

Iowa Homeland Security & Emergency Management  
7900 Hickman Rd, Ste 500  
Windsor Heights, IA 50324

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

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**What is the Flood Recovery Fund?**

A Flood Recovery Fund is established in the state treasury under the control of the Flood Mitigation Board to provide funding to eligible political subdivisions of the state to implement flood response, flood recovery, or flood mitigation projects.

**Eligibility:**

- 1) An eligible applicant is a political subdivision of the state located in a county designated under presidential disaster declaration DR-4421-IA and also located in a county where the federal emergency management agency individual assistance program has been activated.
- 2) Eligible projects must support flood response, flood recovery, or flood mitigation. Eligible project types include construction and reconstruction of levees, embankments, impounding reservoirs, conduits or other means that are necessary for the protection from the effects of floodwaters and may include the deepening, widening, alteration, change, diversion, or other improvement of watercourses if necessary for the protection of such property from the effects of flood waters. A project may consist of one or more phases of construction or reconstruction that are contracted for separately if the larger project, of which the project is a part, otherwise meets the requirements of this subrule.

**Application Process:**

This application is designed to capture the necessary information to meet program requirements.

- 1) Description of the project and how the project supports flood response, flood recovery, or flood mitigation activities.
- 2) Description of financial assistance need through the Flood Recovery Fund.
- 3) Description of the necessary expense or serious need of the political subdivision.
- 4) Details on any additional funds to be applied to the project.

**Flood Mitigation Board Process:**

- 1) Review the application.
- 2) Approve, defer, or deny the application.

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

**I. Applicant Information**

<b>A. Applicant/Community Name</b>		<b>B. Address</b>		<b>City, State, Zip Code</b>	
City of Davenport		226 W. 4th Street		Davenport, Iowa 52801	
<b>C. Point of Contact (POC) Name for Project</b>		<b>POC Title</b>	<b>POC Agency</b>	<b>POC Email</b>	
Clay Merritt		Capital Manger	City of Davenport	<a href="mailto:jmerritt@ci.davenport.ia.us">jmerritt@ci.davenport.ia.us</a>	
<b>POC PO Box and Zip Code</b>	<b>POC Street Address</b>	<b>POC City, State, Zip Code</b>		<b>POC Phone</b>	
52807	1200 E. 46th Street	Davenport, Iowa 52807		563-888-3055	
<b>Alternate POC Name or Authorized Representative</b>		<b>Alt POC Title</b>	<b>Alt POC Agency</b>	<b>Alternate POC Email</b>	
Brandon Wright		CFO/Assist. City Admin.	City of Davenport	<a href="mailto:bwright@ci.davenport.ia.us">bwright@ci.davenport.ia.us</a>	
<b>Alt POC PO Box and Zip Code</b>	<b>Alt POC Street Address</b>	<b>Alt POC City, State, Zip Code</b>		<b>Alt POC Phone</b>	
52801	226 W. 4th Street	Davenport, Iowa 52801		563-326-7750	
<b>D. Federal Tax ID # / FEIN</b>	<b>E. County Name</b>	<b>F. US Congressional District(s)</b>		<b>State Legislative Districts</b>	
	Scott	Iowa - 02		Senate 41/42/43	House 81/84/85/86
<b>G. Is the Applicant/Community participating in the National Flood Insurance Program (NFIP)?</b>			<b>Community's CID Number</b>		
Yes			190242		

**II. Project Cost Information**

A. Identify the requested funding source:

**Permanent Work**

**B. Project Budget Summary**

Engineering Services	\$ 40,000.00
Construction	\$ 450,000.00
3% Contingency	\$ 14,700.00
<b>Total Project Budget Summary</b>	<b>\$ 504,700.00</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
Flood Recovery Fund	Applied		454,230.00		\$ 454,230.00
City of Davenport				50,470.00	\$ 50,470.00
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
<b>Total Project Funding Source</b>		\$ -	\$ 454,230.00	\$ 50,470.00	\$ 504,700.00

### 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.**

Modern Woodmen Park (MWP) is a City of Davenport-owned minor league baseball park home to the Quad Cities River Bandits, a Class-A affiliate of the Houston Astros. Completed in 1931, MWP is one of the oldest ballparks still in use. The Modern Woodmen Park Floodwall Extension project will build approximately 160 feet of concrete foundations and permanent flood wall east of the baseball stadium's locker rooms and around the batting cages providing egress for lower level emergency doors during times of flooding. The project will ensure that this extension ties into the existing building foundations and floodwall system on the north side of the stadium which protects MWP to a 250-year flood, and the proposed project would match that height. See attached map showing existing removable floodwall and proposed floodwall extension. The City participates in the Community Rating System and is currently a Class 8 with a comprehensive approach to floodplain mitigation, response and recovery. While the City has seen success in open space preservation of almost 600 acres of land, MWP is an important local asset that must be maintained and protected from future flooding.

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

The City of Davenport is requesting 90% of the proposed project's expenses be paid through the Flood Recovery Fund. The City has already invested approximately \$2.9 million in flood protection measures at Modern Woodmen Park. These funds will be used to complete a floodwall system that fully protects an important and historic public asset from floods coming from the Mississippi River. As shown in the attached damages section, the estimated damages and lost revenue for Modern Woodmen Park from the 2019 floods exceeds \$282,000. The requested financial assistance would produce a positive benefit cost ratio for return on investment.

**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.**

The existing floodwall at Modern Woodmen Park (MWP) has been in place since 2011. MWP has been tested by 5 of the top 10 crests on the Mississippi River. Throughout the flooding, the City of Davenport has identified a vulnerable point to flood protection. In the current flood plan, the City protects two egress doors on the southeast section of the Stadium with sandbags, stacking them 10 feet high. Should this protection method fail, the entire stadium will flood, resulting in an estimated in damages the tens of millions of dollars. While the current assessed value for the structure at MWP is over \$8.3 million, it is highly likely that the structure and the field repairs would exceed \$15 million. In addition to addressing the vulnerable point of entry at MWP, the proposed project will also free up some staff time and resources that are needed elsewhere when flooding occurs. A permanent floodwall would reduce staff and materials costs by approximately 10%. In addition, MWP hosts 250,000 visitors annually and is an essential component of keeping the City's downtown economically viable and vibrant. In 2019, nineteen home games needed to be canceled due to the floods resulting in over \$270,000 in lost revenue and game relocation costs.

**D. Provide details of any additional funds that can be applied to the project.**

The City of Davenport is committing 10% of the project cost, funded through it's Capital Improvement Program.

**E. Description of Project Location (i.e. Latitude and Longitude (minimum 6 digits after the decimal), Neighborhood, Subdivision, Geographic Boundaries, Driving Directions, etc.)**

Modern Woodmen Park (MWP) is located at 209 S. Gaines Street, (Lat: 41.518473 Long: -90.581908). MWP is on the Mississippi Riverfront in Downtown Davenport and is bounded by the Canadian Pacific Railroad to the north, LeClaire Park to the east, Mississippi River to the south and Gaines Street to the west. Eastbound I-80 travelers can access the stadium by taking Exit 290 to I-280 East, then take Exit 6 for US 61/West River Drive. Make a left onto US 61/West River Drive and stay on River Drive for 5.4 miles. Turn right on to Gaines Street, and Modern Woodmen Park is on the left.


#### IV. Work Schedule


A. List the major milestones for this project.

Task	Months/Years from Award		Responsible Party
	Start	Complete	
Grant Award	Month 0	Month 1	IHSEMD/City of Davenport
Preliminary Engineering	Month 2	Month 5	City of Davenport/Contracted Engineering Firm
Procurement for Construction	Month 6	Month 7	City of Davenport Purchasing Dept
Construction	Month 8	Month 13	City of Davenport/Contracted Construction Firm
Closeout	Month 14	Month 18	IHSEMD/City of Davenport
<b>Total Project Duration:</b>	<b>18 Months</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 Flood Mitigation Board approval is granted.

  
 Signature of the Chief Executive Officer  
**FRANK Klipsch**  
 Name of the Chief Executive Officer  
**Mayor**  
 Title  
**City of Davenport**  
 Organization  
**September 9, 2019**  
 Date  
**563-326-7701**  
 Phone Number

  
 Signature of the Authorized Representative  
**Clay Merritt**  
 Name of Authorized Representative  
**Capital Manager**  
 Title  
**City of Davenport**  
 Organization  
**September 9, 2019**  
 Date  
**1200 E. 46th Street**  
 PO Box / Street Address  
**Davenport, Iowa 52807**  
 City, State and Zip Code  
**563-888-3055**  
 Phone Number  
**jmerritt@ci.davenport.ia.us**  
 Email Address

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

Clay Merritt is hereby authorized to execute on behalf of  
(Name of Representative)

City of Davenport this mitigation project and to file it with  
(Applicant Entity)

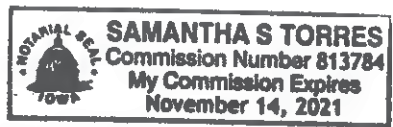
Iowa Homeland Security and Emergency Management (HSEMD) for the purpose of obtaining financial assistance under the Flood Mitigation Bill, Senate File 2217.

Signed 9-9-19  
(Date)

FRANK KLIPSCH  
Chief Executive Officer  
[Redacted Signature]  
(Signature)

Clay Merritt, Capital Manager  
Applicant's Authorized Representative  
(Print Name and Title)  
[Redacted Signature]  
(Signature)

Attested: SAMANTHA TORRES - CONFIDENTIAL  
[Redacted Signature] SECRETARY  
(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  
Merritt James C

Doing Business As:  
City of Davenport

Address:  
226 W. 4th Street

Address:

City, State Zip  
Davenport, Iowa 52801

**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: 9-9-19

**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

[Shaded area for describing positive impact]

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

[Shaded area for describing negative impact]

Present the rationale for the existence of the proposed program or policy.

[Shaded area for presenting rationale]

Provide evidence of consultation of representatives of the minority groups impacted.

[Shaded area for providing evidence of consultation]

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.

This grant application seeks to secure a public facility and community asset from flood damage caused by the Mississippi River, therefore it is not expected to have a disproportionate or unique impact on minority persons.

I hereby certify that the information on this form is complete and accurate, to the best of my knowledge:

Clay Merritt  
Printed Name

Capital Manager  
Title

[Redacted]  
Signature

9-9-19  
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.