

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

A. Applicant/Community Name	B. Address		City, State, Zip Code	
Fensler Drainage District	31938 130th St		Missouri Valley, IA 51555	

C. Point of Contact (POC) Name for Project	POC Title	POC Agency	POC Email	
Lyle McIntosh	Trustee	Fensler	brkfarmer1@aol.com	

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	dreed@pcema-ia.org	

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	\$ 465,926.00
Engineering	\$ 38,400.00
Legal	\$ 8,000.00
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
Total Project Budget Summary	\$ 512,326.00

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
FEMA Public Assistance	Applied	\$ 384,244.50			\$ 384,244.50
State Cost-share to Public Assistance			\$ 51,232.60		\$ 51,232.60
Flood Recovery Fund			\$ 76,848.90		\$ 76,848.90
					\$ -
					\$ -
					\$ -
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					\$ -
Total Project Funding Source		\$ 384,244.50	\$ 128,081.50	\$ -	\$ 512,326.00

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 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

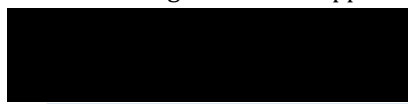
IV. Work Schedule

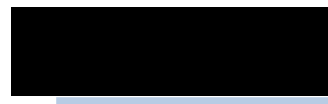
A. List the major milestones for this project.

Task	Months/Years from Award			Responsible Party
	Start	Complete		
Full scope of work	3/1/2020	5/1/2020		District and contracted engineer
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
 Name of the Chief Executive Officer
 Trustee
 Title
 Fensler Drainage District
 Organization
 February 3, 2020
 Date
 402-651-3884
 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
 Email Address

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**

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

Fensler Drainage District 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)

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

[Redacted Signature]

(Signature)

Doug Reed, EMA Director

Authorized Representative
(Print Name and Title)

[Redacted Signature]

(Signature)

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

[Redacted Signature]

(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

McIntosh Lyle

Doing Business As:

Fensler Drainage District

Address:

31938 130th St

Address:

City, State Zip

Missouri Valley, IA 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: 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


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: Fensler Drainage District
 PREPARED BY: TJG/tkk
 S.E. PROJECT NO: 65019
 DATE: 01/20/20

2019 FLOOD REPAIRS
 FENSLER 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	18246	8.50	\$ 155,091.00
2	2102-2625001	EMBANKMENT-IN-PLACE, CONTRACTOR FURNISHED	CY	10918	20.00	218,360.00
3	2417-1040036	CULVERT, CORRUGATED METAL ENTRANCE PIPE, 36 IN. DIA.	LF	30	620.00	18,600.00
4	2503-3775036	GATE, OUTLET CONTROL, FLAP, 36 IN.	EACH	1	6,000.00	6,000.00
5	2533-4980005	MOBILIZATION	LS	1	40,000.00	40,000.00
6	2601-2634100	MULCHING	ACRE	1.7	600.00	1,020.00
7	2601-2636043	SEEDING AND FERTILIZING (RURAL)	ACRE	1.7	150.00	255.00
8	2602-0000020	SILT FENCE	LF	6650	4.00	26,600.00
	TOTAL					\$ 465,926.00

SUNDQUIST ENGINEERING, P.C.

CLIENT: Fensler Drainage District
 PREPARED BY: TJG/tkk
 S.E. PROJECT NO: 65019
 DATE: 01/20/20

2019 FLOOD REPAIRS
 FENSLER DRAINAGE DISTRICT
 POTTAWATTAMIE COUNTY, IOWA

OPINION OF PROBABLE PROJECT COSTS

ITEM	COST
CONSTRUCTION	\$ 466,000.00
ENGINEERING	38,400.00
LEGAL	8,000.00
TOTAL PROJECT COST	\$ 512,400.00

Note: math corrections from this engineer provided break-down shown as correct on Tab A.



Fensler - Segment 1

Embankment 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).