

STATE MATCHING GRANT FOR FAA AIRPORT IMPROVEMENT PROGRAM - APPLICATION

DOA-0012 (REV 12/2021)

PLEASE PRINT OR TYPE AND COMPLETE ALL APPLICABLE ITEMS

AIRPORT INFORMATION

PUBLIC ENTITY County of San Bernardino Department of Airports	COUNTY San Bernardino	
AIRPORT NAME Chino Airport	PERMIT NUMBER SBd-044	
CONTACT NAME Maureen Snelgrove	TITLE Assistant Director	
MAILING ADDRESS 368 W. Hospitality Ln Suite 302 San Bernardino, CA 92415-0831	EMAIL maureen.snelgrove@airports.sbcounty.v	PHONE (909) 387-8810

PROJECT INFORMATION

Project must be in the Department's most recent Capital Improvement Plan and the project cannot commence prior to the State's award of a matching grant or the project becomes ineligible for a matching grant.

☒ Check to acknowledge statement

DESCRIPTIVE TITLE OF APPLICANT'S PROJECT (as shown on page one of the executed federal grant and in the adopted Capital Improvement Plan):

Airport Improvement Program Chino Vault

FEDERAL GRANT NUMBER
3-06-0042-039-2024

FEDERAL GRANT \$ 576,706

APPLICANT FUNDS \$ 32,039

STATE FUNDS* \$ 32,039

TOTAL COST OF PROJECT \$ 640,784


*Maximum is 5% of the federal grant amount.

REQUIRED SUPPORTING DOCUMENTS

Pursuant to Public Utilities Code Section 21681-21684 and Section 4067 of the CAAP Regulations, submit the following documents with this application:

- Local government approval (*resolution or minute order*) as described in Section 4067(a).
- FAA Grant Agreement with FAA and sponsor signatures.
- Verification of full compliance with the California Environmental Quality Act (CEQA) by submitting information to fulfill either 1. or 2. below:
 1. Copy of Notice of Exemption or provide the Categorical Exemption Class # _____ (CEQA Guidelines Sections 15300-15333).
 2. Copy of Notice of Determination or provide the following information:
 - Environmental Impact Report (Title/Date) _____ State Clearinghouse (SCH) # _____ or
 - Negative Declaration (Title/Date) _____ State Clearinghouse (SCH) # _____ or
 - National Environmental Policy Act (NEPA) document (Title/Date) _____ (NEPA documents-Environmental Impact Statement or Finding of No Significant Impact must comply with CEQA provisions).
- Airport Layout Plan (ALP) showing project location(s) and dimensions or project sketch if no ALP exists.
- Completed CAAP Certification (Form DOA-0007), if not submitted to the Division of Aeronautics earlier for this fiscal year.
- Additional documentation may be required if items in the FAA AIP grant are not eligible for CAAP funding.

AUTHORIZATION

AUTHORIZED OFFICIAL'S SIGNATURE 	DATE 10/22/24	
PRINT NAME Brett J. Godown	TITLE Director	
MAILING ADDRESS 368 W. Hospitality Ln, Suite 302 San Bernardino, CA 92415-0831	EMAIL brett.godown@airports.sbcount	PHONE (909) 387-8810

SEND COMPLETED FORM AND ALL REQUIRED DOCUMENTS TO:

AeronauticsGL@dot.ca.gov

CALIFORNIA AID TO AIRPORTS PROGRAM (CAAP) CERTIFICATION

DOA-0007 (REV 12/2021)

PLEASE PRINT OR TYPE AND COMPLETE ALL APPLICABLE ITEMS

AIRPORT CERTIFICATION

I am authorized by (Public Entity) County of San Bernardino and hereby certify that (Airport Name) Chino Airport, in the County of San Bernardino, for fiscal year 2024/2025, meets the eligibility requirements of, and will be operated and maintained in accordance with, Sections 21680 through 21688 of the California Public Utilities Code (PUC) and the CAAP Regulations found in Title 21 of the California Code of Regulations, Division 2.5, Chapter 4.


1. This airport meets the Permit and Funding Requirements of CAAP Section 4056.
2. The Public Entity has control over airport operations under rules, regulations, or operating procedures adopted by the following Ordinance or Resolution # 3975 dated 05/16/2006 per CAAP Section 4057.
3. Required airport surfaces for all usable runways are protected in accordance with the provisions of PUC Section 21688 and CAAP Section 4058.
4. The above airport is designated by the Federal Aviation Administration as (select one):
☐ Reliever ☐ Commercial Service ☒ General Aviation ☐ Non-NPIAS (PUC Section 21682(b))
5. Current Airport Layout Plan is on file with the Division of Aeronautics dated _____
(information only; not a requirement for eligibility certification)

AIRPORT CERTIFICATION SIGNATURES

SIGNATURE 		DATE <u>10/22/24</u>
PRINT NAME Brett J. Godown	TITLE Director	
MAILING ADDRESS 368 W. Hospitality Ln. Suite 302 San Bernardino, CA 92415-0831	PHONE (909) 387-8810	EMAIL brett.godown@airports.sbcounty.gov

FINANCIAL CERTIFICATION

I hereby certify that a SPECIAL AVIATION FUND has been established and will be maintained with a separate account for said airport in accordance with PUC Section 21684. Disbursements from this account will only be made in accordance with PUC Section 21681 and CAAP Regulations.

SIGNATURE (Finance Officer) 		DATE <u>10/22/24</u>
PRINT NAME Brett J. Godown	TITLE Director	
MAILING ADDRESS 368 W. Hospitality Ln. Suite 302 San Bernardino, CA 92415-0831	PHONE (909) 387-8810	EMAIL brett.godown@airports.sbcounty.gov

FOR AERONAUTICS USE ONLY

VERIFIED BY	DATE
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SEND SIGNED CERTIFICATION TO:

AeronauticsGL@dot.ca.gov