

Flood Recovery Fund (FRF)
Project Closeout Checklist

- Closeout Request Letter**
 - Project Name Fredonia 2019 Flood Mitigation Project - Drainage
 - Project Number 2019-FRF-0003
 - Recipient Name City of Fredonia
 - De-Obligation FRF: \$ 0 non-FRF: \$ 0
 - Request/Reallocation Request N/A

- Final Expenditure Report (certified by the subapplicant)**
 - Total Approved Project Cost \$ 135,550
 - Final/Actual Project Cost \$ 135,550
 - Approved FRF Share \$ 135,550
 - Final/Actual FRF Share \$ 135,550
 - Approved Non-FRF Share \$ 0
 - Final/Actual Non-FRF Share \$ 0
 - Duplication of Benefits, if any None

- ~~Grantee and Subgrantee Administrative Costs, if applicable~~ N/A
- ~~Project Cost Overrun or Underrun (If applicable, include dollar amount)~~ N/A
- Project Completion Date 09/09/2020
- Final Virtual Site Visit Date 11/30/2020
- List of Person(s) who completed Final Virtual Site Visit Carol Tomb 11/30/2020
- ~~Written certification that all Environmental/Historic conditions were met and all required permits were obtained.~~ N/A
- ~~Include Engineer final site visit certification, with date of completion, that the project scope of work is completed to applicable codes and standards.~~ N/A
- Statement indicating that all reimbursements have been made to the Recipient, if applicable.
11/30/2020
- Photo of each project site after project completion (include location, line segment, etc) 11/02/2020
- ~~Letter signed by the Governor's Authorized Representative (GAR) or designee and, pursuant to 44 CFR 206.438(d) which must "certify that reported costs were incurred in the performance of eligible work, that the approved work was completed and that the mitigation measure is in compliance with the provisions of the FEMA State Agreement."~~
N/A
- Coordinates in decimal degrees longitude and latitude with 6 decimal places and include a minus (-) to show west longitude. Same as application location: West End: 41.285444, -91.340028 Middle: 41.286117, -91.338333 East End: 41.28675, -91.336472



**STATE OF IOWA
FLOOD MITIGATION PROGRAM
FLOOD RECOVERY FUND PROGRESS REPORT**

PERIOD COVERED BY THIS REPORT: 5/1/2020 to 10/31/2020
 LOCAL CONTACT NAME: Robert Bright
 GOVERNMENTAL ENTITY: City of Fredonia
 ADDRESS: PO Box 169
 Columbus Junction, IA 52738
 TELEPHONE NUMBER: 563-554-7954
 PROJECT TITLE: Fredonia 2019 Flood Mitigation Project
 AGREEMENT NUMBER: 2019-FRF-0003
 ACTIVITY COMPLETION TIMEFRAME: 9/16/2019 to 12/16/2020

	FEDERAL	STATE (Flood Recovery Fund)	LOCAL	TOTAL
TOTAL FUNDS APPROVED:	\$ -	\$ 135,550	\$ -	\$ 135,550
TOTAL FUNDS EXPENDED TO DATE:	\$ -	\$ 135,550	\$ -	\$ 135,550
PROJECT OVERRUN/ (UNDERRUN):	\$ -	\$ -	\$ -	\$ -
The percentage of actual work that has been completed at the end of the reporting period (not a % of funds expended)				100%
The estimated cost of the project at completion (which may even exceed the awarded amount)				\$ 135,550

Type of Expense & Funding Source	Budget (from Application)	Federal/ Local/ State	Total Expended to Date	Remaining Balance
Permits & fees	\$ -	Local	\$ -	\$ -
Construction/Contractual Services:	\$ 135,550	State	\$ 135,550	\$ -
Total Project Budget Summary				\$ -

FUNDING SOURCE:	FEDERAL (from Application)	STATE (from Application)	LOCAL (from Application)	Total Expended to Date
Flood Recovery Fund	\$ -	\$ 135,550	\$ -	\$ 135,550.00
City or County	\$ -	\$ -	\$ -	\$ -
Total Project Funding Source	\$ -	\$ 135,550	\$ -	\$ 135,550.00

Project Status- entire project (Check One)	Description of significant activities this semi-annual term . Include comparison of actual accomplishments to the objectives identified in your application. Attach pictures and a narrative. Status changes or delays, please explain reason.
<input type="checkbox"/> On Schedule <input type="checkbox"/> Delayed <input type="checkbox"/> Canceled <input checked="" type="checkbox"/> Completed <input type="checkbox"/> Suspended	Construction completed and accepted by city on 9/9/2020. Closeout pending final closeout documentation.

Application Work Schedule (Milestones)			Milestone Status
#	Description:	Submitted Completion Date:	Actual Completion Date:
1	Award	9/16/2019	9/16/2019
2	Final Design	2/16/2020	3/12/2020
3	Bid Letting	3/16/2020	7/9/2020
4	Construction	9/16/2020	9/9/2020
5	Completion & Closeout	12/16/2020	

Person Completing this Report: Robert Bright

Date: 11/4/2020

I, the undersigned, hereby certify that the above information is accurate and true, and in accordance with the approved project plan and state and federal regulations and policies governing this award.

Signature on file

Signature of Authorized Representative or Governmental Entity

Robert Bright

Name of Authorized Representative or Governmental Entity

<u>Instructions to complete this form</u>	
Areas shaded 	are to be completed by State HSEMD Personnel.
Areas shaded 	are to be completed by the governmental entity or authorized administrator.