

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

I. Applicant Information

A. Applicant/Community Name	B. Address		City, State, Zip Code	
Plattville Drainage District	10 North Walnut Street	PO Box 189	Glenwood, Iowa 51534	
C. Point of Contact (POC) Name for Project		POC Title	POC Agency	POC Email
Dennis Lincoln		Chairperson		lincolnridgeview@hotmail.com
POC PO Box and Zip Code	POC Street Address	POC City, State, Zip Code		POC Phone
51561	18031 US Hwy 34	Pacific Junction, Iowa 51561		(402) 679-1764
Alternate POC Name or Authorized Representative	Alt POC Title	Alt POC Agency		Alternate POC Email
Matthew G Woods	Attorney/Secretary	Woods, Wyatt & Tucker, PLLC		matt.woods@woodswyattlaw.com
Alt POC PO Box and Zip Code	Alt POC Street Address	Alt POC City, State, Zip Code		Alt POC Phone
PO Box 189, 51534	10 North Walnut Street	Glenwood, Iowa 51534		(712) 527-4877
D. Federal Tax ID # / FEIN	E. County Name	F. US Congressional District(s)		State Legislative Districts
	Mills	3		Senate: 12 House: 23
G. Is the Applicant/Community participating in the National Flood Insurance Program (NFIP)?			Community's CID Number	
No				

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.

Removal of debris from within the District, removal of silt from existing ditches, removal of inundated stormwater pumping station, embankment and crushed rock installation.

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

Due to the amounts of debris, silt, and damaged infrastructure throughout the District, we are requesting funds to help with the improvements. Flood Mitigation Board has provided funding in the amount of \$425,700. Balance of project to fund is \$255,954.02.

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.

At this time, the District has not assessed for anything more than the typical years' operation and maintenance costs. The cost of the flood damages greatly outweighs the typical assessment value.

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

A copy of the plans for the debris/silt removal has been attached showing locations of the improvements.

IV. Work Schedule

A. List the major milestones for this project.

Task	Months/Years from Award			Responsible Party
	Start	Complete		
debris removal	3/15/2020	6/1/2020		Contractor; will be bid
Embankment & crushed rock installation	3/15/2020	6/1/2020		Contractor; will be bid
Total Project Duration:	36			

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

Name of Authorized Representative

Title

Organization

Date

PO Box / Street Address

City, State and Zip Code

Phone Number

Email Address