Iowa Flood Mitigation Program (FMP) Flood Recovery Project Application

I. Applicant Information

A. Applicant/Community Name B. Addr		lress				City, State,	Zip Code	
City of LeClaire		325 Wisconsin St				LeClaire, l	A 52753	
C. Point of Contact (POC) Name for Project		POC Title	POC Agency		POC Email			
Edwin Choate		City Administrator	City of L	eClaire	echoate@leclaireiowa.gov			
POC PO Box and Zip Code POC Street Add		C Street Address	POC City, State, Zip Code				POC Phone	
	325 Wisconsin Street		LeClaire, Iowa 52753				56	3-289-6004
Alternate POC Name or Authorized Representative Alt POC		Alt POC Title	Alt POC	Agency		Alternate POC Email		OC Email
Tracy A. Northcutt		City Clerk	City of L	eClaire		tnorthcutt@leclaireiowa.gov		laireiowa.gov
Alt POC PO Box and Zip Code Alt POC Street Address		Alt POC City, State, Zip Code		Alt POC Phone				
SAME		SAME		563-289-6003				
D. Federal Tax ID # / FEIN E. County Name		F. US Congressional District(s)			State Le Senate	gislative Districts House		
Scott			2			49	94	
G. Is the Applicant/Community participating in the National Flood Insurance Program (NFIP)?			ional		Comr	nunity's CI	D Number	
YES								

II. Project Cost Information

A. Identify the requested funding source:

Permanent Work

B. Project Budget Summary

Mobilization	\$ 3,700.00
Construction Survey	\$ 500.00
Erosion Control	\$ 500.00
Seeding, Fertilizing	\$ 1,500.00
Generator Mounting Pad	\$ 5,688.00
Diesel Generator	\$ 54,000.00
Control Panel Modification	\$ 10,000.00
Materials (electrical, conduit)	\$ 2,400.00
Project Admin	\$ 1,728.00
Total Project Budget Summary	\$ 80,016.00

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

Please insert additional rows as neede	Applied/				
Identify source	Received	Federal \$	State \$ (FRF)	Local \$	TOTAL
Flood Recovery Fund			\$ 80,016.00		\$ 80,016.00
City of LeClaire				\$ -	\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
Total Project Funding Source		\$ -	\$ 80,016.00	\$ -	\$ 80,016.00

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 project consists of the installation of one (1) backup generator for the City of LeClaire sanitary sewer lift station #4. With the installation of a perm backup generator source on-site will allow the lift station to function as it is supposed to and prevent sewage from backing up into private homes and/spilling out into the flood zone. There have been repeated power outages in this area of the City due to high winds, snow/ice storms, etc. Portable, eme generators have been deployed to the site to supply power to the lift station on numerous occasions. During flood conditions this would not be possibl to flood elevations.	or rgency
B. Provide a brief description of the financial assistance need through the Flood Recovery Fund.	
The City of Le Claire's need for finacial assistance through the Flood Recovery Fund will help a small population community provide a continous servic residents. The cities population of 3,765 has a limted tax base and assistance through the Flood Recovery Fund will take a burden for these additional for needed off of the residents.	
C. Explain how financial assistance through the Flood Recovery Fund is essential to meet the necessary expenses or serious needs of the app related to flood response, flood recovery, and flood mitigation.	licant
Financial assistance through the flood recovery fund is essential to meet the necessary expenses by the City of Le Claire as the city has a population of 3. The cost of the generator will place an excesive burden on the tax base of the city.	3,765.
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.) The project is located at latitude 41.601547; longitude -90.350417. The project location is directly west of the Mississippi River approximately .40 miles Ferry Street. At the corner of Ferry street and N. 4th St the asphalt road ends and turns to gravel. At this point the elevation to the project site drops approximately 47 feet. Silver Creek is approximately 80 feet west of and runs along the project site.	es along

IV. Work Schedule

A. List the major milestones for this project.

Task	Months/Years from Award		Dear or cible Deate.	
Task	Start	Complete	Responsible Party	
Notice of Grant Award	1	1	HSEMD	
Procurement for construction	2	4	City of LeClaire	
Construction (installation)	4	10	City of LeClaire	
Testing, Inspection & Acceptance	10	13	City of LeClaire	
Project Closeout	13	15	City of LeClaire & HSEMD	
Total Project Duration:	15 months			

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
Edwin N. Choate
Name of the Chief Executive Officer
City Administrator
Title
City of LeClaire, Iowa
Organization
October 8, 2020
Date
563-289-6004
Phone Number

Signature of the Authorized Representative
Edwin N. Choate
Name of Authorized Representative
City Administrator
Title
City of LeClaire, Iowa
Organization
October 8, 2020
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