

FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2020	2021	2022	2023	2024
Capital Expenditures	\$ _____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues (Grants)	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	\$ * _____	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget? Yes _____ No _____
 Does this item include the use of federal funds? Yes _____ No X

Budget Account No: Fund _____ Department _____ Unit _____ Object _____
 Reporting Category _____

B. Recommended Sources of Funds/Summary of Fiscal Impact:

*There is no Fiscal Impact for this item.

C. Departmental Fiscal Review: 

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development and Control Comments:

<p><u></u> 2/21/2020 OFMB 2/21</p>	<p><u></u> 2/25/2020 Contract Dev. and Control 2/24/2020 TD</p>
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B. Legal Sufficiency:

Anne Deford 2.26.2020
 Assistant County Attorney

C. Other Department Review:

 Department Director

REVISED 11/17

(THIS SUMMARY IS NOT TO BE USED AS A BASIS FOR PAYMENT)

RESOLUTION NO. _____

RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, APPROVING THE SUBMITTAL OF AN APPLICATION FOR ENTRY OF THE NORTH PALM BEACH COUNTY GENERAL AVIATION AIRPORT INTO THE FEDERAL CONTRACT TOWER (FCT) PROGRAM; AND AUTHORIZING THE COUNTY ADMINISTRATOR OR DESIGNEE TO EXECUTE AND SUBMIT ALL FORMS, APPLICATIONS AND OTHER DOCUMENTATION NECESSARY FOR THE NORTH PALM BEACH COUNTY GENERAL AVIATION AIRPORT TO BE CONSIDERED FOR ENTRY INTO THE FCT PROGRAM.

WHEREAS, the County of Palm Beach, Florida ("County") is the owner and operator of the North Palm Beach County General Aviation Airport; and

WHEREAS, the Federal Aviation Administration ("FAA") has instituted a Federal Contract Tower ("FCT") Program for providing air traffic control services at small airports where the level of aviation activity has reached a minimum threshold to justify the establishment of an air traffic control tower; and

WHEREAS, the aviation activity at the North Palm Beach County General Aviation Airport is presumed to have reached the FAA's minimum threshold for establishing an air traffic control tower to be operated under the FCT Program; and

WHEREAS, the County desires the FAA to establish air traffic control services to enhance the safe use of the North Palm Beach County General Aviation Airport; and

WHEREAS, the FAA requires the submission of an application as a prerequisite for consideration and acceptance as a candidate for entry into the FCT Program and to become eligible for financial assistance to develop and equip an air traffic control tower that meets their siting and design standards which, when completed, would be funded by the FAA and operated by certified contract air traffic controllers.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, at their duly-assembled meeting held on the _____ day of _____, 2020:

SECTION 1. The County Administrator or designee, Director of Airports, is authorized to execute and submit all forms, applications and other documentation necessary to have the North Palm Beach County General Aviation Airport be considered as a candidate for entry into the FCT Program.

SECTION 2. This Resolution shall take effect immediately upon its adoption. Commissioner _____ offered the foregoing Resolution and moved its adoption, which was seconded by Commissioner _____, and upon roll call, the vote was:

- COMMISSIONER DAVE KERNER, MAYOR -
- COMMISSIONER ROBERT S. WEINROTH, VICE MAYOR -
- COMMISSIONER HAL R. VALECHE -
- COMMISSIONER GREGG K. WEISS -
- COMMISSIONER MARY LOU BERGER -
- COMMISSIONER MELISSA MCKINLAY -
- COMMISSIONER MACK BERNARD -

Then the Mayor thereupon declared this Resolution duly passed and adopted this _____ day of _____, 2020.

PALM BEACH COUNTY, FLORIDA, BY ITS
BOARD OF COUNTY COMMISSIONERS

Sharon R. Bock, Clerk & Comptroller

By: _____
Deputy Clerk

APPROVED AS TO FORM AND
LEGAL SUFFICIENCY

By: _____
Assistant County Attorney

**APPLICATION FOR ENTRY
FEDERAL CONTRACT TOWER (FCT) PROGRAM**

1. Proposed Facility Type

FAA USE ONLY

- a. Existing Non-Federal Air Traffic Control Tower
- b. Existing Non-Operational Air Traffic Control Tower
- c. Proposed New Air Traffic Control Tower

Date Received: _____
CTP Application Number: _____

PART I

2. Public Agency Name and Address

3. Proposed FCT Airport

4. Point of Contact

Agency Name:

Address:

City, State, ZIP:

Contact:

Title:

Phone:

Fax:

E-mail:

PART II

5. New ATCT Development Schedule Planning Data (assuming FCT application is approved)

a. Airport Layout Plan Approval Date: <input type="checkbox"/> <i>ATCT Location Depicted</i>	b. Siting Analysis & SMRA Submittal Date:	c. Proposed ATCT Design Completion Date: <input type="checkbox"/> <i>ATCT Design Costs Programmed</i>	d. Proposed ATCT Substantial Completion Date: <input type="checkbox"/> <i>ATCT Construction Costs Programmed</i>	e. Proposed ATCT Commissioning Date:
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PART III

6. Attachments (Check all that Apply)

Attached	Not Attached/Not Applicable	Document:
a. <input type="checkbox"/>	<input type="checkbox"/>	a. Sponsor Cover Letter
b. <input type="checkbox"/>	<input type="checkbox"/>	b. FCT Application Memorandum of Understanding (MOU)
c. <input type="checkbox"/>	<input type="checkbox"/>	c. FAA Form 5010-1, Airport Master Record
d. <input type="checkbox"/>	<input type="checkbox"/>	d. FAA Air Traffic Activity Data System (ATADS/TFMSC) (<i>Operations/Instrument Ops Data</i>)
e. <input type="checkbox"/>	<input type="checkbox"/>	e. FAA Terminal Area Forecast (TAF) (<i>Operations/Based Aircraft Data</i>)
f. <input type="checkbox"/>	<input type="checkbox"/>	f. FAA Air Carrier Activity information System (ACAIS) (<i>Passenger Enplanement Data</i>)
g. <input type="checkbox"/>	<input type="checkbox"/>	g. Air Carrier Schedule Data (<i>Carriers/Flights/Equipment</i>)
h. <input type="checkbox"/>	<input type="checkbox"/>	h. Existing/Proposed ATCT Location/Site Plan (<i>Airport layout Plan</i>)
i. <input type="checkbox"/>	<input type="checkbox"/>	i. Sponsor's Preliminary Benefit/Cost Data and Analysis
j. <input type="checkbox"/>	<input type="checkbox"/>	j. Other Pertinent Information: <u>Letters of Support</u>
k. <input type="checkbox"/>	<input type="checkbox"/>	k. Other Pertinent Information:

PART IV

7. With respect to this application for candidacy for the FCT Program, I hereby certify as follows:

To the best of my knowledge and belief, all data given on this application and in the attachments are true and correct. This application has been duly authorized by the governing body of the public agency. If accepted into the FCT, the public agency will provide an Air Traffic Control Tower Facility and Minimum Equipment acceptable to the FAA and will execute an ATC Tower Operating Agreement. The public agency will comply with all appropriate federal sponsor assurances. The public agency further acknowledges and understands that participation in the FCT program is dependent available funding.

a. Typed Name of Authorized Representative	b. Title	c. Telephone Number
		d. Email Address
e. Signature of Authorized Representative		f. Date Signed

Notes: