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

## I. Applicant Information

A. Applicant/Community Name		B. Addre		City, State, Zip Code			
Scott Drainage		506 Filmore				Sidney,	A 51652
C. Point of Contact (P for Project		POC Title	POC Agency	ncy		POC Email	
Randy Hicke	у	District Sponsor		rhickey@co.fremont.ia		fremont.ia.us	
POC PO Box and Zip Code		POC Street Address	POC C	POC City, State, Zip Code			POC Phone
51652		506 Filmore	Sidney, IA 51652			712-374-2415	
Alternate POC Name or Authorized Representative  Alt POC Title		Alt POC Agency		Alternate POC Email		POC Email	
Cara Morgan					loesshillsdams	sel@gmail.com	
Alt POC PO Box and Zip Code Alt POC Street Address		Alt POC City, State, Zip Code			Alt POC Phone		
51652 316 Main P.O. Box 463		Sidney, IA 51652		712-249-6024			
D. Federal Tax ID # / FEIN E. County		E. County Name	F. US Con		State Lo	egislative Districts House	
		Fremont	3			12	23
G. Is the Applicant/Community participating in the National Flood Insurance Program (NFIP)?			Flood	Community's CID Number			
No							

### II. Project Cost Information

### B. Project Budget Summary

Drainage Structure Repairs	\$ 736,439.00
Debris Removal from Drainage Structure	\$ 75,709.00
Project Mitigation	\$ 81,215.00
Total Project Budget Summary	\$ 893,363.00

#### 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.

Identify source	Applied/ Received	Fe	ederal \$	St	ate \$	I	Local \$	TOTAL
FEMA		\$	552,329.25					\$ 552,329.25
State of Iowa				\$	73,643.90			\$ 73,643.90
District Sponsors						\$	110,465.85	\$ 110,465.85
		\$	56,781.75					\$ 56,781.75
				\$	7,570.90			\$ 7,570.90
						\$	11,356.35	\$ 11,356.35
		\$	60,911.25					\$ 60,911.25
				\$	8,121.50			\$ 8,121.50
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Total Project Funding Source		\$	670,022.25	\$	89,336.30	\$	134,004.45	\$ 893,363.00

## 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.
Due to the Spring floods of 2019 and levee breaches in the Missouri River levee system the Scott Drainage structure sustained extensive damage as well as debris and sediment. This drainage structure was inundated for the entire spring and summer of 2019. The Scott drainage system drains nearly 7.500 acres. Repair of this system is critical to the surrounding area including 129.
B. Provide a brief description of the financial assistance need through the Flood Recovery Fund.
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.
Although the district continues to tax the landowners within the district these are the same landowners who were dramatically affected by the flooding and sustained substantial losses both in homes and in income loss due to cropland losses.
D. Provide details of any additional funds that can be applied to the project.
Only tax revenue from the drainage district is available for these repairs at this time.
E . Description of Project Location (i.e. Latitude and Longitude (minimum 6 digits after the decimal), Neighborhood, Subdivision, Geographic Boundaries, Driving Directions, etc.)

### IV. Work Schedule

A. List the major milestones for this project.

Task	Months/Years fro	om Award		Responsible Party	
Task	Start	Complete			
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	Signature of the Authorized Representative
Name of the Chief Executive Officer	Name of Authorized Representative
Title	Title
Organization	Organization
Date	Date
Phone Number	PO Box / Street Address
	City, State and Zip Code
	Phone Number
	Email Address