improvem	sent cost			1	1,761,930.03
Equipment					0.00
n. Miscellaneous cost		-			0.00
Total cumulative to date/sum of ton	es a thru m	0.00	0.00	0.0	2,072,587.27
Deductions for program income					0.00
Net cumulative to date (line n minu.	s line a)	0.00	0.00	0.0	
Federal share to date					1,845,300.00
Rehabilitation grants (100% reimbu	rsement)				
Total Federal share (sum of lines q	and r)	0.00	0.00	0.0	00 1,845,300,00
Federal payments previously reques	itea				1,604,700.00
Amount requested for reimburseme	unt S		s	s	s 240,600.00
Percentage of physical completion of	of project	%	**		100
CERTIFICATION			SIGNATURE OF AUTHORIZES CER	TIFFING OFFICIAL	DATE REPORT SUMMITTED
certify that to the best of my knowle	a RECIPIEN	1	Hest De for	melo-	08/12/02
elief the billed costs or disbursement accordance with the terms of the	ents are	,	THEO ON PHINTED NAME AND T	rice .	TELEPHONE (Area code, number, and extension)
nd that the reimbursement represe	ents the	1	Robert Dace Taimb	erw Airport many	DATE SIGNED
ederal share due which has no reviously requested and that an in-	spection		11/1	OFFICAL OFFICAL	8 /2 /02
as been performed and all wor	k is in b. REPRESENTA	LINE 112	TYPEO OFFICE STAME AND IT	71.2	TELEPHONE (Area code number
ecordance with the terms of the awa	rg.				R (310) 458-8726
THORIZED FOR LOCAL REPROT SEVIOUS EDITION USABLE 1-103	DUCTION	-		STANDARD FORM 271 (Re	17-97) ircular A-102 and A-110

5M AND FINAL PAYMENT !



Administration

FINAL

Memorandum

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

Subject:

Grant Payment No. 5

Final Grant Payment;

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