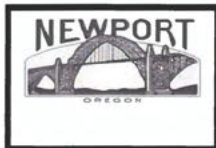


3246



**AUTHORIZATION FOR
AGREEMENTS, MOUs, OR
OTHER DOCUMENTS OBLIGATING
THE CITY**

All contracts, agreements, grant agreements, memoranda of understanding, or any document obligating the city (with the exception of purchase orders), requires the completion of this form. The City Manager will sign these documents after all other required information and signatures are obtained.

Document: AIP 25 Final FAA SF271 form _____ Date: December 16, 2021 _____

Statement of Purpose: _____ AIP 25 final outlay report and request for reimbursement for construction programs form. _____

Department Head Signature: _____

12-16-21

Remarks, if any: _____

City Attorney Review and Signature: _____

N.A.

Date: _____

Other Signatures as Requested by the City Attorney: _____

Name/Position

Date: _____

Budget Confirmed: Signature
Yes ☒ No ☐ N/A

Certificate of Insurance Attached: Yes ☐ No ☐ N/A ☒

City Council Approval Needed: Yes ☒ No ☐ Date: 9/18/17

After all the above requested information is complete and signatures obtained, return this form, along with the original document to the City Manager for signature. No documents should be executed prior to the City Manager's approval as evidenced by signature of this document.

City Manager Signature: _____

Date: _____

12-18-21

Once all signatures and certificates of insurance have been obtained, return this document, along with the original, fully-executed agreement, MOU, or other document to the City Recorder. A copy of grant agreement and all project funding documents, must be forwarded to the Finance Department for tracking and audit purposes.

City Recorder Signature: _____

Date: _____

Date posted on website: _____

Federal Financial Report

(Follow form Instructions)

OMB Number: 4040-0014
Expiration Date: 02/28/2022

1. Federal Agency and Organizational Element to Which Report is Submitted Federal Aviation Administration		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <div style="background-color: black; width: 100px; height: 15px;"></div>	
3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: City of Newport Street1: 169 SW Coast Highway Street2: City: Newport County: Lincoln State: OR: Oregon Province: Country: USA: UNITED STATES ZIP / Postal Code: 97365/0000			
4a. DUNS Number <div style="background-color: black; width: 100px; height: 15px;"></div>	4b. EIN <div style="background-color: black; width: 100px; height: 15px;"></div>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <div style="background-color: black; width: 100px; height: 15px;"></div>	
6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	8. Project/Grant Period From: 09/30/2017 To: 07/10/2021	9. Reporting Period End Date 07/10/2021
10. Transactions <i>(Use lines a-c for single or multiple grant reporting)</i>			Cumulative
Federal Cash (To report multiple grants, also use FFR attachment):			
a. Cash Receipts			150,000.00
b. Cash Disbursements			150,000.00
c. Cash on Hand (line a minus b)			0.00
<i>(Use lines d-o for single grant reporting)</i>			
Federal Expenditures and Unobligated Balance:			
d. Total Federal funds authorized			0.00
e. Federal share of expenditures			0.00
f. Federal share of unliquidated obligations			0.00
g. Total Federal share (sum of lines e and f)			0.00
h. Unobligated balance of Federal Funds (line d minus g)			0.00
Recipient Share:			
i. Total recipient share required			0.00
j. Recipient share of expenditures			32,155.11
k. Remaining recipient share to be provided (line i minus j)			0.00
Program Income:			
l. Total Federal program income earned			0.00
m. Program Income expended in accordance with the deduction alternative			0.00
n. Program Income expended in accordance with the addition alternative			0.00
o. Unexpended program income (line l minus line m and line n)			0.00


11. Indirect Expense

a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. Totals:				<input type="text"/>	<input type="text"/>	<input type="text"/>

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
----------------------	--------------------------------	-----------------------------------	---------------------------------

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

a. Name and Title of Authorized Certifying Official		
Prefix: <input type="text"/>	First Name: <input type="text"/>	Middle Name: <input type="text"/>
Last Name: <input type="text"/>		Suffix: <input type="text"/>
Title: <input type="text"/>		
b. Signature of Authorized Certifying Official		c. Telephone (Area code, number and extension)
		<input type="text"/>
d. Email Address		e. Date Report Submitted
<input type="text"/>		<input type="text"/>
		14. Agency use only:

OUTLAY REPORT AND REQUEST FOR REIMBURSEMENT FOR CONSTRUCTION PROGRAMS		1. TYPE OF REQUEST <input checked="" type="checkbox"/> FINAL <input type="checkbox"/> PARTIAL	2. BASIS OF REQUEST <input checked="" type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED <div style="border: 1px solid black; padding: 2px;">Federal Aviation Administration</div>		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY <div style="border: 1px solid black; padding: 2px;">[REDACTED]</div>	
5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST <div style="border: 1px solid black; height: 20px;"></div>	6. EMPLOYER IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px;">[REDACTED]</div>	7. FINANCIAL ASSISTANCE IDENTIFICATION NUMBER <div style="border: 1px solid black; height: 20px;"></div>	
8. PERIOD COVERED BY THIS REQUEST From: <div style="border: 1px solid black; padding: 2px;">09/30/2017</div> To: <div style="border: 1px solid black; padding: 2px;">07/10/2021</div>			
9. RECIPIENT ORGANIZATION Name: <div style="border: 1px solid black; padding: 2px;">City of Newport</div> Street1: <div style="border: 1px solid black; padding: 2px;">169 SW Coast Highway</div> Street2: <div style="border: 1px solid black; height: 20px;"></div> City: <div style="border: 1px solid black; padding: 2px;">Newport</div> County: <div style="border: 1px solid black; padding: 2px;">Lincoln</div> State: <div style="border: 1px solid black; padding: 2px;">OR: Oregon</div> Province: <div style="border: 1px solid black; height: 20px;"></div> Country: <div style="border: 1px solid black; padding: 2px;">USA: UNITED STATES</div> ZIP / Postal Code: <div style="border: 1px solid black; padding: 2px;">97365-0000</div>			
10. PAYEE (Where check is to be sent if different than item 9) Name: <div style="border: 1px solid black; height: 20px;"></div> Street1: <div style="border: 1px solid black; height: 20px;"></div> Street2: <div style="border: 1px solid black; height: 20px;"></div> City: <div style="border: 1px solid black; height: 20px;"></div> County: <div style="border: 1px solid black; height: 20px;"></div> State: <div style="border: 1px solid black; height: 20px;"></div> Province: <div style="border: 1px solid black; height: 20px;"></div> Country: <div style="border: 1px solid black; height: 20px;"></div> ZIP / Postal Code: <div style="border: 1px solid black; height: 20px;"></div>			

11. STATUS OF FUNDS				
CLASSIFICATION	PROGRAMS	FUNCTIONS	ACTIVITIES	TOTAL
	(a)	(b)	(c)	
a. Administrative expense	\$ 3,000.00	\$	\$	\$ 3,000.00
b. Preliminary expense				
c. Land, structures, right-of-way				
d. Architectural engineering basic fees	179,155.11			179,155.11
e. Other architectural engineering fees				
f. Project inspection fees				
g. Land development				
h. Relocation expense				
i. Relocation payments to individuals and businesses				
j. Demolition and removal				
k. Construction and project improvement cost				
l. Equipment				
m. Miscellaneous cost				
n. Total cumulative to date (sum of lines a thru m)	182,155.11			182,155.11
o. Deductions for program income				
p. Net cumulative to date (line n minus line o)	182,155.11			182,155.11
q. Federal share to date	150,000.00			150,000.00
r. Rehabilitation grants (100% reimbursement)				
s. Total Federal share (sum of lines q and r)	150,000.00			150,000.00
t. Federal payments previously requested	150,000.00			150,000.00
u. Amount requested for reimbursement	\$	\$	\$	\$
v. Percentage of physical completion of project	%	%	%	%

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

12/16/2021

TYPED OR PRINTED NAME AND TITLE

Prefix: First Name: Middle Name:
Last Name: Suffix:
Title:

TELEPHONE (Area code, number, and extension)

541-574-0601

b. REPRESENTATIVE CERTIFYING TO LINE 11V

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL



DATE SIGNED



TYPED OR PRINTED NAME AND TITLE

Prefix: First Name: Middle Name:
Last Name: Suffix:
Title:

TELEPHONE (Area code, number, and extension)