Pottawattamie County Emergency Management Agency
205 South Main Street
Council Bluffs, IA 51503

Iowa Flood Mitigation Program (FMP)
Flood Recovery Fund - Project Application

Fensler Drainage District
# Iowa Flood Mitigation Program (FMP)
## Flood Recovery Project Application

### I. Applicant Information

<table>
<thead>
<tr>
<th>A. Applicant/Community Name</th>
<th>B. Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fensler Drainage District</td>
<td>31938 130th St</td>
<td>Missouri Valley, IA 51555</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Point of Contact (POC) Name for Project</th>
<th>POC Title</th>
<th>POC Agency</th>
<th>POC Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lyle McIntosh</td>
<td>Trustee</td>
<td>Fensler</td>
<td><a href="mailto:brkfarmer1@aol.com">brkfarmer1@aol.com</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>POC PO Box and Zip Code</th>
<th>POC Street Address</th>
<th>POC City, State, Zip Code</th>
<th>POC Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>same as above</td>
<td></td>
<td></td>
<td>402-651-3884</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Alternate POC Name or Authorized Representative</th>
<th>Alt POC Title</th>
<th>Alt POC Agency</th>
<th>Alternate POC Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Douglas Reed</td>
<td>EMA Director</td>
<td>Emergency Management</td>
<td><a href="mailto:dreed@pcema-ia.org">dreed@pcema-ia.org</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Alt POC PO Box and Zip Code</th>
<th>Alt POC Street Address</th>
<th>Alt POC City, State, Zip Code</th>
<th>Alt POC Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>205 S Main St</td>
<td>Council Bluffs, IA 51503</td>
<td>712-242-6034</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D. Federal Tax ID # / FEIN</th>
<th>E. County Name</th>
<th>F. US Congressional District(s)</th>
<th>State Legislative Districts</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Pottawattanie</td>
<td>3</td>
<td>Senate 11</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>G. Is the Applicant/Community participating in the National Flood Insurance Program (NFIP)?</th>
<th>Community's CID Number</th>
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</thead>
<tbody>
<tr>
<td>yes</td>
<td>190232</td>
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II. Project Cost Information

A. Identify the requested funding source:

<table>
<thead>
<tr>
<th>Identify source</th>
<th>Applied/Received</th>
<th>Federal $</th>
<th>State $</th>
<th>Local $</th>
<th>TOTAL</th>
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<tr>
<td>FEMA Public Assistance</td>
<td>Applied</td>
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<td>$384,244.50</td>
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<tr>
<td>State Cost-share to Public Assistance</td>
<td></td>
<td>$51,232.60</td>
<td>$51,232.60</td>
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<td>$51,232.60</td>
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<tr>
<td>Flood Recovery Fund</td>
<td></td>
<td>$76,848.90</td>
<td></td>
<td></td>
<td>$76,848.90</td>
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<tr>
<td>Total Project Funding Source</td>
<td></td>
<td>$384,244.50</td>
<td>$120,081.50</td>
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<td>$512,326.00</td>
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B. Project Budget Summary

<table>
<thead>
<tr>
<th>Category</th>
<th>Cost</th>
<th>Description</th>
<th>Cost</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Construction</td>
<td>$465,926</td>
<td></td>
<td>$8,000</td>
<td></td>
</tr>
<tr>
<td>Engineering</td>
<td>$38,400</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal</td>
<td>$8,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$512,326</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C. Project Funding Source

Identify all anticipated funding sources for the project and the amounts. State that you have applied for and/or received approved federal, state and/or local financial assistance.

Please insert additional rows as needed.
### A. Provide a brief description of the project and how the project supported flood response or will support future flood recovery and flood mitigation activities. This is a summary of Tab B - Project Plan.

The drainage district is critical to appropriate flow of stormwater and to the effective recession of floodwaters. The project will repair and restore damages incurred to the near year-long flooding occurring along the Missouri River. Complete breaches and significant scouring along the banks of the drainage district structures. The project will also remove the flood debris and silting left behind by the flooding.

### B. Provide a brief description of the financial assistance need through the Flood Recovery Fund.

This project is being written and developed through FEMA public assistance. FRF funds are requested to cover the local cost-share of the overall project in combination with the 10% state cost-share for public assistance projects.

### C. Explain how financial assistance through the Flood Recovery Fund is essential to meet the necessary expenses or serious needs of the applicant related to flood response, flood recovery, and flood mitigation.

FRF funding is essential for two primary reasons: 1) the district does not have the funds to meet the 15% federal program cost-share requirement without placing an undo burden on district taxpayers; and 2) the award from the FRF could be utilized to immediately initiate work on the drainage system until the FEMA projects associated with this damage is finally approved.

### D. Provide details of any additional funds that can be applied to the project.

None.

### E. Description of Project Location (i.e. Latitude and Longitude (minimum 6 digits after the decimal), Neighborhood, Subdivision, Geographic Boundaries, Driving Directions, etc.)

```
41.467179, -95.947998 to 41.469946, -95.949860
41.469946, -95.949860 to 41.508471, -95.956063
```
### IV. Work Schedule

A. List the major milestones for this project.

<table>
<thead>
<tr>
<th>Task</th>
<th>Months/Years from Award</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Start</td>
<td>Complete</td>
</tr>
<tr>
<td>Full scope of work</td>
<td>3/1/2020</td>
<td>5/1/2020</td>
</tr>
</tbody>
</table>

**Total Project Duration:** 3

### V. Certifications

To the best of my knowledge and belief, I certify that all data in this application packet is complete, true and correct. The governing body of the applicant has duly authorized this document and hereby applies for assistance as documented in this application. The applicant understands that the project shall not proceed until Flood Mitigation Board approval is granted.

**Signature of the Chief Executive Officer:**
Lyle McIntosh
Date: February 3, 2020
Phone Number: 402-651-3884

**Signature of the Authorized Representative:**
Douglas Reed
Date: February 3, 2020
Phone Number: 712-242-6034
Email Address: dreed@pcema-ia.org
Project Plan

Applicant: Fensler

Political subdivision shall attach to the Flood Recovery Project Application the project plan.

Project plan shall include:

1. a. A detailed description of the project Scope of Work.
   i. How the project supported flood response or will support future flood recovery and flood mitigation activities.

   See attached engineer report summary.

   ii. Map(s) identifying project area. See attached map.

   See attached maps showing the properties and locational area within Pottawattamie County

2. a. An estimated cost of the project (detailed budget):
   i. A detailed description of the amount of funds expended to date and the funding source.

   See attached engineer report summary.

3. a. If available: A copy of the application(s) from other funding sources and subsequent approval letter(s).

   Available via FEMA Grants Portal.
STATE OF IOWA
DESIGNATION OF APPLICANT'S AUTHORIZED REPRESENTATIVE

<table>
<thead>
<tr>
<th>Doug Reed</th>
<th>is hereby authorized to execute on behalf of</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Name of Representative)</td>
</tr>
<tr>
<td>Fensler Drainage District</td>
<td>this mitigation project and to file it with</td>
</tr>
<tr>
<td></td>
<td>(Applicant Entity)</td>
</tr>
</tbody>
</table>

Iowa Homeland Security and Emergency Management (HSEMD) for the purpose of obtaining financial assistance under the Flood Mitigation Bill, Senate File 2217.

Signed 2/3/2020
(Date)

Lyle McIntosh, Trustee
Chief Executive Officer
(Name and Title)
(Signature)

Doug Reed, EMA Director
Chief Executive Officer
(Name and Title)
(Signature)

Attested: Scott Manz, EMA Specialist
(Print Name and Title)
(Signature)
In order for the State of Iowa to pay you the amount that is due to you and to comply with the IRS regulations on reporting these payments, we are requesting the following information. Failure to provide this information will result in withholding of payment.

**BOX A**

Are you/your business: YES NO

Individual [I] X

or Sole Proprietorship [S]

If the answer to both was no, please complete Box B.

If you answered yes to either item, please provide:

- Your Social Security number:
  
  _______ - _______ - _______

  AND

Complete the Name and Address below:

Last Name: McIntosh
  First Name: Lyle
  MI

Doing Business As: Fensler Drainage District

Address: 31938 130th St

City: Missouri Valley
  State: IA
  Zip: 51555

**BOX B**

Is your business: YES NO

Corporation [C]  

Partnership [P]  

Estate of Trust [E]  

Public Service Corp [U]  

Government [G] X

Other [O]  

Please Provide Us with Your

Federal Employer Identification Number:

AND

Complete the Name and Address below:

Last Name: McIntosh
  First Name: Lyle
  MI

Doing Business As: Fensler Drainage District

Address: 31938 130th St

City: Missouri Valley
  State: IA
  Zip: 51555

**CERTIFICATION MUST BE SIGNED BY VENDOR**

Certification - Under penalties of perjury, I certify that:

(1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

(2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividend, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Signature: ______________________________ Date: 2/3/2020

**FOR OFFICE USE ONLY (Refer to Procedure 270.450 for more details)**

From: ________________________________ Add

Dept. ________________________________ Change

______________________________ (Include vendor code and changes only)

Contact: ________________________________

______________________________

Added For Purchasing: ☐ Yes ☐ No

Reason: ________________________________
Pursuant to 2008 Iowa Acts, HF 2393, Iowa Code Section 8.11, all funding applications submitted to the State of Iowa shall include a Minority Impact Statement. This is the state’s mechanism to require applicants to consider the potential impact of the project’s proposed programs or policies on minority groups.

Please choose the statement(s) that pertains to this application. Complete all the information requested for the chosen statement(s).

- The proposed project programs or policies could have a disproportionate or unique **positive** impact on minority persons.

  Describe the positive impact expected from this project

  Indicate which group is impacted:
  - [ ] Women
  - [ ] Persons with a Disability
  - [ ] Blacks
  - [ ] Latinos
  - [ ] Asians
  - [ ] Pacific Islanders
  - [ ] American Indians
  - [ ] Alaskan Native Americans
  - [ ] Other

- The proposed project programs or policies could have a disproportionate or unique **negative** impact on minority persons.

  Describe the negative impact expected from this project

  Present the rationale for the existence of the proposed program or policy.

  Provide evidence of consultation of representatives of the minority groups impacted.

  Indicate which group is impacted:
  - [ ] Women
  - [ ] Persons with a Disability
  - [ ] Blacks
<table>
<thead>
<tr>
<th>Latinos</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Asians</td>
<td></td>
</tr>
<tr>
<td>Pacific Islanders</td>
<td></td>
</tr>
<tr>
<td>American Indians</td>
<td></td>
</tr>
<tr>
<td>Alaskan Native Americans</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

The proposed project programs or policies are **not expected to have** a disproportionate or unique impact on minority persons.

Present the rationale for determining no impact.
The restoration of drainage and levee district structures and facilities will protect persons of all classes of persons regardless of their demographic.

I hereby certify that the information on this form is complete and accurate, to the best of my knowledge:

**Douglas C. Reed**  
Printed Name

**Emergency Management Director**  
Title

**Signature**

2/3/2020  
Date

**Definitions**

“Minority Persons”, as defined in Iowa Code Section 8.11, mean individuals who are women, persons with a disability, Blacks, Latinos, Asians or Pacific Islanders, American Indians, and Alaskan Native Americans.

“Disability”, as defined in Iowa Code Section 15.102, subsection 5, paragraph “b”, subparagraph (1):

b. As used in this subsection:

(1) “Disability” means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of the individual, a record of physical or mental impairment that substantially limits one or more of the major life activities of the individual, or being regarded as an individual with a physical or mental impairment that substantially limits one or more of the major life activities of the individual.

“Disability” does not include any of the following:

(a) Homosexual or bisexuality.
(b) Transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments or other sexual behavior disorders.
(c) Compulsive gambling, kleptomania, or pyromania
(d) Psychoactive substance abuse disorders resulting from current illegal use of drugs.

“State Agency”, as defined in Iowa Code Section 8.11, means a department, board, bureau, commission, or other agency or authority of the State of Iowa.
2019 FLOOD REPAIRS
FENSLER DRAINAGE DISTRICT
POTAWATTAMIE COUNTY, IOWA

OPINION OF PROBABLE CONSTRUCTION COSTS

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>ITEM CODE</th>
<th>ITEM NAME</th>
<th>UNIT</th>
<th>TOTAL</th>
<th>UNIT PRICE</th>
<th>TOTAL COST</th>
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</thead>
<tbody>
<tr>
<td>1</td>
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<td>CY</td>
<td>18248</td>
<td>8.50</td>
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<tr>
<td>2</td>
<td>2102-2825001</td>
<td>EMBANKMENT-IN-PLACE, CONTRACTOR FURNISHED</td>
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<td>3</td>
<td>3417-1146000</td>
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<td>LF</td>
<td>30</td>
<td>620.00</td>
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<td>4</td>
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<td>GATE, OUTLET CONTROL, FLAP, 36 IN.</td>
<td>EACH</td>
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<td>5</td>
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<td>2691-2638043</td>
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<td>TOTAL</td>
<td></td>
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<td>$465,928.00</td>
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SUNDQUIST ENGINEERING, P.C.

2019 FLOOD REPAIRS
FENSLER DRAINAGE DISTRICT
POTAWATTAMIE COUNTY, IOWA

OPINION OF PROBABLE PROJECT COSTS

<table>
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<th>ITEM</th>
<th>COST</th>
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<td>CONSTRUCTION</td>
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<tr>
<td>LEGAL</td>
<td>8,000.00</td>
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<tr>
<td>TOTAL PROJECT COST</td>
<td>$512,400.00</td>
</tr>
</tbody>
</table>

Note: math corrections from this engineer provided break-down shown as correct on Tab A.
Fensler - Segment 1
Embarkment breaches and scour repairs, clear debris from this point & north to Vanman Levee.

Fensler - Segment 2
Sediment removal and scour repairs from Vanman Levee and northward (approx 3.5-4 miles).