

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

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

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## **Noble's Lake Drainage District**



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

**I. Applicant Information**

A. Applicant/Community Name	B. Address		City, State, Zip Code	
Noble's Lake Drainage Dist.	227 S 6th St		Council Bluffs, IA 51501	
C. Point of Contact (POC) Name for Project	POC Title	POC Agency	POC Email	
Scott Belt	Board of Supervisor	Pottawattamie Co.	<a href="mailto:scott.belt@pottcounty-ia.gov">scott.belt@pottcounty-ia.gov</a>	
POC PO Box and Zip Code	POC Street Address	POC City, State, Zip Code		POC Phone
	same as above			402-651-3884
Alternate POC Name or Authorized Representative	Alt POC Title	Alt POC Agency	Alternate POC Email	
Douglas Reed	EMA Director	Emergency Management	<a href="mailto:dreed@pcema-ia.org">dreed@pcema-ia.org</a>	
Alt POC PO Box and Zip Code	Alt POC Street Address	Alt POC City, State, Zip Code		Alt POC Phone
	205 S Main St	Council Bluffs, IA 51503		712-242-6034
D. Federal Tax ID # / FEIN	E. County Name	F. US Congressional District(s)	State Legislative Districts	
[REDACTED]	Pottawattamie	3	Senate 11	House 22
G. Is the Applicant/Community participating in the National Flood Insurance Program (NFIP)?		Community's CID Number		
yes		190232		

**II. Project Cost Information**

A. Identify the requested funding source:

Permanent Work

**B. Project Budget Summary**

Construction	\$ 305,497.00
Engineering	\$ 27,100.00
Legal	\$ 8,000.00
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
<b>Total Project Budget Summary</b>	<b>\$ 340,597.00</b>

**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
FEMA Public Assistance	Applied	\$ 255,447.75			\$ 255,447.75
State Cost-share to Public Assistance			\$ 34,059.70		\$ 34,059.70
Flood Recovery Fund			\$ 51,089.55		\$ 51,089.55
					\$ -
					\$ -
					\$ -
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					\$ -
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<b>Total Project Funding Source</b>		<b>\$ 255,447.75</b>	<b>\$ 85,149.25</b>	<b>\$ -</b>	<b>\$ 340,597.00</b>

### 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 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. Significant scouring and silting-in throughout the entire drainage district structures. The project will also remove the flood debris from in and around the drainage channel and culvert structures as well as any culvert repairs or resetting, as required, where the ditch passes through a county road (DeSoto Ave) and the lower Vanman Levee.

**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.)**

41.464128, -95.965038 to 41.469183, -95.965925 (S of Vanman Levee)  
& 41.469183, -95.965925 to 41.50195, -95.98037 (N of Vanman Levee)

**IV. Work Schedule**

A. List the major milestones for this project.

Task	Months/Years from Award			Responsible Party
	Start	Complete		
Full scope of work	1/15/2020	4/1/2020		District and contracted engineer.
<b>Total Project Duration:</b>	<b>4</b>			

**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 approval is granted.

  
 Signature of the Chief Executive Officer  
 Scott Belt  
 Name of the Chief Executive Officer  
 Supervisor  
 Title  
 Pottawattamie County dba Nobles Lake DD  
 Organization  
 February 3, 2020  
 Date  
 712-328-5644  
 Phone Number

  
 Signature of the Authorized Representative  
 Douglas Reed  
 Name of Authorized Representative  
 Emergency Management Director  
 Title  
 Pottawattamie Co Emergency Mgmt Agency  
 Organization  
 February 3, 2020  
 Date  
 205 S Main St  
 PO Box / Street Address  
 Council Bluffs, IA 51503  
 City, State and Zip Code  
 712-242-6034  
 Phone Number  
[dreed@pcema-ia.org](mailto:dreed@pcema-ia.org)  
 Email Address

## Project Plan

Applicant: **Nobles**

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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.](#)

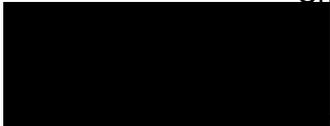
**STATE OF IOWA  
DESIGNATION OF APPLICANT'S AUTHORIZED REPRESENTATIVE**

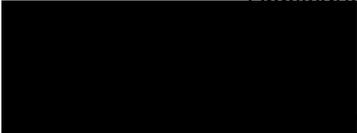
Doug Reed is hereby authorized to execute on behalf of  
(Name of Representative)

Noble's Lake Drainage Dist. 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 2/3/2020  
(Date)

Scott Belt, Supervisor  
Chief Executive Officer  
(Print Name and Title)  
  
(Signature)

Doug Reed, EMA Director  
Applicant's Authorized Representative  
(Print Name and Title)  
  
(Signature)

Attested: Scott Manz, EMA Specialist  
(Print Name and Title)  
  
(Signature)

(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

Belt Scott

Doing Business As:

**Noble's Lake Drainage Dist.**

Address:

**227 S 6th St**

Address:

City, State Zip

**Council Bluffs, IA 51501**

**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:  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

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

- 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.

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

[Redacted 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.

**SUNDQUIST ENGINEERING, P.C.**

CLIENT: Noble Lake D.D.  
PREPARED BY: TJG/tkk  
S.E. PROJECT NO: 65119  
DATE: 01/20/20

2019 FLOOD REPAIRS  
NOBLE LAKE DRAINAGE DISTRICT  
POTTAWATTAMIE COUNTY, IOWA

**OPINION OF PROBABLE CONSTRUCTION COSTS**

ITEM NO.	ITEM CODE	ITEM	UNIT	TOTAL	UNIT PRICE	TOTAL COST
1	2104-2710020	EXCAVATION, CLASS 10, CHANNEL	CY	16451	12.00	\$ 197,412.00
2	2102-2625000	EMBANKMENT-IN-PLACE	CY	1801	35.00	63,035.00
5	2533-4980005	MOBILIZATION	LS	1	40,000.00	40,000.00
6	2601-2634100	MULCHING	ACRE	0.3	2,000.00	600.00
7	2601-2636043	SEEDING AND FERTILIZING (RURAL)	ACRE	0.3	500.00	150.00
8	2602-0000020	SILT FENCE	LF	1075	4.00	4,300.00
	TOTAL					\$ 305,497.00

**SUNDQUIST ENGINEERING, P.C.**

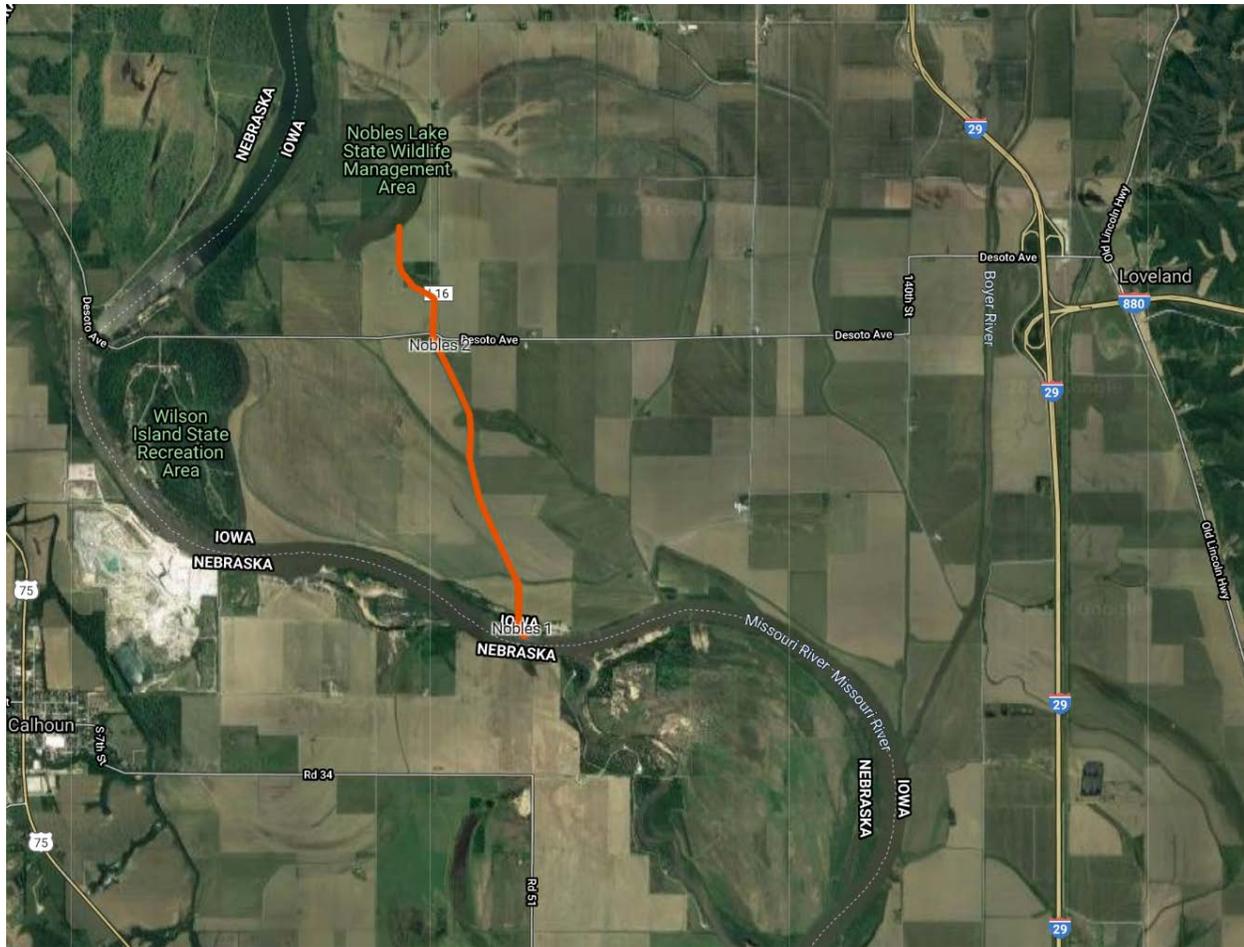
CLIENT: Noble Lake D.D.  
PREPARED BY: TJG/tkk  
S.E. PROJECT NO: 65119  
DATE: 01/20/20

2019 FLOOD REPAIRS  
NOBLE LAKE DRAINAGE DISTRICT  
POTTAWATTAMIE COUNTY, IOWA

**OPINION OF PROBABLE PROJECT COSTS**

ITEM	COST
CONSTRUCTION	\$ 305,000.00
ENGINEERING	27,100.00
LEGAL	8,000.00
TOTAL PROJECT COST	\$ 340,100.00

*Note: math corrections from these breakdowns has been adjusted to correct figures at Tab A.*



### Nobles - Segment 1

Repair damaged ditch banks, clean sediment from ditch, clear flood debris - from Vanman Levee & S to Mo River.

### Nobles - Segment 2

Repair damaged ditch banks, repair/replace culverts if needed, clean sediment/debris from ditch.