

County of San Diego

Airport Sponsor Certifications

The Sponsor hereby certifies to the following:

1. The funding request contained in this grant application is based upon competitive bids that were received on **June 8th, 2009** and the associated bid tabulation is hereby attached to this certification for Gillespie Field Taxiway Reconstruction Project Alpha and Bravo.
2. The Sponsor hereby acknowledges FAA's need to approve and issue, as appropriate, any waiver to the Buy American Preference Requirement (BAPR) (49 USC 50101). Additionally, the Sponsor understands that any waiver request issued to the BAPR under the American Recovery and Reinvestment Act of 2009 requires specific information related to the waiver request, if granted, to be published in a Federal Register Notice. Accordingly, so as to not delay the processing of the subsequent Grant Offer and resulting contract documents between the Sponsor and the lowest responsible bidder, attached hereto are all Request for Waiver to the BAPR necessary to complete this project. **Note we are not requesting a waiver as we intend to meet the Buy American Preference Requirement.**
3. The Sponsor further certifies that it will issue a Notice to Proceed to the contractor (or equipment supplier in the case of equipment acquisition) within 30 days of a Grant Offer.
4. Pursuant to Title XV, Subtitle A, section 1511 of the American Recovery and Reinvestment Act (Pub. L. 111-5 (Feb. 17, 2009) ("ARRA"), I **Chandra L. Wallar**,* hereby certify that the infrastructure investment funded by ARRA has received the full review and vetting required by law and that I accept responsibility that such investment is an appropriate use of taxpayer dollars. I further certify that the specific information required by section 1511 concerning the investment of Gillespie Field Taxiway Reconstruction is provided below. Additional information is also provided on the County's Recovery San Diego County website, available to the public at www.recoverysdcountry.org. The website also links internally to Recovery.gov.

I understand that the Sponsor making application for ARRA funding may not receive ARRA infrastructure investment funding unless this certification is made and posted.

** In accordance with section 1511 of ARRA, the Certifying Official may be either the Governor, mayor, or other chief executive, as appropriate.*

County of San Diego



Chandra Wallar

Signature of Sponsor's Designated Official Representative

By: CHANDRA L. WALLAR

Title: Deputy Chief Administrative Officer

Attest:

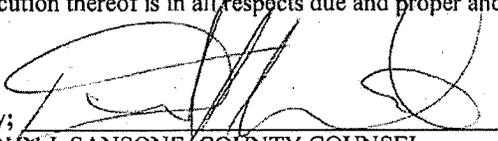
County of San Diego

CERTIFICATE OF SPONSOR'S ATTORNEY

I David Smith, acting as Attorney for the Sponsor do hereby certify:

That in my opinion the Sponsor is empowered to certify to the above representations under the laws of the State of California. Further, I have examined representations and documentation as attached and Sponsor's official representative has been duly authorized and that the execution thereof is in all respects due and proper and in accordance with the laws of the said State.

Dated at this 10th day of June 2009.

By: 
JOHN J. SANSONE, COUNTY COUNSEL

By
David J. Smith, Senior Deputy

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

GILLESPIE FIELD TAXIWAY RECONSTRUCTION - Rehabilitate Gillespie Field Taxiways including shoulders and Taxiway Safety Areas. Work will include, but not limited to: Dig out and reconstruct selected areas of failed pavement as needed, milling, crack sealing, petromat, shoulder, safety and adjacent island area stabilization, paving and striping. In addition, work within the taxiway throat areas and safety areas (TOFAs) will also be required. Taxiway rehabilitation area includes taxiway dimensions (Alpha approximately 4,200 ft long X 40 ft wide) and (Bravo approximately 4,200 ft long X 50 ft wide).

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED 06/10/2009	Applicant Identifier
Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: COUNTY OF SAN DIEGO		Organizational Unit:	
Organizational DUNS: 00-9581646		Department: PUBLIC WORKS	
Address:		Division: AIRPORTS	
Street: 1960 JOE CROSSON DRIVE		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: EL CAJON		Prefix:	First Name: PETER
County: SAN DIEGO		Middle Name: L.	
State: CA		Last Name: DRINKWATER	
Zip Code: 92020		Suffix:	
Country: USA		Email: PETER.DRINKWATER@sdcounty.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		Phone number (give area code):	FAX number (give area code):
9 5 - 6 0 0 0 9 3 4		(619) 956-4800	(619) 956-4801
8. TYPE OF APPLICATION:		7. TYPE OF APPLICANT: (See back of form for Application Types)	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters)		<input type="checkbox"/> B Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER		9. NAME OF FEDERAL AGENCY	
2 0 - 1 0 6		FEDERAL AVIATION ADMINISTRATION	
TITLE: AIRPORT IMPROVEMENT PROGRAM (AIP)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): EL CAJON, SAN DIEGO COUNTY, CA		GILLESPIE FIELD TAXIWAY RECONSTRUCTION PROJECT ALPHA AND BRAVO (see attached description)	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
TBD	Start Date	TBD	Ending Date
15. ESTIMATED FUNDING		a. Applicant 52 b. Project 52	
a. Federal	\$ 1,915,621.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS	
b. Applicant	\$ 140,000.00	a. Yes <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
c. State	\$.00	DATE:	
d. Local	\$.00	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O 12372	
e. Other	\$.00	<input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
f. Program income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 2,055,621.00	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix	First Name PETER	Middle Name L.	
Last Name DRINKWATER	Suffix		
b. Title DIRECTOR OF COUNTY AIRPORTS	c. Telephone number (give area code)		
d. Signature of Authorized Representative	(619) 956-4839		
	e. Date Signed 06/10/2009		