

**Iowa Flood Mitigation Program (FMP)
Flood Recovery Project Application**

What is the Flood Recovery Fund?

A Flood Recovery Fund is established in the state treasury under the control of the Flood Mitigation Board to provide funding to eligible political subdivisions of the state to implement flood response, flood recovery, or flood mitigation projects.

Eligibility:

- 1) An eligible applicant is a political subdivision of the state located in a county designated under presidential disaster declaration DR-4421-IA and also located in a county where the federal emergency management agency individual assistance program has been activated.
- 2) Eligible projects must support flood response, flood recovery, or flood mitigation. Eligible project types include construction and reconstruction of levees, embankments, impounding reservoirs, conduits or other means that are necessary for the protection from the effects of floodwaters and may include the deepening, widening, alteration, change, diversion, or other improvement of watercourses if necessary for the protection of such property from the effects of flood waters. A project may consist of one or more phases of construction or reconstruction that are contracted for separately if the larger project, of which the project is a part, otherwise meets the requirements of this subrule.

Application Process:

This application is designed to capture the necessary information to meet program requirements.

- 1) Description of the project and how the project supports flood response, flood recovery, or flood mitigation activities.
- 2) Description of financial assistance need through the Flood Recovery Fund.
- 3) Description of the necessary expense or serious need of the political subdivision.
- 4) Details on any additional funds to be applied to the project.

Flood Mitigation Board Process:

- 1) Review the application.
- 2) Approve, defer, or deny the application.

**Iowa Flood Mitigation Program (FMP)
Flood Recovery Project Application**

I. Applicant Information

A. Applicant/Community Name	B. Address		City, State, Zip Code	
Mills & Pottawamie District (M&P)	10 North Walnut Street, P.O. Box 189		Glenwood, IA, 51534	
C. Point of Contact (POC) Name for Project	POC Title	POC Agency	POC Email	
Don Gross	Community and Economic Development Manager	MAPA	dgross@mapacog.org	
POC PO Box and Zip Code	POC Street Address	POC City, State, Zip Code		POC Phone
-	2222 Cumming St	Omaha, NE, 68102		(402) 444-6866 ext. 230
Alternate POC Name or Authorized Representative	Alt POC Title	Alt POC Agency		Alternate POC Email
-	-	-	-	-
Alt POC PO Box and Zip Code	Alt POC Street Address	Alt POC City, State, Zip Code		Alt POC Phone
-	-	-		-
D. Federal Tax ID # / FEIN	E. County Name	F. US Congressional District(s)	State Legislative Districts	
	M&P	3rd	Senate 12	House 23
G. Is the Applicant/Community participating in the National Flood Insurance Program (NFIP)?			Community's CID Number	

II. Project Cost Information

A. Identify the requested funding source:

Permanent Work

B. Project Budget Summary

Engineering Investigatve Phase (see Attached)	\$477,833
Engineering Design and Permitting (see Attached)	\$897,912
Legal/Administrative Costs	\$20,000
Total Project Budget Summary	\$ 1,395,745.00

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.

Identify source	Applied/ Received	Federal \$	State \$	Local \$	TOTAL
EDA	Awarded	\$1,116,596			\$ 1,116,596.00
Iowa Flood Mitigation Board	Applied		\$279,149		\$ 279,149.00
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
Total Project Funding Source		\$ 1,116,596.00	\$ 279,149.00	\$ -	\$ 1,395,745.00

III. Project Plan Summary

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 United States Army Corp of Engineers (USACE) designed and created levees in Mills County in the early 1980's. Although the USACE designed and built the Levee to reduce the risk of flooding from the Missouri River, the design was not intended to address the current Federal Emergency Management Administration (FEMA) requirements and guidelines for developing Flood Insurance Rate Maps (FIRMs) for the area. The need for Levee Accreditation is great, as it will provide undated FIRMs for the area and thus allow existing and future commercial, industrial, and residential properties to obtain insurance coverage of their buildings and structures. Without an accredited levee, these commercial, industrial and residential entities cannot obtain insurance, and will not be able to exist in the area. Thus, Levee Accreditation is essential for the existing and future economic viability of western Mills and Pottawattamie Counties. The Certification Study will also coordinate with FEMA on the Levee Accreditation process and requirements, collect available data and a levee top survey, analyze base flood elevations, conduct site reconnaissance, establish criteria and methodologies to achieve accreditation of FEMA's required components, coordinate with the USACE on improvements made to the levees, and preparation of a final certification document.

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

This project is requesting \$268,037 to match \$897,912 in assistance from EDA.

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.

Assistance is needed from the Flood Recovery Fund so that the Certification Study can be completed promptly to ensure that the levees will be brought up to FEMA requirements. This study determine the deficiencies of the levee system and develop a work plan with accompanying cost estimates to correct. With this information, a strategy can be developed to secure the necessary resources to implement required improvements. Further delay of the project only increases the flood risk of the benefited area. Completing a study is the first step in an effort to repair and enhance the levee system in Mills County.

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

EDA will be providing the remainder of the funds to complete the project.

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

The levees to be recertified are located along the left (east) bank of the Missouri River in Mills and Pottawattamie Counties, Iowa between river miles 588.0 and 605.7. The levee begins at the existing tieback levees along the Lower Pony Creek in Mills County and proceeds northward, setback approximately 1,500 feet from the centerline of the Missouri River to existing levees near the mouth of Mosquito Creek in Pottawattamie County. This project also includes levees built along both the right and left banks of the Upper Pony Creek from Interstate 29 to Highway 275 and Lateral 1-B from the Upper Pony Creek to Highway 275. (see Attached MAP)

IV. Work Schedule

A. List the major milestones for this project.

Task	Months/Years from Award		Responsible Party
	Start	Complete	
Contract Awarded	-	4/1/2020	M&P District
Procurement for Engineer	4/1/2020	6/15/2020	M&P District
Engineering Contract	-	6/30/2020	M&P District
Engineering Investigative Phase	7/1/2020	6/30/2021	M&P District
Engineering Design and Implementation	6/30/2021	12/31/2022	M&P District
Total Project Duration:	2.5 Years		

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

 Name of the Chief Executive Officer

 Title

 Organization

 Date

 Phone Number

Signature of the Authorized Representative

 John R. Poore
 Name of Authorized Representative

 Chairperson
 Title

 M&P Missouri River Levee District
 Organization

 January 13, 2020
 Date

 P.O. Box 189, 10 North Walnut St.
 PO Box / Street Address

 Glenwood, Iowa 51534
 City, State and Zip Code

 (402) 306-6895
 Phone Number

 johnrpoore@msn.com
 Email Address

Project Plan

Applicant: Mills & Pottattamie District (M&P)

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.
 - ii. Map(s) identifying project area.
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.
3. a. **If available: A copy of the application(s) from other funding sources and subsequent approval letter(s).**

STATE OF IOWA
DESIGNATION OF APPLICANT'S AUTHORIZED REPRESENTATIVE

Matthew G. Woods is hereby authorized to execute on behalf of
(Name of Representative)

Mills & Pottattamie District (M&P) this mitigation project and to file it with
(Applicant Entity)

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

Signed 1-13-2020
(Date)

John R. Poore, Chairperson
Chief Executive Officer

[Redacted Signature]

Matthew G. Woods, Attorney/Secretary

[Redacted Signature]

Attested: Lynda J. Unger, Legal Assistant
(Print Name and Title)

[Redacted Signature]

SUBSTITUTE W 9 / VENDOR UPDATE FORM

(Please print or type except for 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]

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: _____ First Name: _____ MI _____

Doing Business As:

Address:

Address:

City: _____ State _____ Zip _____

BOX B

Is your business: YES NO

Corporation [C]

Partnership [P]

Estate of Trust [E]

Public Service Corp [U]

Government [G]

Other [O]

Please Explain: _____

Please provide us with your

Federal Employer Identification number:



AND

Complete the Name and Address below:

Last Name: _____ First Name: _____ MI _____

Doing Business As:

Mills & Pottattamie District (M&P)

Address:

10 North Walnut Street, P.O. Box 189

Address:

City, State Zip
Glenwood, IA, 51534

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: _____

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: Delete Reason: _____

Yes No

Minority Impact Statement

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

[Redacted area]

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

[Redacted area]

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

[Redacted area]

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

[Redacted area]

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 are **not expected to have** a disproportionate or unique impact on minority persons.

Present the rationale for determining no impact.

This project will aim to certify the levees that protect all businesses and residents of the M & P District

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

John Poore

Printed Name

Chairperson



1-13-2020

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.