

Pottawattamie County Emergency Management Agency
205 South Main Street
Council Bluffs, IA 51503

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

Pigeon Creek #8



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

I. Applicant Information

A. Applicant/Community Name	B. Address		City, State, Zip Code	
Pigeon Creek #8	25843 Old Lincoln Hwy		Honey Creek, IA 51542	
C. Point of Contact (POC) Name for Project	POC Title	POC Agency	POC Email	
Frank Moran	Trustee	Pigeon Crk 8	moranbeef1@msn.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		

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.

This application represents work completed. The scope of work included the repair of 1.6 miles of drainage ditch bank slides, erosion, scours and bank top erosion. There were (24) individual repair sites throughout the drainage districts caused by overtopping from flash flooding. \$56,000 has been expended and reimbursement is in development with FEMA under the PA program. This application is to request funding for the 15% local cost-share for this project.

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.

The FEMA application is pending final FEMA review.

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 fund reserves to meet the 15% federal program cost-share requirement without placing an undue burden on district taxpayers; and 2) the award from the FRF will provide the funding to make the drainage district whole for work already completed. This area was one of the first to see floodwater recession and was able to be repaired fairly quickly.

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.)

41.40664, -95.83382 to 41.38839, -95.8529

IV. Work Schedule

A. List the major milestones for this project.

Task	Months/Years from Award		Responsible Party
	Start	Complete	
Full scope of work			COMPLETED
Total Project Duration:	0		

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.

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

Project Plan

Applicant: Pigeon 8

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.

[Engineer data provided to HSEMD at 1-9-2020 Meeting in Pottawattamie County](#)
(Bolton-Menke / J. Rosengren, Engineer)

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.

[Engineer data provided to HSEMD at 1-9-2020 Meeting in Pottawattamie County](#)
(Bolton-Menke / J. Rosengren, Engineer)

3. a. If available: A copy of the application(s) from other funding sources and subsequent approval letter(s).

[Available via FEMA Grants Portal.](#)

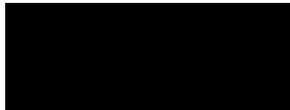
**STATE OF IOWA
DESIGNATION OF APPLICANT'S AUTHORIZED REPRESENTATIVE**

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

Pigeon Creek #8 this mitigation project and to file it with
(Applicant Entity)

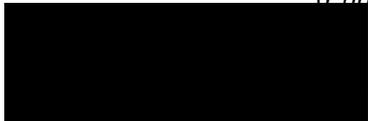
Iowa Homeland Security and Emergency Management (HSEMD) for the purpose of obtaining financial assistance under the Flood Mitigation Bill, Senate File 2217.

Signed 2/3/2020
(Date)

Frank Moran, Trustee
Chief Executive Officer
(Print Name and Title)

(Signature)

Doug Reed, EMA Director
Applicant's Authorized Representative
(Print Name and Title)

(Signature)

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

(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

Moran Frank

Doing Business As:

Pigeon Creek #8

Address:
25843 Old Lincoln Hwy

Address:

City, State Zip
Honey Creek, IA 51542

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.

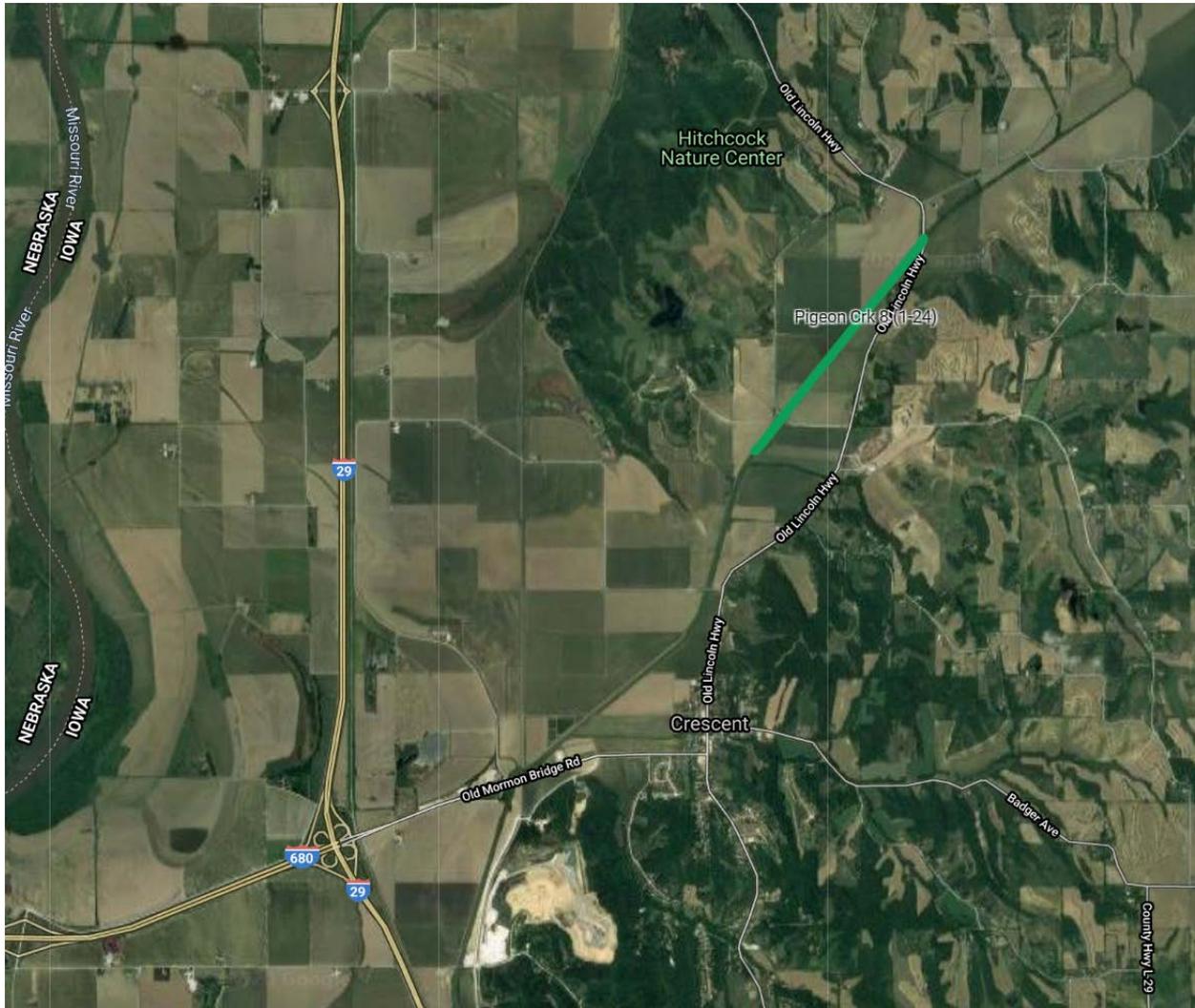
"Disability", as defined in Iowa Code Section 15.102, subsection 5, paragraph "b", subparagraph (1):
b. As used in this subsection:

- (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.



Pigeon Creek 8 Segment

1.6 miles - (24) sites of bank slides, bank erosion/scouring, and bank top erosion.