



#### Flood Recovery Fund Financial Summary September 16, 2019 through October 31, 2020

Reference Number*	Recipient	Project Title	Funding Agreement Executed	Awarded	Requested & Paid	Balance
2	City of Hamburg	Hamburg 2019 Demolition, Land Acquisition, Housing Incentive	10/21/2019	\$ 940,857	\$ 407,784	\$ 533,073
3	City of Fredonia	Fredonia 2019 Flood Mitigation Project	10/21/2019	\$ 135,550	\$ 135,550	\$ -
4	City of Hornick	Hornick 2019 Flood Mitigation Project	11/4/2019	\$ 2,071,708	\$ -	\$ 2,071,708
5	City of Hamburg	Hamburg Ditch 6 Levee Elevation	10/21/2019	\$ 6,356,324	\$ 1,895,518	\$ 4,460,806
6	Mills (County)	Mills Co 2019 Acquisition/Demolition Local Match	11/4/2019	\$ 2,341,923	\$ 780,962	\$ 1,560,961
7	City of Pacific Junction	Pacific Junction 2019 Acquisition/Demolition Local Match	11/4/2019	\$ 3,153,638	\$ 199,628	\$ 2,954,011
8	City of Buffalo	Buffalo Elm Street Basin	3/2/2020	\$ 211,021	\$ 156,299	\$ 54,722
9	City of Council Bluffs	Property Acquisition	4/8/2020	\$ 342,540	\$ -	\$ 342,540
10	Fensler Drainage District	Levee Improvements	3/2/2020	\$ 76,849	\$ 17,043	\$ 59,806
11	Fremont (County)	Fremont County Property Acquisition	3/2/2020	\$ 15,954	\$ 15,450	\$ 504
12	Fremont (County)	Recovery Match - Debris and Asphalt	3/2/2020	\$ 38,025	\$ 38,025	\$ -
13	Scott County EMA	Medical Center Utility Water Well	3/2/2020	\$ 417,375	\$ -	\$ 417,375
14	City of Hamburg	Hamburg Levee Drainage Pumps and Demo	4/8/2020	\$ 1,100,000	\$ 7,863	\$ 1,092,137
15	Coulthard Levee District	Levee Improvements	3/2/2020	\$ 4,427,965	\$ 74,047	\$ 4,353,918
16	L-594 - Pleasant Valley Levee District	Levee Improvements	3/2/2020	\$ 862,000	\$ 297,295	\$ 564,705
17	Wabonsie Levee	Levee Improvements	3/2/2020	\$ 809,915	\$ 741,090	\$ 68,825
18	L-601 Missouri River LB - Bartlett Segment	Levee Improvements	3/2/2020	\$ 804,350	\$ 804,350	\$ -
19	L-601 Missouri River LB - Miller Sturgeon	Levee Improvements	3/2/2020	\$ 652,650	\$ 306,199	\$ 346,451
20	M & P Missouri River Levee District	Levee Improvements - Planning	3/2/2020	\$ 279,149	\$ -	\$ 279,149
21	M & P Missouri River Levee District	Levee Improvements	3/2/2020	\$ 1,709,474	\$ 1,362,211	\$ 347,263
22	Mills-Fremont Drainage District	Levee Improvements	3/2/2020	\$ 1,465,000	\$ 936,063	\$ 528,937
23	Lorimor Drainage District	Levee Improvements	3/2/2020	\$ 733,300	\$ 381,234	\$ 352,066
24	Pony Creek Drainage District	Levee Improvements	3/2/2020	\$ 1,152,300	\$ 409,819	\$ 742,481
25	New St. Mary's Drainage District	Levee Improvements	3/2/2020	\$ 685,500	\$ 278,203	\$ 407,297
26	Plattville Drainage District	Levee Improvements	3/2/2020	\$ 425,700	\$ 425,700	\$ -
27	Honey Creek Drainage District #6	Levee Improvements	3/2/2020	\$ 651,519	\$ 651,519	\$ -
28	Nobles Lake Drainage District	Levee Improvements	3/2/2020	\$ 51,090	\$ -	\$ 51,090
29	Pigeon Creek Drainage District #2	Levee Improvements	3/2/2020	\$ 206,100	\$ 206,100	\$ -
30	Pigeon Creek Drainage District #8	Levee Improvements	3/2/2020	\$ 8,400	\$ 8,400	\$ -
31	Sac Drainage District	Levee Improvements	3/2/2020	\$ 42,404	\$ 23,150	\$ 19,254
32	Vanman Levee District	Levee Improvements	3/2/2020	\$ 3,369,107	\$ 444,905	\$ 2,924,201
33	Watkins Drainage District	Levee Improvements	3/2/2020	\$ 465,500	\$ 204,263	\$ 261,237
				\$ 36,003,186	\$ 11,208,669	\$ 24,794,517

<sup>\*</sup> Awards numbered 2 - 7 are supported by the appropriation authorized on May 8, 2019 by Senate File 638. Awards numbered 8 - 33 are supported by the supplemental appropriation authorized on February 13, 2020 by Senate File 2144.

Flood Recovery Fund Financial Summary Recovery Division, 11/02/2020



PERIOD COVERED BY THIS REPORT 5/1/2020 to 10/31/2020

LOCAL CONTACT NAME: Sheryl Owen

GOVERNMENTAL ENTITY: City of Hamburg
ADDRESS: 1201 Main Street

Hamburg, IA 51640

TELEPHONE NUMBER: 712-382-1313

PROJECT TITLE: Hamburg 2019 Demolition, Land Acquisition, Housing Incentive

**FEDERAL** 

STATE-FRF

LOCAL

**TOTAL** 

AGREEMENT NUMBER: 2019-FRF-0002

ACTIVITY COMPLETION TIMEFRAME: 9/16/2019 to 9/16/2022

		LDLINAL	~	DIAIL TIM		LOCAL		TOTAL
TOTAL FUNDS APPROVED:	\$	614,602	\$	940,857	\$	43,753	\$	1,599,211
TOTAL FUNDS EXPENDED TO DATE:	\$	-	\$	467,784	\$		\$	467,784
PROJECT OVERRUN/ (UNDERRUN):	\$	(614,602)	\$	(473,073)	\$	(43,753)	\$	(1,131,427)
The percentage of actual work that has		•	d at	the end of				70%
the reporting period (not a % of funds								7070
The estimated cost of the project at co	mple	etion (which	ma	y even	\$			(1,599,211)
exceed the awarded amount)					7			(1,333,211)
Type of Expense		Budget		Federal/	Tot	al Expended		Remaining
& Funding Source	(fro	m Application)		Local/ State-FRF		to Date		Balance
Property Acquisition & Development								
Costs	\$	898,923						
FEMA				Federal	\$	-		
State of Iowa-FRF				State-FRF	\$	359,600		
Hamburg/EC				Local	\$	-		
TOTAL					\$	359,600	\$	539,323
Demolition Costs (PA)	\$	400,000						
FEMA				Federal	\$	-		
State of Iowa-FRF				State-FRF	\$	-		
Hamburg/EC				Local	\$	60,000		
TOTAL					\$	60,000	\$	340,000
Legal & Closing Costs	\$	10,000						
FEMA				Federal	\$	-		
State of Iowa-FRF				State-FRF	\$	3,971		
Hamburg/EC				Local	\$	-		
TOTAL					\$	3,971	\$	6,029
Appraisal Costs (pre-award)	\$	37,525						
FEMA				Federal	\$	-		
State of Iowa-FRF				State-FRF	\$	39,213		
Hamburg/Flood Recovery Fund				Local	\$	-		
TOTAL					\$	39,213	\$	(1,688)
HMGP Management Costs	\$	245,718		Federal			,	
TOTAL					\$	5,000	\$	240,718
PA Management Costs	\$	40,740		Federal	<u>۲</u>		<u>,</u>	40.740
TOTAL					\$	-	\$	40,740
Total Project Budget Summary	\$	1,599,211			\$	467,784	\$	1,165,122

FUNDING SOL	JRCE:		EDERAL n Application)	_	TATE-FRF n Application)		C/LOCAL Application)	Tota	l Expended to Date
FEMA HMGP Acquisitio	n/Buyouts &	\$	28,144					\$	-
State HMGP Match						\$	3,753	\$	-
Hamburg Local HMGP									
Match/Recovery Fund				\$	5,629			\$	39,212.50
FEMA PA 407 Demolition		\$	300,000					\$	-
State PA Match						\$	40,000	\$	-
Hamburg Local PA Match/Recovery									
Fund				\$	60,000			\$	60,000.00
HMGP Management Co	sts	\$	245,718					\$	5,000.00
PA Management Costs		\$	40,740					\$	-
FRF Acquisition, Develo	pment			\$	875,228			\$	363,571.30
Total Project Funding Source		\$	614,602	\$	940,857	\$	43,753	\$	467,783.80
Project Status- entire project (Check One)  Description of significant activities this bi-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.									

Project Status- entire project (Check One)		t Status- entire	Description of significant activities this <b>bi-annual term.</b> Include comparison of actual accomplishments to the objectives identified in your application. Attach pictures and a narrative. Status changes or delays, please explain reason.
	х	On Schedule	
		Delayed	The City has purchased 2 two acres properties for housing developments, put a new
		Canceled	roof on 1111 and saved that building. Also demo on 5 downtown buildings is almost
		Completed	complete.
		Suspended	

	Application Work Schedule (Milestones)		Milestone Status
		Submitted	
	Description:	Completion	<b>Actual Completion</b>
#		Date:	Date:
1	Start legal process of condemning 1100 Main St	8/8/2020	10/19/2020
2	Appraise two acreages	6/8/2020	6/19/2020
3	Purchase offers on acreages	8/8/2020	10/20/2020
4	Closing and ownership transfer of acreages	9/8/2020	10/20/2020
5	Platting and development of acreages for future development	12/8/2020	
6	Award incentive, monitor demolition and redevelopment 1100 Main	9/8/2021	9/21/2020
7	Repair of 1111 Main	9/8/2021	9/21/2020

Person Completing this Report:	Sheryl Owen
Date:	11/24/2020

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

Sheryl Owen

Name of Authorized Representative or Governmental Entity



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 the reporting period (not a % of funds of	ctual work that has been completed at the end of (not a % of funds expended)			
The estimated cost of the project at corexceed the awarded amount)	mpletion (which	may even	\$	135,550
Type of Expense	Budget	Federal/	Total Expended	Remaining
& Funding Source	(from Application)	Local/ State	to Date	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 <b>semi-annual term.</b> Include comparison of actual accomplishments to the objectives identified in your application. Attach pictures and a narrative. Status changes or delays, please explain reason.						
	On Schedule Delayed Canceled Completed Suspended	Construction	Construction completed and accepted by city on 9/9/2020. Closeout pending final closeout documentation.				
	Арр	lication Worl	Schedule (Milestones)		Milestone Status		
#		Descrip	tion:	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 & Clos	eout		12/16/2020			
Pe	rson Completing thi	s Report:	Robert Bright				
			11/4/2020 The above information is accurate and the and federal regulations and policions.				
	арргочец р	roject plan and stat	e and rederal regulations and policit	es governing tins a	awaiu.		
			Signature on file				
	Si	ignature of Autho	rized Representative or Governr	mental Entity			
			Robert Bright				
	Name of Authorized Representative or Governmental Entity						
	Instructions to complete this form						
	Areas shaded	are to be comp	eted by State HSEMD Personnel	•			
	Areas shaded are to be completed by the governmental entity or authorized administrator.						



5/1/2020 PERIOD COVERED BY THIS REPORT 10/31/2020 to

LOCAL CONTACT NAME: Scott Mitchell **GOVERNMENTAL ENTITY:** City of Hornick

400 Main Street ADDRESS: Hornick, IA 51026

**TELEPHONE NUMBER:**  $712\text{-}251\text{-}3238 \quad wsmitche@wiatel.net \ cityofhornick@wiatel.net$ 

PROJECT TITLE: Hornick 2019 Flood Mitigation Project

AGREEMENT NUMBER:	2019-FRF-0004			
ACTIVITY COMPLETION TIMEFRAME:	9/16/2019	to	9/16/2021	
	FEDERAL	STATE - FRF	LOCAL	TOTAL
TOTAL FUNDS APPROVED:	\$ -	\$ 2,071,708	\$ -	\$ 2,071,708
TOTAL FUNDS EXPENDED TO DATE:	\$ -	\$ -	\$ -	\$ -
PROJECT OVERRUN/ (UNDERRUN):	\$ -	\$ (2,071,708)	\$ -	\$ (2,071,708)
The percentage of actual work that has the reporting period (not a % of funds	•	d at the end of		0%
The estimated cost of the project at co exceed the awarded amount)	mpletion (which	may even	\$	2,071,708
Type of Expense	Budget	Federal/	Total Expended	Remaining
Type of Expense & Funding Source	Budget (from Application)	Federal/ Local/ State - FRF	Total Expended to Date	Remaining Balance
· ·		Local/	to Date	
& Funding Source	(from Application)	Local/ State - FRF		
& Funding Source  Engineering/Contractual Services:  TOTAL	(from Application) \$ 190,000	Local/ State - FRF State - FRF	to Date	
& Funding Source Engineering/Contractual Services:	(from Application)	Local/ State - FRF	to Date	Balance
& Funding Source  Engineering/Contractual Services:  TOTAL  Construction:	(from Application) \$ 190,000	Local/ State - FRF State - FRF	to Date \$ - \$ - \$ -	\$ 190,000
& Funding Source  Engineering/Contractual Services:  TOTAL  Construction:  TOTAL	(from Application) \$ 190,000 \$ 1,565,189	Local/ State - FRF State - FRF State - FRF	to Date	Balance
& Funding Source  Engineering/Contractual Services:  TOTAL  Construction:	(from Application) \$ 190,000	Local/ State - FRF State - FRF	to Date \$ - \$ - \$ -	\$ 190,000

Flood Recovery Fund    \$ 2,071,708   \$ -   \$ -	FUNDING SO	FEDERAL (from Application)		ATE - FRF m Application)	LOCAL (from Application)	Total Expended to Date		
Project Status- entire project (Check One)  Project Status- entire project (Check One)  On Schedule	Flood Recovery Fund			\$	2,071,708	\$ -	\$ -	
Project Status-entire project (Check One)  Project (Check One)  On Schedule Zeanceled Canceled Suspended  Application Work Schedule (Milestones)  Application Work Schedule (Milestones)  Application Work Schedule (Milestones)  Person Completing this Report:  Person Completing this Report:  Lori J Teel  Date:  Inthe undersigned, hereby certify that the above information is accurate and true, and in accordance with the approved project plan and state and federal regulations to complete this form  Name of Authorized Representative or Governmental Entity  Instructions to complete this form  Areas shaded  Areas shaded  Description of significant activities this bi-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.  Attach pictures and a narrative, and a paproved for the street repairs late this summer. We are working on getting the road project going and will start the process for the berm project after we are halfway into the roads project.  Submitted Completion Completion Date:  Submitted Completion Date:  9/16/2019  9/16/2019  9/16/2019  9/16/2010  Actual Completion Date:  Date:  1 Funding 9/16/2019 9/16/2010  1 Funding 9/16/2020 1							\$ -	
accomplishments to the objectives identified in your application. Attach pictures and a narrative. Status changes or delays, please explain reason.  Delayed Delayed Canceled repairs late this summer. We are working on getting the road project going and will start the process for the berm project after we are halfway into the roads project.  Application Work Schedule (Milestones)  Application Work Schedule (Milestones)  Milestone Status  Description:  Date:  1 Funding  Pindi/2019  Pinal Design  Aftic/2020  Bid Letting  Gound breaking & Construction  Total Ground breaking & Construction  Total Ground breaking & Construction  Total J Teel  Date:  Lori J Teel  Date:  1/20/2020  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  Scott Mitchell  Name of Authorized Representative or Governmental Entity  Instructions to complete this form  Areas shaded  are to be completed by State HSEMD Personnel.	Total Project Funding S	Source	\$ -	\$	2,071,708	\$ -	\$ -	
Delayed Canceled Completed Suspended  Application Work Schedule (Milestones)  Actual Completion Date:  Description:  Funding  9/16/2019  9/16/2019  9/16/2019  4 Ground breaking & Construction  5 Completion & Closeout  Person Completing this Report:  Lori J Teel  Date:  1, 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  Scott Mitchell  Name of Authorized Representative or Governmental Entity  Instructions to complete this form  Areas shaded  are to be completed by State HSEMD Personnel.	*	accomplishments	to the objectives	iden	tified in your	application. Atta		
Description:  Description:  Description:  Description:  Description:  Date:  Date:  1 Funding  9/16/2019 9/16/2019 9/16/2019 9/16/2020 3 Bid Letting 6/16/2020 4 Ground breaking & Construction 7/16/2021 5 Completion & Closeout  Person Completing this Report:  Lori J Teel  Date: 11/20/2020  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 on file  Signature of Authorized Representative or Governmental Entity  Scott Mitchell  Name of Authorized Representative or Governmental Entity  Instructions to complete this form  Areas shaded are to be completed by State HSEMD Personnel.	X Delayed Canceled Completed	On Schedule  X Delayed Canceled Completed  Delayed due to getting the FEMA public assistance just getting approved for the street repairs late this summer. We are working on getting the road project going and will start the process for the berm project after we are halfway into the roads project.						
Description:    Description:   Completion   Date:   Date:	Арр	lication Worl	k Schedule (I	Mile	stones)		Milestone Status	
2 Final Design 4/16/2020 3 Bid Letting 6/16/2020 4 Ground breaking & Construction 7/16/2021 5 Completion & Closeout 9/16/2021  Person Completing this Report: Lori J Teel  Date: 11/20/2020  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  Scott Mitchell  Name of Authorized Representative or Governmental Entity  Instructions to complete this form  Areas shaded are to be completed by State HSEMD Personnel.	#	Subn Description: Comp					•	
3 Bid Letting 6/16/2020 4 Ground breaking & Construction 7/16/2021 5 Completion & Closeout 9/16/2021  Person Completing this Report:  Lori J Teel  Date: 11/20/2020  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  Scott Mitchell  Name of Authorized Representative or Governmental Entity  Instructions to complete this form  Areas shaded are to be completed by State HSEMD Personnel.						9/16/2019	9/16/2019	
4 Ground breaking & Construction 7/16/2021  5 Completion & Closeout 9/16/2021  Person Completing this Report:  Lori J Teel  Date:  11/20/2020  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  Scott Mitchell  Name of Authorized Representative or Governmental Entity  Instructions to complete this form  Areas shaded are to be completed by State HSEMD Personnel.								
Person Completing this Report:    Date:								
Person Completing this Report:  Date:  11/20/2020  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  Scott Mitchell  Name of Authorized Representative or Governmental Entity  Instructions to complete this form  Areas shaded are to be completed by State HSEMD Personnel.								
Date: 11/20/2020  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  Scott Mitchell  Name of Authorized Representative or Governmental Entity  Instructions to complete this form  Areas shaded are to be completed by State HSEMD Personnel.	5   Completion & Close	out				9/16/2021		
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  Scott Mitchell  Name of Authorized Representative or Governmental Entity  Instructions to complete this form  Areas shaded are to be completed by State HSEMD Personnel.	Person Completing this	Report:		L	ori J Teel			
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  Scott Mitchell  Name of Authorized Representative or Governmental Entity  Instructions to complete this form  Areas shaded are to be completed by State HSEMD Personnel.		Date:		11	/20/2020			
Signature of Authorized Representative or Governmental Entity  Scott Mitchell  Name of Authorized Representative or Governmental Entity  Instructions to complete this form  Areas shaded are to be completed by State HSEMD Personnel.		reby certify that th		ion is	accurate and			
Name of Authorized Representative or Governmental Entity  Instructions to complete this form  Areas shaded are to be completed by State HSEMD Personnel.			Signature o	n fil	e			
Name of Authorized Representative or Governmental Entity  Instructions to complete this form  Areas shaded are to be completed by State HSEMD Personnel.	Sig	gnature of Autho	rized Represent	ative	or Governi	mental Entity		
Areas shaded are to be completed by State HSEMD Personnel.			Scott Mite	chell				
Areas shaded are to be completed by State HSEMD Personnel.		Name of Authorized Representative or Governmental Entity						
Areas shaded are to be completed by the governmental entity or authorized administrator.	Areas shaded					_		
	Areas shaded	are to be comp	leted by the gov	ernn	nental entity	y or authorized a	ndministrator.	



PERIOD COVERED BY TH	IS REPORT	5/1/2020	to	10/31/2020				
LOCAL CONTACT NAME	:	Sheryl Owen						
GOVERNMENTAL ENTIT	Υ:	City of Hamburg	g					
ADDRESS:		1201 Main Stree	et					
		Hamburg, IA 51	640					
TELEPHONE NUMBER:		712-382-1313	cityofhamburg	106@gmail.com				
PROJECT TITLE:		Hamburg Ditch	6 Levee Elevatio	n				
AGREEMENT NUMBER:		2019-FRF-0005						
ACTIVITY COMPLETION	TIMEFRAME:	9/16/2019	to	12/31/2021				
_		FEDERAL	STATE-FRF	LOCAL	TOTAL			
TOTAL FUNDS APPROVE	 ED:	\$ -	\$ 6,356,324.20	\$ -	\$ 6,356,324.20			
TOTAL FUNDS EXPENDE	D TO DATE:	\$ -	\$ 1,782,500	\$ -	\$ 1,782,500.00			
PROJECT OVERRUN/ (U	NDERRUN):	\$ -	\$(4,573,824.20)	\$ -	\$ (4,573,824.20)			
The percentage of actua	al work that has	been completed						
the reporting period (no	ot a % of funds e	expended)			90%			
The estimated cost of the	ne project at cor	npletion (which	may even	\$	(6,356,324.20)			
exceed the awarded am	nount)			3	(0,330,324.20)			
Type of Expe	ense	Budget	Federal/	Total Expended	Remaining			
& Funding Sc	ource	(from Application)	Local/	to Date	Balance			
			State- FRF					
Engineering, Design & (	Construction	\$ 6,356,324.20	State-FRF	\$ 1,782,500				
	TOTAL	7 0,550,5225	State !!!!	\$ 1,782,500.00	\$ 4,573,824.20			
Total Project Budget Su	ımmary	\$ 6,356,324.20		\$ 182	\$ 4,573,824.20			
		FEDERAL	STATE-FRF	LOCAL	Total Expended to			
FUNDING SOL	JRCE:	(from Application)	(from Application)	(from Application)	Date			
Iowa Flood Recovery Fu	ind	\$ -	\$ 6,356,324.20	\$ -	\$ 1,782,500.0000			
USACE		\$ -	\$ -	\$ -	\$ -			
Total Project Funding S	ource	\$ -	\$ 6,356,324.20	\$ -	\$ 1,782,500.0000			
	Description of sig	gnificant activities	this <b>bi-annual terr</b>	m. Include compa	rison of actual			
Project Status- entire		s to the objectives		•				
project (Check One)	narrative. Status	changes or delays	s, please explain re	eason.				
X On Schedule	Finalization o	of total funding for	Ditch 6 levee elev	vation is ongoing.	IIS FDA funding			
Delayed								
Canceled		application is under review. Construction bids 10/2020. Construction is expected to						
cancelea	begin 11/1/202	in 11/1/2020 and be complete no later than July 2021. To ensure adequate time to plete the project and final project administrative actions, invoicing and payment, an						
Completed		oject and final pro	ject administrativ		g and payment, an			

	Application Work Schedule (Milestones)		Milestone Status
		Submitted	
	Description:	Completion	<b>Actual Completion</b>
#		Date:	Date:
1	Secure Funding	10/30/2020	9/16/2019
2	Phase 1 - USACE final design	8/1/2020	8/1/2020
3	Phase 2 - USACE repair to elevation 911	2/28/2021	
4	Phase 3 - Adding 8ft of dirt to Ditch 6 Levee (919)	7/31/2021	
5	Final project administration, invoicing, payment and grant closeout	12/31/2021	

Person Completing this Report:	Sheryl Owen
Date:	11/24/2020

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

Sheryl Owen

Name of Authorized Representative or Governmental Entity

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



PERIOD COVERED BY THIS REPORT 5/1/2020 to 10/31/2020

LOCAL CONTACT NAME: Larry Hurst
GOVERNMENTAL ENTITY: Mills County

ADDRESS: Courthouse - 418 Sharp Street

Glenwood, IA 51534

**TOTAL** 

TELEPHONE NUMBER: 712-527-3643 lhurst@millscoia.us

PROJECT TITLE: Mills County 2019 Flood Mitigation Project

AGREEMENT NUMBER: 2019-FRF-0006

ACTIVITY COMPLETION TIMEFRAME: 9/16/2019 to 9/16/2022

**FEDERAL** 

STATE

LOCAL

TOTAL FUNDS APPROVED:	\$	-	\$	2,341,923	\$	-	\$ 2,341,923
TOTAL FUNDS EXPENDED TO DATE:	\$	-	\$	1,009,893	\$	-	\$ 1,009,893
PROJECT OVERRUN/ (UNDERRUN):	\$	-	\$	(1,332,030)	\$	-	\$ (1,332,030)
The percentage of actual work that has the reporting period (not a % of funds	expe	nded)					90%
The estimated cost of the project at co exceed the awarded amount)	mple	etion (which	ma	y even	\$		26,000
Type of Expense		Budget		Federal/	Tota	al Expended	Remaining
& Funding Source	(fro	m Application)		Local/ State		to Date	Balance
Interim Mortgage Assistance:	\$	148,000					
FEMA				Federal	\$	-	
State of Iowa				State	\$	-	
Mills County/Flood Recovery Fund				Local	\$	337,556	
TOTAL					\$	337,556	\$ (189,556)
Appraisals	\$	37,050					
FEMA				Federal	\$	-	
State of Iowa				State	\$	-	
Mills County/Flood Recovery Fund				Local	\$	37,050	
TOTAL					\$	37,050	\$ -
Project Management & Admin Costs	\$	44,352		Federal			
FEMA				Federal	\$	-	
State of Iowa				State	\$	-	
Mills/Flood Recovery Fund				Local	\$	22,500	
TOTAL					\$	22,500	\$ 21,852
Redevelopment	\$	2,112,521					
FEMA				Federal	\$	-	
State of Iowa				State	\$	-	
Mills County/Flood Recovery Fund				Local	\$	602,545	
TOTAL					\$	602,545	\$ 1,509,976

		TOTAL			\$	-	\$ -
To	tal Project Budget S	Summary	\$ 2,341,923		\$	999,651	\$ 1,342,272
	FUNDING SC	OURCE:	FEDERAL (from Application)	STATE (from Application)		LOCAL n Application)	Total Expended to Date
Inte	erim Mortgage Assist	ance	\$ -	\$ -	\$	148,000	\$ -
	praisals		\$ 27,787	\$ 3,705	\$	5,558	\$ -
Red	development		\$ -	\$ -	\$	2,112,521	\$ -
Pro	ject Management &	Admin Costs	\$ -	\$ -	\$	44,352	\$ -
							\$ -
To	tal Project Funding	Source	\$ 27,787	\$ 3,705	\$	2,310,431	\$ -
	Dject Status- entire Dject (Check One)  X On Schedule Delayed Canceled Completed Suspended	accomplishment narrative. Status  Appraisals are	s to the objective s changes or delay e complete. Interi 2 more months o	s identified in you vs, please explain m Mortgage assis	reaso tance	is ongoing a	
	Арр	lication Worl	k Schedule (I	Milestones)			Milestone Status
_			•	•			
#		Descrip	tion:			ubmitted impletion Date:	Actual Completion Date:
1	Receive Federal Gr	rant Awards, Esta		cedures	Co 1	mpletion Date: 1/16/2019	•
1	Receive Federal Gr Redevelopment Ac	rant Awards, Esta		cedures	Co 1	mpletion Date:	•
1 2 3		rant Awards, Esta		cedures	Co 1	mpletion Date: 1/16/2019	•
1 2 3 4		rant Awards, Esta		cedures	Co 1	mpletion Date: 1/16/2019	•
1 2 3 4 5		rant Awards, Esta		cedures	Co 1	mpletion Date: 1/16/2019	•
1 2 3 4 5 6	Redevelopment Ad	rant Awards, Esta	blish Grant Prod		Coo	mpletion Date: 1/16/2019 1/16/2020	Date:
1 2 3 4 5 6	rson Completing thi	rant Awards, Esta	blish Grant Prod	ion is accurate an	Coo	mpletion Date: 1/16/2019 1/16/2020	Date:
1 2 3 4 5 6	rson Completing thi	rant Awards, Esta	blish Grant Prod	ion is accurate an ulations and polic	Coo	mpletion Date: 1/16/2019 1/16/2020	Date:
1 2 3 4 5 6	rson Completing thi the undersigned, he	rant Awards, Esta	e above informate and federal reg	ion is accurate an ulations and polic on file	Co	mpletion Date: 1/16/2019 1/16/2020  e, and in accoverning this	Date:
1 2 3 4 5 6	rson Completing thi the undersigned, he	rant Awards, Esta	e above informate and federal reg	ion is accurate an ulations and polic on file rative or Govern	Co	mpletion Date: 1/16/2019 1/16/2020  e, and in accoverning this	Date:
1 2 3 4 5 6	rson Completing thi the undersigned, he approved pr	rant Awards, Esta	e above informate and federal reg	ion is accurate an ulations and polic on file ative or Govern	Co	e, and in accoverning this	Date:
1 2 3 4 5 6	rson Completing thi the undersigned, he approved pr	rant Awards, Esta	e above informate and federal reg	ion is accurate an ulations and polic on file rative or Govern irst tive or Governm	d true ies go	e, and in accoverning this	Date:



PERIOD COVERED BY THIS REPORT 5/1/2020 to 10/31/2020

LOCAL CONTACT NAME: Korrena Neppl

GOVERNMENTAL ENTITY: City of Pacific Junction

ADDRESS: 407 Lincoln Ave, PO Box 127

Pacific Junction, IA 51561

TELEPHONE NUMBER: 712-622-8157 citypj2019@gmail.com

PROJECT TITLE: Pacific Junction 2019 Flood Mitigation Project

AGREEMENT NUMBER: 2019-FRF-0007

ACTIVITY COMPLETION TIMEFRAME: 12/4/2019 to 12/31/2033

	FEI	DERAL		STATE	LOCAL	TOTAL
TOTAL FUNDS APPROVED:	\$	-	\$	-	\$ 3,153,638.25	\$ 3,153,638.25
TOTAL FUNDS EXPENDED TO DATE:	\$	-	\$	•	\$ 257,953.00	\$ 257,953.00
PROJECT OVERRUN/ (UNDERRUN):	\$	-	\$	-	\$(2,895,685.25)	\$ (2,895,685.25)
The percentage of actual work that has the reporting period (not a % of funds e		-	d at	the end of		20%
The estimated cost of the project at cor exceed the awarded amount)	npletic	n (which	may	y even	\$	3,153,638

Type of Expense		Budget	Federal/	Tota	al Expended	Remaining
& Funding Source	(fro	m Application)	Local/ State		to Date	Balance
Interim Mortgage Assistance	\$	145,000				
FEMA			Federal	\$	-	
State of Iowa			State	\$		
Pacific Junction/Flood Recovery Fund			Local	\$	179,953	
TOTAL				\$	179,953	\$ (34,953)
Appraisals	\$	74,000				
FEMA			Federal	\$	-	
State of Iowa			State	\$		
Pacific Junction/Flood Recovery Fund			Local	\$	78,000	
TOTAL				\$	78,000	\$ (4,000)
Redevelopment	\$	2,884,561	Federal			
FEMA			Federal	\$	-	
State of Iowa			State	\$	-	
Pacific Junction/Flood Recovery Fund			Local	\$	•	
TOTAL				\$	-	\$ 2,884,561
Project Management & Admin Costs	\$	50,077				
FEMA			Federal	\$	-	
State of Iowa			State	\$	-	
Pacific Junction/Flood Recovery Fund			Local	\$	-	
TOTAL		_		\$	-	\$ 50,077

Total Project Budget Su	ummary	\$ 3,153,638		\$ 257,953	\$ 2,895,686
FUNDING SO	URCE:	FEDERAL (from Application)	STATE (from Application)	LOCAL (from Application)	Total Expended to Date
Interim Mortgage Assistar	nce	\$ -	\$ -	\$ 145,000.00	\$ 179,952.62
Appraisals		\$ 55,500.00	\$ 7,400.00	\$ 11,100.00	\$ 78,000.00
Redevelopment				\$ 2,884,560.80	\$ -
Project Management & A	dmin Costs	\$ -	\$ -	\$ 50,077.45	\$ -
					\$ -
Total Project Funding S	Source	\$ 55,500.00	\$ 7,400.00	\$ 3,090,738.25	\$ 257,952.62
Project Status- entire project (Check One)	accomplishments	to the objectives	this <b>semi-annual t</b> identified in your s, please explain re	application. Atta	•
x On Schedule Delayed Canceled Completed Suspended	November, First of buyouts has of	of December. Rar verextended fund buyout list whi	s and the people i ch extended the c	ments. The time nvolved. We had	it takes to get these 8 add ons to the
App	lication Work	Schedule (N	villestones)	6 1 20 1	Milestone Status
#	Descript	ion:		Submitted Completion Date:	Actual Completion Date:
1 Receive Federal Gra	nt Awards, Estal	olish Grant Proce	edures	11/16/2019	4/6/2020
2 Present Purchase O	ffers, Acquire Pro	operties		6/16/2022	
3 Asbestos Survey and	d Abatement			6/16/2022	
4 Demolition of Prope	erties Acquired			6/16/2022	
5 Federal Grant Close	out			9/16/2022	
6 Redevelopment Act	ivities			1/16/2020	
Person Completing this	Report:		Korrena Neppl		
I, the undersigned, her approved pro	Date: reby certify that th oject plan and stat				
		Signature o	on file		
Sig	gnature of Autho	rized Represent	ative or Governr	mental Entity	
		Korrena N	eppl		
	Name of Authori			ental Entity	
	Instru	ictions to com	plete this form		
Areas shaded			SEMD Personnel	_	
Areas shaded	are to be compl	eted by the gov	ernmental entity	y or authorized a	administrator.



PERIOD COVERED BY THIS REPORT 5/1/2020 10/31/2020 to LOCAL CONTACT NAME: Tanna Leonard GOVERNMENTAL ENTITY: City of Buffalo ADDRESS: 329 Dodge Street Buffalo, IA 52728 **TELEPHONE NUMBER:** 563-381-2226 Elm Street Basin Flood Mitigation PROJECT TITLE: AGREEMENT NUMBER: 2019-FRF-0008 2/14/2020 12/31/2020 **ACTIVITY COMPLETION TIMEFRAME:** to **FEDERAL** STATE-FRF LOCAL **TOTAL** \$ \$ \$ TOTAL FUNDS APPROVED: 211.021 37,239 248.260 Ś TOTAL FUNDS EXPENDED TO DATE: Ś 156,299 27,582 \$ 183,881 \$ \$ PROJECT OVERRUN/ (UNDERRUN): \$ (54,722)(9,657) \$ (64,379)The percentage of actual work that has been completed at the end of 100% the reporting period (not a % of funds expended) The estimated cost of the project at completion (which may even \$ 183,881 exceed the awarded amount) Federal/ Type of Expense **Budget Total Expended** Remaining Local/ & Funding Source (from Application) to Date Balance State-FRF **Engineering/Contractual Services:** \$ 23,700 State-FRF \$ 6,855 Local \$ 1,210 **TOTAL** \$ 15,635 8,065 Construction \$ 224,500 State-FRF \$ 149,444 Local \$ 26,372 TOTAL \$ 175,816 48.684 Ś \$ **Total Project Budget Summary** 248,200 183,881 64,319 **Total Expended to FUNDING SOURCE:** Date Flood Recovery Fund 156,298.95 \$ City of Buffalo 27,582.22 \$ \$ \$ **Total Project Funding Source** \$ \$ \$ Ś 183,881.17

_	_					
	•	ct Status- entire ct (Check One)	accomplishments	gnificant activities this <b>bi-annual tern</b> s to the objectives identified in your a s changes or delays, please explain re	application. Attac	
	X	On Schedule Delayed Canceled Completed Suspended	_	The construction of the project	t is completed.	
		Appl	lication Worl	k Schedule (Milestones)		Milestone Status
#			Descript	tion:	Submitted Completion Date:	Actual Completion Date:
1	Nc	otice of Grant Awa	ard		2/14/2020	2/17/2020
2	En	gineering & Desig	<u>gn</u>		3/31/2020	
3	Pe	rmitting			4/30/2020	
4	Со	nstruction contra	ctor procureme	nt, selection, & Contract	5/31/2020	
5	Со	nstruction			7/31/2020	
6	+	oject Acceptance			8/31/2020	
7	Pro	oject Closeout			09/31/2020	
8	$\perp$					
9	igspace					
14	Ļ					
Pe	rsoi	n Completing this	Report:	Tanna Leonard		
			Date:	11/15/2020		
	I, th	•	reby certify that th	ne above information is accurate and te and federal regulations and policie	· ·	
				Signature on file		
_		Się	gnature of Autho	orized Representative or Governn	nental Entity	
				Tanna Leonard, City Clerk		
		1	Name of Authori	ized Representative or Governme	ental Entity	
	_		Instr	uctions to complete this form		
	1	Areas shaded		leted by State HSEMD Personnel.		
4	,	Areas shaded	are to be comp	leted by the governmental entity	or authorized a	administrator.



PERIOD COVERED BY THIS REPORT 5/1/2020 to 10/31/2020

LOCAL CONTACT NAME: Courtney Harter

GOVERNMENTAL ENTITY: City of Council Bluffs

ADDRESS: 209 Pearl Street

Council Bluffs, IA 51503

TELEPHONE NUMBER: 712-890-5354 charter@councilbluffs-ia.gov

PROJECT TITLE: Council Bluffs - Property Acquisition

AGREEMENT NUMBER: 2019-FRF-0009

ACTIVITY COMPLETION TIMEFRAME: 2/14/2020 to 4/30/2023

	Fl	EDERAL		STATE	LOCAL	TOTAL
TOTAL FUNDS APPROVED:	\$	-	\$	342,540	\$ -	\$ 342,540
TOTAL FUNDS EXPENDED TO DATE:	\$	-	\$	-	\$ -	\$ -
PROJECT OVERRUN/ (UNDERRUN):	\$	-	\$	(342,540)	\$ -	\$ (342,540)
The percentage of actual work that has	been	completed	d at	the end of		40%

The percentage of actual work that has been completed at the end of the reporting period (not a % of funds expended)

The estimated cost of the project at completion (which may even exceed the awarded amount)

\$\frac{40\%}{20\}\$

Type of Expense	Budget	Total Expended	Remaining
& Funding Source	(from Application)	to Date	Balance
Flood Recover Fund	\$ 342,540		
Flood Buyout Program		\$ -	
		\$ -	
TOTAL		\$ -	\$ 342,540
	\$ -		
		\$ -	
		\$ -	
TOTAL		\$ -	\$ -
Total Project Budget Summary	\$ 342,540	\$ -	\$ 342,540

	FUNDING COL	IDCE	FEDERAL	STATE	LOCAL	Total Expended to
	FUNDING SOL	JRCE:	(from Application)	(from Application)	(from Application)	Date
Flood	Recovery Fund					\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Total	l Project Funding S	ource	\$ -	\$ -	\$ -	\$ -
	ect Status- entire ect (Check One)	accomplishments	to the objectives	this <mark>bi-annual ter</mark> sidentified in you s, please explain r	application. Atta	arison of actual ach pictures and a
×	On Schedule Delayed Canceled Completed Suspended	City plans	to use CDBG doll	ars to supplement		uary 31, 2021. The ost overages.
	Appl	ication Worl	k Schedule (ľ	Milestones)		Milestone Status
#		Descript	tion:		Submitted Completion Date:	Actual Completion Date:
1 A	ward				4/30/2020	2/14/2020
2 H	lire Flood Consultir	ng Firm			6/30/2020	6/15/2020
3 P	ublic Meeting				6/30/2020	9/14/2020
	ppraisals				12/31/2021	9/1/2020
-	roperty Closings				10/31/2022	
_	emolition				12/31/2022	
	inal Closeout				4/30/2023	
8						
9						
Perso	on Completing this	Report:	Courtne	ey Harter, HED N	/lanager	
		Date:		11/19/2020		
l, t	the undersigned, her approved pro			ion is accurate an		
			Signature o	on file		
	Sig	nature of Autho	rized Represent	ative or Govern	mental Entity	
		Co	urtney Harter, H	HED Manager		
	١	Name of Authori	zed Representa	tive or Governm	ental Entity	
				plete this form	<del>_</del>	
	Areas shaded Areas shaded	·		SEMD Personne ernmental entit		administrator.
			, - 0		,	-



PERIOD COVERED BY THIS REPORT 5/1/2020 to 10/31/2020

LOCAL CONTACT NAME: Lyle McIntosh

GOVERNMENTAL ENTITY: Fensler Drainage District

ADDRESS: 31938 130th St

Missouri Valley, IA 51555

TELEPHONE NUMBER: 402-651-3884 brkfarmer1@aol.com

PROJECT TITLE: Fensler Drainage District - Levee Improvements

AGREEMENT NUMBER: 2019-FRF-0010

ACTIVITY COMPLETION TIMEFRAME: 2/14/2020 to 12/31/2021

	FEDERAL	STATE	STATE (FRF only)	TOTAL
TOTAL FUNDS APPROVED:	\$ -	\$ -	\$ 76,849	\$ 76,848.90
TOTAL FUNDS EXPENDED TO DATE:	\$ -	\$ -	\$ 17,043	\$ 17,043.00
PROJECT OVERRUN/ (UNDERRUN):	\$ -	\$ -	\$ (59,806)	\$ (59,805.90)
The percentage of actual work that has the reporting period (not a % of funds	•	d at the end of		5%
The estimated cost of the project at co	mpletion (which	may even	\$	512,326
exceed the awarded amount)			*	312,320
exceed the awarded amount)  Type of Expense	Budget	Federal/	Total Expended	
,	Budget (from Application)	Federal/ Local/ State		
Type of Expense		Local/	Total Expended	Remaining
Type of Expense & Funding Source	(from Application)	Local/	Total Expended	Remaining
Type of Expense & Funding Source Engineering & Legal	(from Application)	Local/ State	Total Expended to Date	Remaining
Type of Expense & Funding Source Engineering & Legal	(from Application)	Local/ State Federal	Total Expended to Date \$ -	Remaining
Type of Expense & Funding Source Engineering & Legal	(from Application)	Local/ State Federal State	Total Expended to Date  \$ - \$ -	Remaining

				State	\$ -	
				State-FRF	\$ 17,043	
				Local	\$ -	
	TOTAL				\$ 17,043	\$ 29,357
Со	nstruction:	\$	465,926			
	Construction			Federal	\$ -	
				State	\$ -	
				State-FRF	\$ -	
				Local	\$ -	
	TOTAL				\$ -	\$ 465,926
То	tal Project Budget Summary	\$ 51	2,326.00		\$ 17,043	\$ 495,283.00

FUNDING SOURCE:	FEDERAL (from Application)	STATE (from Application)	STATE - FRF (from Application)	Total Expended to Date
Flood Recovery Fund				\$ 17,042.80
FEMA - Public Assistance				\$ -
State - Local Match				\$ -
Fensler DD				\$ -
Total Project Funding Source	\$ -	\$ -	\$ -	\$ 17,042.80

Project Status- entire project (Check One)	laccomplishments to the objectives identified in volir application. Attach pictures an								
X On Schedule Delayed Canceled Completed Suspended	Plans are comp	Plans are complete for bid letting, work intended to be started before the end of the year and completed in spring of 2021							
Appl	ication Work	Schedule (Milestones)		Milestone Status					
#	Descript	tion:	Completion	Date:					
1 Full scope of work			12/31/2021						
2									
3									
Person Completing this	Report:	Jonathan P. Roseng	ren						
		11/13/2020 The above information is accurate and e and federal regulations and polici							
		Signature on file							
Sig	nature of Autho	rized Representative or Governn	nental Entity						
		Lyle McIntosh							
N	Name of Authorized Representative or Governmental Entity								
Instructions to complete this form									

are to be completed by State HSEMD Personnel.

are to be completed by the governmental entity or authorized administrator.

Areas shaded

Areas shaded



PERIOD COVERED BY THIS REPORT 5/1/2020 10/31/2020 to LOCAL CONTACT NAME: Alexsis Fleener **GOVERNMENTAL ENTITY:** Fremont county 1501 SW 7th St ADDRESS: Atlantic, IA 50022 7132-243-4196 alexsis.fleener@swipco.org **TELEPHONE NUMBER:** Fremont County Buyout Local Match - Property Acquisition PROJECT TITLE: AGREEMENT NUMBER: 2019-FRF-0011 2/14/2020 **ACTIVITY COMPLETION TIMEFRAME:** 3/30/2023 to **FEDERAL** STATE LOCAL TOTAL \$ \$ TOTAL FUNDS APPROVED: 15,954.05 \$ 15,954.05 TOTAL FUNDS EXPENDED TO DATE: \$ \$ 15,450.00 \$ 1,000.00 \$ 16,450.00 \$ \$ PROJECT OVERRUN/ (UNDERRUN): (504.05)\$ 1,000.00 495.95 The percentage of actual work that has been completed at the end of 100% the reporting period (not a % of funds expended) The estimated cost of the project at completion (which may even \$ 16,450.00 exceed the awarded amount) Type of Expense Budget Federal/ **Total Expended** Remaining Local/ & Funding Source (from Application) to Date Balance State Flood Recovery Fund 15,954.05 **Property Acquisition & Pre-Award Costs Federal Property Acquisition & Pre-Award Costs** State \$ 15,450.00 **Property Acquisition & Pre-Award Costs** \$ Local \$ **TOTAL** 15,450.00 504.05 \$ \$ Ś **TOTAL** \$ **Total Project Budget Summary** \$ 15,954.05 \$ 15,450 \$ 504.05 **Total Expended to FEDERAL** STATE LOCAL **FUNDING SOURCE:** (from Application) (from Application) **Date** (from Application) Flood Recovery Fund \$ 10,450 \$ 15,450.00 Fremont County 1,000 1,000.00 \$ **Total Project Funding Source** \$ \$ \$ \$ 16,450.00 10,450 1,000

Project Status- entire project (Check One)			Description of significant activities this <b>bi-annual term.</b> Include comparison of actual accomplishments to the objectives identified in your application. Attach pictures and a narrative. Status changes or delays, please explain reason.				
		On Schedule					
		Delayed	a) Work as directed to complete current grant application(s).				
		Canceled	b) Flood Recovery Fund Project Management and Administration				
	Χ	Completed	c) Property Appraisals				
		Suspended					

	Application Work Schedule (Milestones)								
		Submitted							
	Description:	Completion	<b>Actual Completion</b>						
#		Date:	Date:						
1	Receive grant agreement with HSEMD	3/31/2020	7/9/2020						
2	Confirm intent to participate with homeowners	8/31/2020	2/26/2020						
3	Section 106 process (historic review) - Complete	2/14/2020	6/11/2020						
	Perform title searches, draft closing documents, duplication of								
4	benefits review, etc.	3/31/2022	Not Applicable						
5	Complete and execute purchase offer	4/30/2022	Not Applicable						
6	Acquire property-legal and closing activities	7/31/2022	Not Applicable						
7	Record warranty deed with restrictions	7/31/2022	Not Applicable						
8	Bid contracts for asbestos survey/abatement demolition	7/31/2022	Not Applicable						
9	Award contracts for asbestos survey/abatement demolition	8/31/2022	Not Applicable						
10	Complete demolition & debris removal and conversion to open	10/31/2022	Not Applicable						
11	Project closeout activities	3/30/2023	Not Applicable						
12									
13									
14									

Person Completing this Report:	Alexsis Fleener				
Date:	11/9/2020				

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 Dee Owen

Name of Authorized Representative or Governmental Entity

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



PERIOD COVERED BY THIS REPORT 5/1/2020 10/31/2020 to

Dee Owen LOCAL CONTACT NAME: GOVERNMENTAL ENTITY: Fremont County

ADDRESS: 506 Filmore St/ PO Box 610

Sidney, IA 51652

TELEPHONE NUMBER: 712-374-2031 dowen@co.fremont.ia.us

PROJECT TITLE: Fremont County Debris & Asphalt Repair Match-Recovery Match

PROJECT TITLE: AGREEMENT NUMBER:	y Debris & Aspha	alt Repair Match	-Recovery Match		
ACTIVITY COMPLETION TIMEFRAME:	2019-FRF-0012 2/14/2020	to	12/31/2020		
	FEDERAL	STATE	LOCAL	TOTAL	
TOTAL FUNDS APPROVED:	\$ -	\$ 38,025	\$ -	\$ 38,025	
TOTAL FUNDS EXPENDED TO DATE:	\$ -	\$ 38,025	\$ -	\$ 38,025	
PROJECT OVERRUN/ (UNDERRUN):	\$ -	\$ -	\$ -	\$ -	
The percentage of actual work that has the reporting period (not a % of funds e	•	at the end of		100%	
The estimated cost of the project at cor exceed the awarded amount)	npletion (which	may even	\$	290,094	
Type of Expense	Budget	Federal/	Total Expended	Remaining	
& Funding Source	(from Application)	Local/ State	to Date	Balance	
Flood Recovery Fund	\$ 38,025				
Disaster Debris Removal & Disposal Sup Asphalt Repair	pport Services,	Federal			
Disaster Debris Removal & Disposal Sup Asphalt Repair	pport Services,	State	\$ 38,025		
Disaster Debris Removal & Disposal Sup Asphalt Repair	pport Services,	Local	\$ -		
TOTAL			\$ 38,025	\$ -	
	\$ -				
			\$ - \$ -		
TOTAL			\$ -	\$ -	
Total Project Budget Summary	\$ 38,025		\$ 38,025	\$ -	
FUNDING SOURCE:	FEDERAL (from Application)	STATE (from Application)	LOCAL (from Application)	Total Expended to Date	
Flood Recovery Fund		\$ 38,025		\$ 38,025.00	
				\$ -	
Total Project Funding Source	\$ -	\$ 38,025	\$ -	\$ -	
Total Froject Fulluling Source	- ب	30,025	٠ -	30,025.00	

	Project Status- entire project (Check One)  Description of significant activities this bi-annual term. Include compari accomplishments to the objectives identified in your application. Attach narrative. Status changes or delays, please explain reason.									
	On Schedule Delayed Canceled Completed Suspended		These projects are 100% complete.							
	Арр	lication Worl	c Schedule (Milestones)		Milestone Status					
#		Submitted Completion Date:	Actual Completion Date:							
1	Removal of Debris f	3/15/2020	3/15/2020							
2	Removal of Debris f	3/15/2020	3/15/2020							
3	Removal of Debris f	3/15/2020	3/15/2020							
4	Removal of Debris f		3/15/2020	3/15/2020						
5	Removal of Debris f	rom Zone A		3/15/2020	3/15/2020					
6	Asphalt Pad			5/30/2020	6/24/2020					
7										
8										
Pe	rson Completing this	Report:	Dee Owen							
		Date:	11/23/2020							
		reby certify that th	ne above information is accurate and te and federal regulations and polici	•						
	Signature on file									
	Signature of Authorized Representative or Governmental Entity  Dee Owen									
		Name of Authori	zed Representative or Governme	ental Entity						



PERIOD COVERED BY THIS REPORT 5/1/2020 to 10/31/2020

LOCAL CONTACT NAME: Brian Payne

GOVERNMENTAL ENTITY: Scott County EMA

ADDRESS: 1100 E 46th Street

Davenport, IA 52807

TELEPHONE NUMBER: 563-484-3056

PROJECT TITLE: Genesis Medical Center-East-Critical Utility Water Well

AGREEMENT NUMBER: 2019-FRF-0013

ACTIVITY COMPLETION TIMEFRAME: 2/14/2020 to 12/31/2021

	FEDERAL		S1	TATE - FRF	LOCAL		TOTAL	
TOTAL FUNDS APPROVED:	\$	-	\$	417,375	\$	139,125	\$	556,500
TOTAL FUNDS EXPENDED TO DATE:	\$	-	\$	-	\$	-	\$	-
PROJECT OVERRUN/ (UNDERRUN):		-	\$	(417,375)	\$	(139,125)	\$	(556,500)
The percentage of actual work that has the reporting period (not a % of funds e				15%				
The estimated cost of the project at cor exceed the awarded amount)	\$			-				

Type of Expense		Budget	Federal/	Tota	al Expended	Remaining
& Funding Source		n Application)	Local/ State - FRF		to Date	Balance
Engineering/Contractual Services:	\$	30,000				
			State- FRF	\$	-	
			Local	\$	-	
TOTAL				\$	-	\$ 30,000
Construction		387,375				
			State- FRF	\$	-	
			Local	\$	-	
TOTAL				\$	-	\$ 387,375
	\$	-				
				\$	-	
				\$	-	
TOTAL				\$	-	\$ -
Total Project Budget Summary	\$	417,375		\$	-	\$ 417,375

FUNDING SO	URCE:	FEDERAL (from Application)	STATE - FRF (from Application)	LOCAL (from Application)	Total Expended to Date			
Flood Recovery Fund					\$ -			
					\$ -			
					\$ -			
		\$ -						
	\$ -							
Total Project Funding S	ource	\$ -	\$ -	\$ -	\$ -			
Project Status- entire project (Check One)	laccomplishments to the objectives identified in your application. Attac							
x On Schedule Delayed Canceled Completed	ward progress. On a American Water or this joint project. by entered into a tentatively have an at the close of this greement and the							
Suspended	design & enginee us know	ring contract have v if you have any o	e been provided to questions or reque	_	Security. Please let			
Appl	ication Worl	Schedule (I	Milestones)		Milestone Status			
#	Descrip	tion:		Submitted Completion Date:	Actual Completion Date:			
1 Award				2/14/2020	2/17/2020			
2 Final Design, Permit	ting & Easemen	ts		4/30/2021				
3 Procurement for co	nstruction			5/31/2021				
4 Construction				6/30/2021				
5 Testing, Inspection 8	& Acceptance			7/31/2021				
6 Project Closeout				12/31/2021				
7								
Person Completing this	Report:		Brian Payne					
I, the undersigned, her approved pro	Date: eby certify that th oject plan and stat							
		Signature o	on file					
Sig	nature of Autho	rized Represent	ative or Governi	mental Entity				
	Scott Cou	nty Emergency N	Management Ag	ency				
Name of Authorized Representative or Governmental Entity								
Areas shaded are to be completed by State HSEMD Personnel.								
Areas shaded	·	•		y or authorized a	administrator.			



PERIOD COVERED BY THIS REPORT 5/1/2020 to 10/31/2020

LOCAL CONTACT NAME: Sheryl Owen

GOVERNMENTAL ENTITY: City of Hamburg

ADDRESS: 1201 Main St/PO Box 106

Hamburg, IA 51640

TELEPHONE NUMBER: 712-382-1313 cityofhamburg106@gmail.com

PROJECT TITLE: Hamburg Levee Drainage Pumps Demo-Recovery Match

AGREEMENT NUMBER: 2019-FRF-0014

ACTIVITY COMPLETION TIMEFRAME: 2/14/2020 to 12/31/2021

	, ,		, - , -	
	FEDERAL	STATE-FRF	LOCAL	TOTAL
TOTAL FUNDS APPROVED:	\$ -	\$ 1,100,000	\$ -	\$ 1,100,000
TOTAL FUNDS EXPENDED TO DATE:	\$ -	\$ 7,863	\$ -	\$ 7,863
PROJECT OVERRUN/ (UNDERRUN):	\$ -	\$ (1,092,137)	\$ -	\$ (1,092,137)
The percentage of actual work that has the reporting period (not a % of funds of	•	d at the end of	50%	
The estimated cost of the project at co exceed the awarded amount)	mpletion (which	may even	\$	1,100,000
Type of Expense	Budget	Federal/	Total Expended	Remaining
& Funding Source	(from Application)	Local/ State -FRF	to Date	Balance

Type of Expense	Budget	Federal/	Total Expended	Remaining
& Funding Source	(from Application)	Local/ State -FRF	to Date	Balance
Flood Recovery Fund	\$ 1,100,000			
Main Street Demolitions		Federal	\$ -	
Main Street Demolitions		State-FRF	\$ 7,863	
Main Street Demolitions	Local	\$ -		
Ditch 6 Levee Elevation (non-federal loc	Local	\$ -		
Hamburg Pumping District		Local	\$ -	
TOTAL			\$ 7,863	\$ 1,092,137
	\$ -			
			\$ -	
			\$ -	
TOTAL			\$ -	\$ -
Total Project Budget Summary	\$ 1,100,000		\$ 7,863	\$ 1,092,137

FUNDI	FUNDING SOURCE:		FEDERAL (from Application)		ATE-FRF	LOCAL (from Application)	Total Expended to Date
Flood Recovery Fund			\$	7,863		\$ 7,862.54	
City of Hamburg							\$ -
						\$ -	
						\$ -	
Total Project Fur	nding S	Source	\$ -	\$	7,863	\$ -	\$ 7,862.54
Project Status- entire project (Check One)  Description of significant activities this bi-annual term. Include comparation accomplishments to the objectives identified in your application. Attack							
narrative. Status changes or delays, please explain reason.							
On Schedule							
x Delayed							
Canceled		Building Dem	o is on schedule b	ut Dit	ch 6 levee ha	as been delayed b	ecause of SHPO,
Complete	d						
Suspende	ed .						
	App	lication Worl	« Schedule (N	Mile:	stones)		Milestone Status
			,		•	Submitted	
		Descript	tion:			Completion	Actual Completion
# Date:							Date:
1 Ditch 6 Levee						9/30/2020	8/1/2021
2 Main Street [						8/31/2020	12/25/2020
3 Pump Repair	/Repla	cement				3/31/2020	
4							
5							
Person Completi	ng this	Report:		She	eryl Owen		
		Date:		11.	/24/2020		
I, the undersion	ned hei	reby certify that th	e above informat	•	•	true, and in acco	l ordance with the
_		oject plan and stat					
	Signature on file						
	Się	gnature of Autho	rized Represent	ative	or Govern	mental Entity	
	Sheryl Owen						
Name of Authorized Representative or Governmental Entity							
		Instru	uctions to com	plete	this form		
Areas shad	ed		leted by State H			=	
Areas shad	ed	are to be comp	leted by the gov	ernm	ental entity	or authorized a	ndministrator.
<u>I</u>	•						



PERIOD COVERED BY THIS REPORT 5/1/2020 10/31/2020 to

LOCAL CONTACT NAME: Walter Utman

**GOVERNMENTAL ENTITY: Coulthard Levee District** 

ADDRESS: 111 N 2nd Ave

Logan, IA 51546

**TELEPHONE NUMBER:** 402-651-3884 wutman@loganet.net

PROJECT TITLE: Coulthard Levee District - Levee Improvements

2019-FRF-0015 AGREEMENT NUMBER:

AGREEMENT NOMBER.	2015 110 0015						
ACTIVITY COMPLETION TIMEFRAME:	2/14/2020	)	to	12/31,	/2021		
	FEDERAL		STATE	LOCA	.L		TOTAL
TOTAL FUNDS APPROVED:	\$ -	\$	4,427,965	\$	-	\$	4,427,965
TOTAL FUNDS EXPENDED TO DATE:	\$ -	\$	175,391	\$	-	\$	175,391
PROJECT OVERRUN/ (UNDERRUN):	\$ -	\$	(4,252,574)	\$	-	\$	(4,252,574)
The percentage of actual work that has the reporting period (not a % of funds 6	•	d at	the end of	of		40%	
The estimated cost of the project at corexceed the awarded amount)	mpletion (which	n may	y even	\$			2,001,861
Type of Expense	Budget			Total Expe	ended		Remaining
& Funding Source	(from Application)			to Dat	te		Balance
Flood Recovery Fund	\$ 4,427,965						
Land rights acquisition				\$ 7	5,285		

& Funding Source	(from Application)	to Date	Balance	
Flood Recovery Fund	\$ 4,427,965			
Land rights acquisition		\$ 75,285		
Construction		\$ -		
Engineering		\$ 100,106		
Legal		\$ -		
TOTAL		\$ 175,391	\$ 4,252,574	
	\$ -			
		\$ -		
		\$ -		
TOTAL		\$ -	\$ -	
	\$ -			
		\$ -		
		\$ -		
TOTAL		\$ -	\$ -	
Total Project Budget Summary	\$ 4,427,965	\$ 175,391	\$ 4,252,574	

	FUNDING SOURCE:		FEDERAL (from Application)	STATE (from Application)	LOCAL (from Application)	Total Expended to Date
Stat	Fotal Project Funding Source  Project Status- entire project (Check One)  On Schedule X Delayed Canceled Completed Suspended  Application Work  #  1 Entire scope of project  2					\$ 175,391.00
						\$ -
						\$ -
						\$ -
						\$ - \$ -
						\$ -
Tot	al Project Funding S	Source	\$ -	\$ -	\$ -	\$ 175,391.00
project (Check One)			to the objectives	identified in your	application. Atta	
	<ul> <li>Delayed</li> <li>Canceled</li> <li>Completed</li> <li>Project has been bid, Trees have been cleared on the levee itself, additional tree clearing is contining on remaining easement area. Breach has been filled and the levee rebuilt, remaining repairs will be completed within the next two months</li> </ul>					
	Application Work Schedule (Milestones)					
#		Submitted Completion Date:	Actual Completion Date:			
1	Entire scope of proj	ect			6/1/2020	
2						
3						
4						
Per	son Completing this	Report:	Jon	athan P. Roseng	ren	
		Date:		11/13/2020		
	I, the undersigned, he approved pro			ion is accurate and		
			Signature o	on file		
	Się	gnature of Autho	rized Represent	ative or Governi	mental Entity	
	ı	Name of Authori	zed Representat	tive or Governm	ental Entity	
	Areas shaded			<b>plete this form</b> SEMD Personnel	=	
	Areas shaded	· ·	•	ernmental entity		administrator.



PERIOD COVERED BY THIS REPORT 5/1/2020 to 10/31/2020

LOCAL CONTACT NAME: John Askew

GOVERNMENTAL ENTITY: Pleasant Valley Levee District

ADDRESS: 2219 160th Street

Thurman, Iowa 51654

TELEPHONE NUMBER: 712-574-3626 askew.john@gmail.com

PROJECT TITLE: L-594 Pleasant Valley Levee District - Levee Improvements

AGREEMENT NUMBER: 2019-FRF-0016

, totteettietti ttottibetti		13 1111 0010						
ACTIVITY COMPLETION TIMEFRAME:		2/14/2020		to	1	2/31/2020		
		FEDERAL	S	STATE - FRF		LOCAL		TOTAL
TOTAL FUNDS APPROVED:	\$	-	\$	862,000	\$	-	\$	862,000
TOTAL FUNDS EXPENDED TO DATE:	\$	45,000,000	\$	297,295	\$	-	\$	45,297,295
PROJECT OVERRUN/ (UNDERRUN):	\$	45,000,000	\$	(564,705)	\$	-	\$	44,435,295
The percentage of actual work that has the reporting period (not a % of funds of		•	d at	t the end of	75%		75%	
The estimated cost of the project at coexceed the awarded amount)	mpl	etion (which	ma	ay even	\$			45,297,295
Type of Expense		Budget			Tota	l Expended		Remaining
& Funding Source	(fr	om Application)			,	to Date		Balance
Flood Recovery Fund	\$	862,000						
Construction					\$	_		

Type of Expense	E	Budget	Tot	al Expended	F	Remaining
& Funding Source	(from	n Application)		to Date		Balance
Flood Recovery Fund	\$	862,000				
Construction			\$	-		
Engineering			\$	-		
Easements			\$	-		
Fill and materials			\$	291,807		
Repairs			\$	5,488		
TOTAL			\$	297,295	\$	564,705
	\$	-				
			\$	-		
			\$	-		
TOTAL			 \$	-	\$	-
Total Project Budget Summary	\$	862,000		#REF!	\$	564,705

FUNDING SOURCE:		FEDERAL (from Application)	STATE - FRF (from Application)	LOCAL (from Application)	Total Expended to Date		
USACE		\$ 45,000,000			\$ 45,000,000.00		
Flood Recovery Fund			\$ 297,295		\$ 297,295.00		
					\$ -		
					\$ -		
					\$ -		
Total Project Funding S	Source	\$ 45,000,000	\$ 297,295	\$ -	\$ 45,297,295.00		
Project Status- entire project (Check One)	accomplishment		s identified in you		parison of actual ach pictures and a		
x On Schedule							
Delayed	Setback is 759	% complete with f	inish date by Dec	ember 31, 2020.	Easements were		
Canceled			•		Construction has		
Completed	progressed	d with the dry con	ditions and no sig	gnificant delays are	e anticipated.		
Suspended	Suspended						
Application Work Schedule (Milestones)					Milestone Status		
				Submitted			
	Descrip	tion:		Completion	Actual Completion		
#				Date:	Date:		
1 Emergency Consolic				5/1/2020			
2 Breach Repairs - Int				5/1/2020	5/1/2020		
3 Breach Repairs - Per	rmanent			12/31/2020			
4							
5							
Person Completing this	Report:		John B. Askew				
	Date:		11/22/2020				
I, the undersigned, her	eby certify that th	e above informat	ion is accurate ar	nd true, and in acc	ordance with the		
approved pro	ject plan and stat	e and federal reg	ulations and polic	ies governing this	award.		
		Signature o	on file				
Sig	nature of Autho	rized Represent	ative or Govern	mental Entity			
		John B. As	kew				
	Name of Authori	zed Representa	tive or Governm	ental Entity			
	1	uctions to com		<del></del>			
Areas shaded	are to be comp	leted by State H	SEMD Personne	l.			
Areas shaded	are to be comp	leted by the gov	ernmental entit	y or authorized	administrator.		



PERIOD COVERED BY THIS REPORT 5/1/2020 to 10/31/2020

LOCAL CONTACT NAME: Jim Shepherd

GOVERNMENTAL ENTITY: Wabonsie Levee District

ADDRESS: 1166 Bluff Rd

Thurman, IA 51654

TELEPHONE NUMBER: 712-350-1167 djshep1166@gmail.com

PROJECT TITLE: L-601 Missouri River - Wabonsie Segment - Levee Improvements

AGREEMENT NUMBER: 2019-FRF-0017

ACTIVITY COMPLETION TIMEFRAME:	2/14/2020	to	12/31/2020		
ALCOHOL CONTRACTOR THAT IN THE TOTAL	1		12,31,2020		
	FEDERAL	STATE-FRF	LOCAL	TOTAL	
TOTAL FUNDS APPROVED:	\$ -	\$ 809,915	\$ -	\$ 809,915	
TOTAL FUNDS EXPENDED TO DATE:		\$ 741,090	\$ -	\$ 741,090	
PROJECT OVERRUN/ (UNDERRUN):	\$ -	\$ (68,825)	\$ -	\$ (68,825)	
The percentage of actual work that hof the reporting period (not a % of fu	•	ted at the end	509		
The estimated cost of the project at one exceed the awarded amount)	completion (whi	ch may even	\$	4,611,530	
Type of Expense	Budget		Total Expended	Remaining	
& Funding Source	(from Application)		to Date	Balance	
Flood Recovery Fund	\$ 809,915				
Construction			\$ 741,090		
Engineering			\$ -		
Restoration and Repair			\$ -		
TOTAL	1		\$ 741,090	\$ 68,825	
	\$ -				
			\$ -		
TOTAL			\$ -	\$ -	
			\$ -		
Total Project Budget Summary	\$ 809,915		\$ 741,090	\$ 68,825	
FUNDING SOURCE:	FEDERAL (from Application)	STATE-FRF (from Application)	LOCAL (from Application)	Total Expended to Date	
Flood Recovery Fund	(ITOIII Application)	\$ 809,915	(ITOIII Application)	\$ 741,090.00	
Trood Recovery Fund		<del>y</del> 005,515		\$ -	
				\$ -	
				\$ -	
Total Project Funding Source	\$ -	\$ 809,915	\$ -	\$ 741,090.00	

	Project Status- entire project (Check One)  Description of significant activities this bi-annual term. Include comparison of act accomplishments to the objectives identified in your application. Attach pictures and a narrative. Status changes or delays, please explain reason.						
	X On Schedule Delayed Canceled Completed Suspended		We are waiting on the new RR bridge to be built, and finding a engneering firm to survey the breeches. And finding funding for this Project.				
	Appli	cation Work	(Schedule (Milestones)		Milestone Status		
#	Description:  Submitted Completion Date:						
1							
2							
3							
4							
5							
6							
Per	son Completing th	is Report:	Jim Shepherd				
		Date:	12/10/2020				
I, th	<del>-</del>		e above information is accurate ar e and federal regulations and polic				
			James S. Shepherd				
	Signature of Authorized Representative or Governmental Entity						
	signature on file						
Name of Authorized Representative or Governmental Entity							
		Instru	ctions to complete this forn	<u>n</u>			
	Areas shaded	are to be comp	pleted by State HSEMD Personr	nel.			
	Areas shaded	are to be compadministrator.	pleted by the governmental en	tity or authorize	ed		
		<u> </u>					



**Total Project Funding Source** 

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

PERIOD COVERED BY THIS REPORT 5/1/2020 10/31/2020 to LOCAL CONTACT NAME: Chris Dashner **GOVERNMENTAL ENTITY:** Missouri River LB-Bartlett Segment 310 10th Street ADDRESS: Glenwood, IA 51534 712-527-0158 **TELEPHONE NUMBER:** dashnerc@gmail.com JakeZ@olmstedperry.com PROJECT TITLE: L-601 Missouri River LB - Bartlett Segment - Levee Improvements AGREEMENT NUMBER: 2019-FRF-0018 2/14/2020 **ACTIVITY COMPLETION TIMEFRAME:** 12/31/2020 to **FEDERAL** STATE LOCAL TOTAL \$ \$ TOTAL FUNDS APPROVED: 804,350 \$ 804,350 TOTAL FUNDS EXPENDED TO DATE: \$ \$ 981,957 \$ \$ 981,957 \$ \$ \$ \$ PROJECT OVERRUN/ (UNDERRUN): 177,607 177,607 The percentage of actual work that has been completed at the end of 100% the reporting period (not a % of funds expended) The estimated cost of the project at completion (which may even Ś 981,957 exceed the awarded amount) Type of Expense Budget **Total Expended** Remaining & Funding Source (from Application) to Date Balance Flood Recovery Fund \$ 804,350 **Debris Removal** 270,125 Construction and repair \$ 487,073 Replacement materials \$ 142,410 Removal of pumping station \$ 10,000 \$ Engineering 72,350 **TOTAL** \$ 981,957 (177,607)\$ \$ **TOTAL** \$ \$ Total Project Budget Summary 804,350 #REF! \$ (177,607)**Total Expended to FEDERAL STATE** LOCAL **FUNDING SOURCE:** (from Application) **Date** (from Application) (from Application) Flood Recovery Fund 804,350.00 \$ 177,607.00 Bartlett Segment DD \$ \$ \$ \$

\$

\$

981,957.00

\$

	Project Status- entire project (Check One)  Description of significant activities this bi-annual term. Include comparis accomplishments to the objectives identified in your application. Attach narrative. Status changes or delays, please explain reason.					
	On Schedule Delayed Canceled x Completed Suspended	All flood related work has been completed as of June 5, 2020.				
	App	lication Work	Schedule (Milestones)		Milestone Status	
#		Submitted Completion Date:	Actual Completion Date:			
1	Debris removal, rep	5/1/2020	6/5/2020			
2						
3						
4						
Per	rson Completing this	Report:	Jacob F. Zimmerer,	PE		
		Date:	11/14/2020			
	<del>-</del>		e above information is accurate and e and federal regulations and polici			
			Signature on file			
	Się	gnature of Autho	rized Representative or Governr	mental Entity		
	Chris Dashner					
	Name of Authorized Representative or Governmental Entity					
		Instru	ictions to complete this form	-		
	Areas shaded	are to be compl	eted by State HSEMD Personnel			
	Areas shaded are to be completed by State HSEMD Personnel.  Areas shaded are to be completed by the governmental entity or authorized administrator.					



**Total Project Funding Source** 

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

PERIOD COVERED BY THIS REPORT 5/1/2020 10/31/2020 to LOCAL CONTACT NAME: Chris Dashner L-601 Missouri River LB - Miller Sturgeon GOVERNMENTAL ENTITY: ADDRESS: 310 10th Street Glenwood, IA 51534 **TELEPHONE NUMBER:** 712-527-0158 dashnerc@gmail.com JakeZ@olmstedperry.com PROJECT TITLE: L-601 Levee - Miller Sturgeon - Levee Improvements AGREEMENT NUMBER: 2019-FRF-0019 2/14/2020 12/31/2020 **ACTIVITY COMPLETION TIMEFRAME:** to **FEDERAL** STATE LOCAL TOTAL TOTAL FUNDS APPROVED: \$ \$ 652,650 \$ \$ 652,650 TOTAL FUNDS EXPENDED TO DATE: \$ \$ 357,017 \$ \$ 357,017 \$ PROJECT OVERRUN/ (UNDERRUN): \$ (295,633) \$ \$ (295,633)The percentage of actual work that has been completed at the end of 100% the reporting period (not a % of funds expended) The estimated cost of the project at completion (which may even Ś 357,017 exceed the awarded amount) Type of Expense **Budget Total Expended** Remaining & Funding Source (from Application) to Date **Balance** Flood Recovery Fund 652,650 \$ Debris removal 294,367 \$ Construction and repair \$ Replacement materials \$ Removal of pumping station Engineering \$ 62,650 **TOTAL** \$ 357.017 295.633 \$ \$ TOTAL \$ Total Project Budget Summary \$ 652,650 \$ 357,017 295,633 **Total Expended to** LOCAL **FEDERAL** STATE **FUNDING SOURCE:** Date (from Application) (from Application) (from Application) Flood Recovery Fund 652,650 \$ 357,017.00 \$ \$ \$ \$

\$

652,650

357,017.00

Project Status- entire project (Check One)  Description of significant activities this bi-annual term. Include concept accomplishments to the objectives identified in your application. narrative. Status changes or delays, please explain reason.  On Schedule Delayed Canceled Project has been completed as of July 10, 2020 and has been completed as of July 10, 2020 and has been suspended  Application Work Schedule (Milestones)	Attach pictures and a
Delayed Canceled Project has been completed as of July 10, 2020 and has be Completed Suspended	n closed out.
Application Work Schedule (Milestones)	
	Milestone Status
Submitted Description: Completion  # Date:	Actual Completion Date:
1 Debris / Silt Removal 5/1/20	0 7/10/2020
2	
3	
4	
5       6	
Person Completing this Report: Jacob F. Zimmerer, PE	
Date: 11/18/2020	
I, the undersigned, hereby certify that the above information is accurate and true, and in a approved project plan and state and federal regulations and policies governing t	
Signature on file	
Signature of Authorized Representative or Governmental Entity	
Chris Dashner	
Name of Authorized Representative or Governmental Entity	
Areas shaded are to be completed by State HSEMD Personnel.	
Areas shaded are to be completed by the governmental entity or authorize	d administrator.



PERIOD COVERED BY THIS REPORT 5/1/2020 10/31/2020 to LOCAL CONTACT NAME: Don Gross M&P Missouri River Levee District **GOVERNMENTAL ENTITY:** ADDRESS: 2222 Cumming Street Omaha, NE 68102 402-444-6866 ext 230 dgross@mapacog.org JakeZ@olmstedperry.com **TELEPHONE NUMBER:** M&P Missouri River Levee District - Planning - Levee Improvements PROJECT TITLE: AGREEMENT NUMBER: 2019-FRF-0020 2/14/2020 3/30/2023 **ACTIVITY COMPLETION TIMEFRAME:** to **FEDERAL STATE** LOCAL **TOTAL** TOTAL FUNDS APPROVED: \$ \$ 279,149 \$ \$ 279,149 TOTAL FUNDS EXPENDED TO DATE: \$ \$ \$ \$ PROJECT OVERRUN/ (UNDERRUN): \$ \$ \$ (279,149)\$ (279,149)The percentage of actual work that has been completed at the end of 15% the reporting period (not a % of funds expended) The estimated cost of the project at completion (which may even \$ 279,149 exceed the awarded amount) Type of Expense Budget **Total Expended** Remaining & Funding Source (from Application) to Date Balance **Flood Recovery Fund** 279,149 **Engineering Investigative Phase** \$ \$ **Engineering Design and Permitting** Legal/Administrative Costs \$ \$ **TOTAL** \$ 279,149 \$ \$ \$ \$ **TOTAL** \$ \$ \$ \$ **TOTAL** \$ \$ **Total Project Budget Summary** \$ \$ \$ 279,149 279,149 **FEDERAL STATE** LOCAL **Total Expended to FUNDING SOURCE:** Date (from Application) (from Application) (from Application) Flood Recovery Fund \$ \$ \$ \$ \$ \$ \$ Total Project Funding Source \$ \$ \$

	oject Status- entire oject (Check One)	accomplishments	gnificant activities this <b>bi-annual terr</b> s to the objectives identified in your s changes or delays, please explain re	application. Atta	
	<ul><li>On Schedule</li><li>Delayed</li><li>Canceled</li><li>Completed</li><li>Suspended</li></ul>				
	Арр	lication Worl	k Schedule (Milestones)		Milestone Status
#		Descript	tion:	Submitted Completion Date:	Actual Completion Date:
1	Contract Awarded			4/1/2020	4/1/2020
2	Procurement for En	ngineer		6/15/2020	
_	Engineering Contract			6/30/2020	11/3/2020
4	Engineering Investig	gative Phase		6/30/2021	
5	Engineering Design	and Implementa	ation	12/31/2022	
6					
7					
8					
Per	rson Completing this	s Report:	Jacob F. Zimmerer,	PE	
		Date:	11/14/2020		
	_	ereby certify that th	ne above information is accurate and te and federal regulations and policions		
			Signature on file		
	Sig	gnature of Autho	orized Representative or Governn	nental Entity	
			Don Gross		
	1	Name of Authori	ized Representative or Governme	ental Entity	
Γ		Instru	uctions to complete this form	<u> </u>	
	Areas shaded	are to be compl	leted by State HSEMD Personnel.		
i	Aroas shadod	are to be comp	loted by the governmental entity	v or authorized :	administrator



PERIOD COVERED BY THIS REPORT 5/1/2020 10/31/2020 to LOCAL CONTACT NAME: John Poore **GOVERNMENTAL ENTITY:** M&P Missouri River Levee District ADDRESS: 17628 Allis Road Council Bluffs, IA 51503 **TELEPHONE NUMBER:** 402-306-6895 johnrpoore@msn.com JakeZ@olmstedperry.com M&P Missouri River Levee District - Levee Improvements PROJECT TITLE: AGREEMENT NUMBER: 2019-FRF-0021 **ACTIVITY COMPLETION TIMEFRAME:** 2/14/2020 12/31/2020 to **FEDERAL** LOCAL **STATE TOTAL** TOTAL FUNDS APPROVED: \$ 1,709,474 1,709,474 TOTAL FUNDS EXPENDED TO DATE: \$ \$ 1,709,474 870,304 2,579,778 PROJECT OVERRUN/ (UNDERRUN): \$ \$ 870,304 870,304 The percentage of actual work that has been completed at the end of 90% the reporting period (not a % of funds expended) The estimated cost of the project at completion (which may even \$ 2,579,778 exceed the awarded amount) Type of Expense **Budget** Federal/ Total Expended Remaining Local/ & Funding Source (from Application) to Date Balance State 1,709,474 Flood Recovery Fund Debris and silt removal replacement 791,089 \$ 1,709,474 Fill material \$ Construction and Levee Repairs \$ Engineering 68,825 \$ **Emergency Work** 10,390 **Administrative Costs** \$ TOTAL \$ 2,579,778 (870,304)\$ \$ \$ \$ **TOTAL** \$ \$ \$ TOTAL \$ \$ Total Project Budget Summary \$ 2,579,778 \$ (870,304) 1,709,474 **Total Expended to FEDERAL STATE** LOCAL **FUNDING SOURCE:** (from Application) (from Application) (from Application) Date Flood Recovery Fund 1,709,474.00 870,304.00 M&P DD \$ \$ \$ \$ **Total Project Funding Source** \$ \$ \$ \$ 2,579,778.00

	oject Status- entire oject (Check One)	accomplishments	nificant activities this bi-annual ter to the objectives identified in your changes or delays, please explain r	application. Atta		
	On Schedule Delayed Canceled Completed Suspended	The debris and silt removal project has been completed as of June 19, 2020 and has been closed out. There are still costs remaining for providing fill material for Corps repairs within the District.				
	Арр	lication Worl	Schedule (Milestones)		Milestone Status	
#		Descript	ion:	Submitted Completion Date:	Actual Completion Date:	
1	Debris and silt remo	oval		5/1/2020	6/19/2020	
3						
4						
5						
Pe	rson Completing this	Report:	Jacob F. Zimmerer,	PE		
		Date:	11/14/2020			
	•		e above information is accurate and eand federal regulations and polici			
			Signature on file			
	Sig	gnature of Autho	rized Representative or Governr	nental Entity		
			John Poore			
		Name of Authori	zed Representative or Governme	ental Entity		
	Areas shaded		uctions to complete this form eted by State HSEMD Personnel			
	Areas shaded	are to be compl	eted by the governmental entity	or authorized a	dministrator.	



PERIOD COVERED BY THIS REPORT 5/1/2020 10/31/2020 to LOCAL CONTACT NAME: Jerry Martin Mills-Fremont Drainage District **GOVERNMENTAL ENTITY:** PO Box 236 ADDRESS: Tabor, IA 51653 **TELEPHONE NUMBER:** 712-880-0057 agproplus@wildblue.net JakeZ@olmstedperry.com PROJECT TITLE: Mills-Fremont Drainage District - Levee Improvements AGREEMENT NUMBER: 2019-FRF-0022 2/14/2020 **ACTIVITY COMPLETION TIMEFRAME:** 12/31/2020 to **FEDERAL** STATE LOCAL TOTAL \$ \$ TOTAL FUNDS APPROVED: 1,465,000 \$ \$ 1,465,000 TOTAL FUNDS EXPENDED TO DATE: \$ \$ 936,063 \$ \$ 936,063 \$ \$ \$ PROJECT OVERRUN/ (UNDERRUN): (528,937)\$ (528,937)The percentage of actual work that has been completed at the end of 70% the reporting period (not a % of funds expended) The estimated cost of the project at completion (which may even \$ 1,416,062 exceed the awarded amount) Type of Expense Budget Federal/ **Total Expended** Remaining Local/ & Funding Source (from Application) to Date Balance State Flood Recovery Fund \$ 1,465,000 Debris removal 28,478 Construction and repair 822,584 Replacement materials Replacement of pumping station 400,000 Engineering 80,000 85,000 **TOTAL** \$ 936,062 \$ \$ **TOTAL** \$ \$ \$ Total Project Budget Summary 1,465,000 936,062 480,000 **Total Expended to FEDERAL STATE** LOCAL **FUNDING SOURCE:** (from Application) (from Application) **Date** (from Application) 936,063.00 Flood Recovery Fund \$ \$ \$ \$ **Total Project Funding Source** \$ \$ \$ 936,063.00

	roject Status- entire roject (Check One)  Description of significant activities this bi-annual term. Include compar accomplishments to the objectives identified in your application. Attacl narrative. Status changes or delays, please explain reason.					
	On Schedule  x Delayed Canceled Completed Suspended  The ditches and berm repairs have been completed as of June 5, 2020. The pumping station replacement is still in the design phase due to delays within FEMA and getting correct inspections and documentations performed.					
		Appl	lication Work	Schedule (Milestones)		Milestone Status
#	Description: Submitted Completion					Actual Completion Date:
1	De	bris removal			6/1/2020	6/5/2020
2	Em	nbankment, etc. i	nstallation		6/1/2020	
3						
4	Pu	mping Station Re	pair			
13						
14						
Pei	sor	n Completing this	Report:	Jacob F. Zimmerer,	PE	
			Date:	11/14/2020		
	l, th	<del>-</del>	eby certify that th	e above information is accurate and e and federal regulations and policies		
				Signature on file		
		Sig	gnature of Autho	rized Representative or Governr	nental Entity	
				Jerry Martin		
		1	Name of Authori	zed Representative or Governme	ental Entity	
			Instru	actions to complete this form		
	A	Areas shaded	are to be compl	eted by State HSEMD Personnel		
	_	Areas shaded	are to be compl	eted by the governmental entity	or authorized a	administrator.



PERIOD COVERED BY THIS REPORT 5/1/2020 10/31/2020 to LOCAL CONTACT NAME: Wayne Stouder **GOVERNMENTAL ENTITY:** Lorimor Drainage District 61994 195th Street ADDRESS: Pacific Junction, IA 51561 **TELEPHONE NUMBER:** 402-306-5878 stouderw@gmail.com JakeZ@olmstedperry.com PROJECT TITLE: Lorimor Drainage District - Levee Improvements AGREEMENT NUMBER: 2019-FRF-0023 2/14/2020 **ACTIVITY COMPLETION TIMEFRAME:** 12/31/2020 to **FEDERAL** STATE LOCAL TOTAL \$ \$ \$ TOTAL FUNDS APPROVED: 733,300 733,300 TOTAL FUNDS EXPENDED TO DATE: \$ \$ 381,234 \$ 381,234 \$ \$ \$ PROJECT OVERRUN/ (UNDERRUN): (352,066) \$ (352,066)The percentage of actual work that has been completed at the end of 70% the reporting period (not a % of funds expended) The estimated cost of the project at completion (which may even Ś 861,234 exceed the awarded amount) Type of Expense Budget **Total Expended** Remaining & Funding Source (from Application) to Date Balance Flood Recovery Fund \$ 733,300 Debris removal 13,750 Construction and repair \$ 328,715 Replacement materials \$ 6,469 \$ Replacement of pumping station 400,000 \$ Engineering 32,300 80,000 **TOTAL** \$ 381,234 480,000 \$ \$ **TOTAL** \$ \$ \$ Total Project Budget Summary 733,300 381,234 480,000 **Total Expended to FEDERAL STATE** LOCAL **FUNDING SOURCE:** (from Application) (from Application) **Date** (from Application) 381,234.00 Flood Recovery Fund \$ \$ \$ \$ \$ **Total Project Funding Source** \$ \$ 381,234.00 \$

	oject Status- entire oject (Check One)	<ul><li>n. Include compa application. Attace eason.</li></ul>				
	On Schedule  x Delayed Canceled Completed Suspended  On Schedule  All berm and ditch repairs have been completed as of June 5, 2020. Replacement of the pumping station is still in the design phase due to delays with FEMA inspections.					
	Appl	ication Work	Schedule (Milestones)		Milestone Status	
#		Descript	ion:	Submitted Completion Date:	Actual Completion Date:	
1	Debris / Silt Remova	al		5/1/2020	6/5/2020	
2	Pumping Station					
3						
5						
Per	rson Completing this	Report:	Jacob F. Zimmerer,	PE		
44/44/2020						
		Date:	11/14/2020			
	_	eby certify that th	11/14/2020 e above information is accurate and e and federal regulations and policions			
	_	eby certify that th	e above information is accurate and			
	approved pro	eby certify that th	e above information is accurate and e and federal regulations and policions	es governing this a		
	approved pro	eby certify that th	e above information is accurate and e and federal regulations and policions Signature on file	es governing this a		
	approved pro	reby certify that the oject plan and state of Autho	e above information is accurate and e and federal regulations and policion Signature on file rized Representative or Governr	es governing this a		
	approved pro	reby certify that the oject plan and state gnature of Authoniane of Authorical controls.	e above information is accurate and e and federal regulations and policion Signature on file rized Representative or Governr Wayne Stouder	es governing this a mental Entity ental Entity		
	approved pro	reby certify that the oject plan and state gnature of Authorians of Auth	e above information is accurate and e and federal regulations and policions and policions and policions and policions and federal regulations and policions are signature on file rized Representative or Government and Representative	mental Entity ental Entity		



PERIOD COVERED BY THIS REPORT 5/1/2020 10/31/2020 to LOCAL CONTACT NAME: Jay Christensen **GOVERNMENTAL ENTITY:** Pony Creek Drainage District 18294 Jardine Ave ADDRESS: Pacific Junction, IA 51561 **TELEPHONE NUMBER:** 402-677-5609 prositecompany@gmail.com JakeZ@olmstedperry.com PROJECT TITLE: Pony Creek Drainage District - Levee Improvements AGREEMENT NUMBER: 2019-FRF-0024 2/14/2020 **ACTIVITY COMPLETION TIMEFRAME:** 12/31/2020 to **FEDERAL** STATE LOCAL TOTAL \$ \$ TOTAL FUNDS APPROVED: 1,152,300 \$ 1,152,300 TOTAL FUNDS EXPENDED TO DATE: \$ \$ 412,500 \$ \$ 412,500 \$ \$ \$ \$ PROJECT OVERRUN/ (UNDERRUN): (739,800)(739,800)The percentage of actual work that has been completed at the end of 60% the reporting period (not a % of funds expended) The estimated cost of the project at completion (which may even Ś 996,490 exceed the awarded amount) Type of Expense Budget **Total Expended** Remaining & Funding Source (from Application) to Date Balance Flood Recovery Fund \$ 1,152,300 Debris and Silt Removal 252,800 **Pumping Station Replacement** \$ 583,990 Engineering \$ 159,700 **TOTAL** \$ 412,500 \$ \$ \$ **TOTAL** \$ \$ \$ Total Project Budget Summary \$ 1,152,300 412,500 583,990 **Total Expended to STATE** LOCAL **FEDERAL FUNDING SOURCE: Date** (from Application) (from Application) (from Application) Flood Recovery Fund 412,500.00 \$ \$ \$

\$

412,500.00

\$

Total Project Funding Source

	-	t Status- entire t (Check One)	accomplishments	nificant activities this <b>bi-annual terr</b> to the objectives identified in your changes or delays, please explain re	application. Atta			
	х	On Schedule Delayed Canceled Completed Suspended	Debris removal, berm restoration, an ditch cleaning has been completed as of July 1, 2020. Pumping station contract was awarded August 19, 2020 and construction is in progress. Work will be delayed due to manufacturing times for some of the pumping components.					
		Appl	lication Worl	k Schedule (Milestones)		Milestone Status		
#	Submitted Description: Completion							
1	De	bris / Silt Remova	al		5/1/2020	7/1/2020		
2	Pu	mping Station Re	placement		6/1/2020	5/1/2021		
3								
##								
13								
14								
Pei	sor	n Completing this	Report:	Jacob F. Zimmerer,	PE			
			Date:	11/14/2020				
	I, th	<del>-</del>	eby certify that th	ne above information is accurate and see and federal regulations and policions				
				Signature on file				
		Sig	gnature of Autho	rized Representative or Governr	mental Entity			
				Jay Christensen				
	Name of Authorized Representative or Governmental Entity							
			Instru	uctions to complete this form				
	A	Areas shaded	are to be comp	leted by State HSEMD Personnel				
		Areas shaded	are to be comp	leted by the governmental entity	or authorized a	administrator.		



**Total Project Funding Source** 

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

PERIOD COVERED BY THIS REPORT 5/1/2020 10/31/2020 to LOCAL CONTACT NAME: John Poore New St. Mary's Drainage District **GOVERNMENTAL ENTITY:** 17628 Allis Road ADDRESS: Council Bluffs, IA 51503 **TELEPHONE NUMBER:** 402-306-6895 johnrpoore@msn.com JakeZ@olmstedperry.com PROJECT TITLE: New St. Mary's Drainage District - Levee Improvements AGREEMENT NUMBER: 2019-FRF-0025 2/14/2020 **ACTIVITY COMPLETION TIMEFRAME:** 12/31/2020 to **FEDERAL** STATE LOCAL TOTAL \$ \$ TOTAL FUNDS APPROVED: 685,500 \$ 685,500 TOTAL FUNDS EXPENDED TO DATE: \$ \$ 285,327 \$ \$ 285,327 \$ \$ \$ \$ PROJECT OVERRUN/ (UNDERRUN): (400, 173)(400, 173)The percentage of actual work that has been completed at the end of 100% the reporting period (not a % of funds expended) The estimated cost of the project at completion (which may even \$ 285,327 exceed the awarded amount) Type of Expense Budget Federal/ **Total Expended** Remaining Local/ & Funding Source (from Application) to Date Balance State Flood Recovery Fund \$ 685,500 Debris and Silt Removal 216,327 Engineering \$ 69,000 **TOTAL** \$ 285,327 400,173 \$ \$ **TOTAL** \$ Ś Total Project Budget Summary \$ 685,500 285,327 400,173 **Total Expended to FEDERAL** STATE LOCAL **FUNDING SOURCE:** (from Application) (from Application) (from Application) **Date** Flood Recovery Fund 285,327.00 \$

\$

\$

285,327.00

\$

	oject Status- entire oject (Check One)	accomplishments	nificant activities this bi-annual tern to the objectives identified in your changes or delays, please explain re	application. Attac		
On Schedule Delayed Canceled X Completed Suspended  On Schedule Delayed All work has been completed as of June 19, 2020.						
	App	ication Work	Schedule (Milestones)		Milestone Status	
#		Descript	ion:	Submitted Completion Date:	Actual Completion Date:	
1	Silt Removal			6/1/2020	6/19/2020	
2						
3						
Per	rson Completing this	Report:	Jacob F. Zimmerer,	PE		
		Date:	11/14/2020			
	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.					
	approved pro	oject plan and stat	e and federal regulations and policie Signature on file	es governing this a		
	approved pro	oject plan and stat	e and federal regulations and policie	es governing this a		
	approved pro	oject plan and stat	e and federal regulations and policie Signature on file	es governing this a		
	approved pro	oject plan and state	e and federal regulations and policions Signature on file prized Representative or Governa	es governing this a		
	approved pro	oject plan and state gnature of Autho Name of Authoriz	e and federal regulations and policie Signature on file rized Representative or Governn John Poore	es governing this a mental Entity ental Entity		
	approved pro	gnature of Autho Name of Authoria	e and federal regulations and policie Signature on file rized Representative or Governn John Poore zed Representative or Governme	mental Entity ental Entity		



PERIOD COVERED BY THIS REPORT 5/1/2020 10/31/2020 to LOCAL CONTACT NAME: Dennis Lincoln Plattville Drainage District **GOVERNMENTAL ENTITY:** 18031 US Hwy 34 ADDRESS: Pacific Junction, IA 51561 **TELEPHONE NUMBER:** 402-679-1764 lincolnridgeview@hotmail.com JakeZ@olmstedperry.com PROJECT TITLE: Plattville Drainage District - Levee Improvements AGREEMENT NUMBER: 2019-FRF-0026 2/14/2020 **ACTIVITY COMPLETION TIMEFRAME:** 12/31/2020 to **FEDERAL** STATE LOCAL TOTAL \$ \$ TOTAL FUNDS APPROVED: 425,700 \$ 425,700 TOTAL FUNDS EXPENDED TO DATE: \$ \$ 671,612 \$ \$ 671,612 \$ \$ \$ \$ PROJECT OVERRUN/ (UNDERRUN): 245,912 245,912 The percentage of actual work that has been completed at the end of 50% the reporting period (not a % of funds expended) The estimated cost of the project at completion (which may even \$ 1,266,612 exceed the awarded amount) Type of Expense Budget **Total Expended** Remaining & Funding Source (from Application) to Date Balance Flood Recovery Fund \$ 425,700 Debris & Silt Removal 22,250 **Pumping Station Removal** \$ Construction and Repair \$ 86,724 500,000 Fill material \$ 504,938 Engineering \$ 57,700 95,000 **TOTAL** \$ 671,612 595,000 \$ \$ **TOTAL** \$ \$ \$ Total Project Budget Summary 425,700 671,612 \$ 595,000 **Total Expended to FEDERAL** STATE LOCAL **FUNDING SOURCE:** (from Application) **Date** (from Application) (from Application) 425,700.00 Flood Recovery Fund \$ \$ \$ \$ \$ \$ \$ \$ **Total Project Funding Source** 425,700.00

	oject Status- entire oject (Check One)	accomplishments	nificant activities this <b>bi-annual ter</b> i to the objectives identified in your changes or delays, please explain re	application. Atta		
	On Schedule Delayed Canceled x Completed Suspended  On Schedule Work on the debris removal, berm restoration, and silt removal has been delayed due to the the potential of changing the alignment the section of levee where the sits.					
	Арр	lication Work	Schedule (Milestones)		Milestone Status	
#		Submitted Completion Date:	Actual Completion Date:			
1	Debris Removal			6/1/2020	7/10/2020	
2	Embankment & Cru	ished Rock Install	ation	6/1/2020	6/1/2021	
3						
4						
Pe	rson Completing this	Report:	Jacob F. Zimmerer,	PE		
		Date:	11/14/2020			
	I, the undersigned, he	reby certify that th	e above information is accurate and	d true, and in acco	rdance with the	
	approved pr	oject plan and stat	e and federal regulations and polici	es governing this	award.	
			Signature on file			
	Si	gnature of Autho	rized Representative or Governi	mental Entity		
			Dennis Lincoln			
		Name of Authoriz	zed Representative or Governm	ental Entity		
		Instru	ictions to complete this form			
	Areas shaded	are to be compl	eted by State HSEMD Personnel			
	Areas shaded	are to be compl	eted by the governmental entity	y or authorized a	administrator.	



PERIOD COVERED BY THIS REPORT 5/1/2020 10/31/2020 to

LOCAL CONTACT NAME: Richard Hansen

**GOVERNMENTAL ENTITY:** Honey Creek Drainage District #6

ADDRESS: 31185 Old Lincoln Hwy

Honey Creek, IA 51542

**TELEPHONE NUMBER:** 402-651-3884 dshansen@wiaw.net

PROJECT TITLE: Honey Creek Drainage District #6 - Levee Improvements

2019-FRF-0027 AGREEMENT NUMBER:

ACTIVITY COMPLETION TIMEFRAME:		2/14/2020		to		12/31/2020		
		FEDERAL		STATE	(	STATE (FRF only)		TOTAL
TOTAL FUNDS APPROVED:	\$	-	\$	-	\$	652,519.30	\$	652,519.30
TOTAL FUNDS EXPENDED TO DATE:	\$	3,735,759	\$	492,076.56	\$	652,519.30	\$	4,880,355.06
PROJECT OVERRUN/ (UNDERRUN):	\$	3,735,759	\$	492,076.56	\$	-	\$	4,227,835.76
The percentage of actual work that has	bee	n completed	at	the end of				100%
the reporting period (not a % of funds e	xpe	nded)						100%
The estimated cost of the project at cor	nple	tion (which	ma	y even	\$			4,960,262
exceed the awarded amount)					_			4,500,202
Type of Expense		Budget		Federal/	To	tal Expended		Remaining
& Funding Source	(fro	om Application)		Local/ State		to Date		Balance
Engineering/Contractual Services:	\$	538,022.00						
Engineering				Federal	\$	114,508		
				State	\$	9,243		
				State-FRF	\$	13,865		
				Local				
Legal, Finance, Contingency				Federal	\$	124,774		
				State	\$	16,636		
				State-FRF	\$	24,955		
				Local				
TOTAL					\$	303,980	\$	234,042
Construction:	\$	3,805,440			Ş	303,360	Ą	234,042
Hauling of Fill Material	7	3,003,440		Federal	\$	2,264,612		
				State	\$	301,948		
				State-FRF	\$	367,327		
				Local	\$	85,596		
Levee Repairs				Federal	\$	1,231,866		
				State	\$	164,249		
				State-FRF	\$	246,373		

			Local					
	TOTAL			\$ 4,661,970	\$ (856,530)			
Total Project Budget S	ummary	\$ 4,343,462		\$ 4,965,950.58	\$ (622,488.58)			
FUNDING SC	OURCE:	FEDERAL (from Application)	STATE (from Application)	STATE - FRF (from Application)	Total Expended to Date			
Flood Recovery Fund				\$ 652,519	\$ 652,519.30			
FEMA - Public Assistance		\$ 3,735,759			\$ 3,735,759.20			
State - Local Match			\$ 492,077		\$ 492,076.56			
Honey Creek DD					\$ 85,595.52			
					\$ -			
Total Project Funding	Source	\$ 3,735,759	\$ 492,077	\$ 652,519	\$ 4,965,950.58			
Project Status- entire project (Check One)	accomplishments	s to the objectives	this <b>bi-annual ter</b> identified in your s, please explain re	application. Atta				
On Schedule Delayed Canceled X Completed Suspended		All Work Complete						
Арр	lication Work	k Schedule (I	Milestones)		Milestone Status			
#	Descript	tion:		Submitted Completion Date:	Actual Completion Date:			
1 Full scope of work				5/1/2020	10/31/2020			
2								
3								
4								
Person Completing this	s Report:	Jor	nathan P. Roseng	gren				
I, the undersigned, he approved pr	Date: ereby certify that th roject plan and stat	ne above informati						
		Signature c	on file					
Si	ignature of Autho	rized Represent	ative or Govern	mental Entity				
		Richard Ha	insen					
	Name of Authori	zed Representat	tive or Governm	ental Entity				
Areas shaded				<del>_</del>				
	Areas shaded are to be completed by State HSEMD Personnel.							



PERIOD COVERED BY THIS REPORT 5/1/2020 10/31/2020 to LOCAL CONTACT NAME: Scott Belt **Nobles Lake Drainage District GOVERNMENTAL ENTITY:** 227 S 6th St ADDRESS: Council Bluffs, IA 51501 scott.belt@pottcounty-ia.gov **TELEPHONE NUMBER:** 402-651-3884 PROJECT TITLE: Nobles Lake Drainage District - Levee Improvements AGREEMENT NUMBER: 2019-FRF-0028 2/14/2020 **ACTIVITY COMPLETION TIMEFRAME:** 12/31/2020 to **FEDERAL** STATE-FRF LOCAL TOTAL \$ \$ TOTAL FUNDS APPROVED: 51,089.55 \$ 51,089.55 TOTAL FUNDS EXPENDED TO DATE: \$ \$ 10,678.01 \$ \$ 10,678.01 \$ PROJECT OVERRUN/ (UNDERRUN): \$ (40,411.54)\$ \$ (40,411.54)The percentage of actual work that has been completed at the end of 2% the reporting period (not a % of funds expended) The estimated cost of the project at completion (which may even \$ 154,800.00 exceed the awarded amount) Type of Expense Budget **Total Expended** Remaining & Funding Source (from Application) to Date Balance Flood Recovery Fund \$ 51,089.55 Construction 1,057.01 Engineering \$ 9,621.00 Legal \$ \$ **TOTAL** 10,678.01 40,411.54 \$ \$ \$ **TOTAL** \$ \$ \$ Total Project Budget Summary \$ 40,411.54 51,090 10,678.01 **Total Expended to FEDERAL** STATE-FRF LOCAL **FUNDING SOURCE: Date** (from Application) (from Application) (from Application) Flood Recovery Fund 51,090 10,678.01 \$ \$ \$ \$

Ś

51.090

10,678.01

\$

Total Project Funding Source

	Project Status- entire accomplishments to the objectives identified in your application. Attach parative. Status changes or delays, please explain reason.					
	On Schedule X Delayed Canceled Completed Suspended  The prolonged Missouri River backwater delayed identification of damages. Also, presence of row cropped fields adjacent to the damaged facility impeded topographic survey which consequently delayed design and construction until after harvest.  Completed Suspended  The prolonged Missouri River backwater delayed identification of damages. Also, presence of row cropped fields adjacent to the damaged facility impeded topographic survey which consequently delayed design and construction until after harvest.  Completed Suspended  Suspended					
	Appl	ication Work	Schedule (Milestones)		Milestone Status	
#		Descript	ion:	Submitted Completion Date:	Actual Completion Date:	
1	Full scope of work			4/1/2020		
2						
3						
4						
Per	rson Completing this	Report:	Troy J. Groth, P.E			
		Date:	11/13/2020			
			e above information is accurate and e and federal regulations and policion			
			Signature on file			
	Sig	nature of Autho	rized Representative or Governr	nental Entity		
			Scott Belt			
	ſ	Name of Authori	zed Representative or Governme	ental Entity		
		Instru	ictions to complete this form			
	Areas shaded	are to be compl	eted by State HSEMD Personnel	•		
	Areas shaded	are to be compl	eted by the governmental entity	or authorized a	administrator.	



PERIOD COVERED BY THIS REPORT 5/1/2020 to 10/31/2020

LOCAL CONTACT NAME: Frank Moran

GOVERNMENTAL ENTITY: Pigeon Creek Drainage District #2

ADDRESS: 25843 Old Lincoln Hwy

Honey Creek, IA 51542

STATE

STATE

(FRF only)

**TOTAL** 

TELEPHONE NUMBER: 402-651-3884 moranbeef1@msn.com

PROJECT TITLE: Pigeon Creek Drainage District #2 - Levee Improvements

**FEDERAL** 

AGREEMENT NUMBER: 2019-FRF-0029

ACTIVITY COMPLETION TIMEFRAME: 2/14/2020 to 12/31/2020

					_		
TOTAL FUNDS APPROVED:	\$	-	\$	-	\$	206,100	\$ 206,100
TOTAL FUNDS EXPENDED TO DATE:	\$	1,130,085	\$	147,214	\$	206,100	\$ 1,483,399
PROJECT OVERRUN/ (UNDERRUN):	\$	1,130,085	\$	147,214	\$	-	\$ 1,277,299
The percentage of actual work that ha	s bee	en complete	d at	the end of			000/
the reporting period (not a % of funds	ехре	ended)					95%
The estimated cost of the project at co	mpl	etion (which	may	/ even	\$		1,590,846
exceed the awarded amount)					۹.		1,550,640
Type of Expense		Budget	F	ederal/	Tot	al Expended	Remaining
O. Francisco Corres	,,,			Local/			D. L
& Funding Source	(fro	om Application)		State		to Date	Balance
Engineering/Contractual Services:	\$	272,500					
Engineering				Federal	\$	104,584	
				State	\$	10,480	
			0,	State-FRF	\$	15,720	
				Local			
Legal, Finance, Contingency				Federal	\$	41,996	
				State	\$	5,599	
			9	State-FRF	\$	8,399	
				Local			
TOTAL					\$	186,779	\$ 85,721
Construction:	\$	1,101,500					
Purchase & Hauling of Fill Material				Federal	\$	557,813	
				State	\$	74,375	
			9	State-FRF	\$	111,563	
				Local			
Damages				Federal	\$	8,147	
				State	\$	1,086	
			5	State-FRF	\$	1,629	
				Local			

	Ditch & Levee Repairs	Federal	\$	417,545	<u> </u>				
			State	\$	55,673				
				State-FRF	\$	68,789			
				Local	\$	14,720			
		TOTAL			\$	1,311,340	\$	(209,840)	
Tota	al Project Budget Su	ımmary	\$ 1,374,000		\$	1,498,119	\$	(124,119)	
	FUNDING SOL	JRCE:	FEDERAL (from Application)	STATE (from Application)		ATE - FRF m Application)		kpended to Date	
Floo	d Recovery Fund				\$	206,100	-	206,100.00	
	A - Public Assistance		\$ 1,130,085					130,084.96	
	e - Local Match			\$ 147,214	<u> </u>			147,213.54	
*PO	OTT- PC #2 DD				<u> </u>			14,720.00	
	II						\$	-	
Tota	al Project Funding S	ource	\$ 1,130,085	\$ 147,214	\$	206,100	\$ 1,4	498,118.50	
_	iect Status- entire iect (Check One)  On Schedule Delayed	Description of sig accomplishments narrative. Status	s to the objectives changes or delay	s identified in you vs, please explain	ır app reaso	olication. Att	ach pictu	ures and a	
ŀ	Canceled Completed Suspended  Transport of fill to the breach locations is complete. We are currently waiting for final quantities to close the hauling contract.								
<u></u>		ication Work	Schedule (N	Milestones)			Milesto	ne Status	
#		ication Work		Milestones)		ubmitted ompletion Date:	Actual C	one Status  Completion Date:	
				Vilestones)	Co	ompletion	Actual C	Completion	
	Appl			Milestones)	Co	ompletion Date:	Actual C	Completion	
1 4	Appl	Descript	ion:	Milestones)	Co	ompletion Date:	Actual C	Completion	
1 4 Pers	Appli Full scope of work son Completing this	Descript Report: Date:	Jon e above informati	athan P. Rosen 11/16/2020 ion is accurate ar	gren and tru	ompletion Date: 12/31/2020 e, and in acco	Actual C	Completion Date:	
1 4 Pers	Appli Full scope of work son Completing this the undersigned, here approved proj	Descript Report: Date: eby certify that the ject plan and state	Jon e above informati e and federal regu Signature o	athan P. Roseng 11/16/2020 ion is accurate ar ulations and police on file	gren ad tru	ompletion Date: 12/31/2020 e, and in accoverning this	Actual C	Completion Date:	
1 4 Pers	Appli Full scope of work son Completing this the undersigned, here approved proj	Descript Report: Date:	Jon e above informati e and federal regu Signature o	athan P. Roseng 11/16/2020 ion is accurate ar ulations and police on file	gren ad tru	ompletion Date: 12/31/2020 e, and in accoverning this	Actual C	Completion Date:	
1 4 Pers	Appli Full scope of work son Completing this the undersigned, here approved proj	Descript Report: Date: eby certify that the ject plan and state	Jon e above informati e and federal regu Signature o	athan P. Roseng 11/16/2020 ion is accurate ar ulations and polic on file ative or Govern	gren ad tru	ompletion Date: 12/31/2020 e, and in accoverning this	Actual C	Completion Date:	
1 4 Pers	Appli Full scope of work  son Completing this the undersigned, here approved proj	Descript Report: Date: eby certify that the ject plan and state	Jone above informatice and federal regularized Representative Mo	athan P. Roseng 11/16/2020 ion is accurate ar ulations and polic on file rative or Govern	gren 11	e, and in accoverning this	Actual C	Completion Date:	
1 4 Pers	Full scope of work  son Completing this the undersigned, here approved proj	Descript Report: Date: eby certify that the ject plan and state nature of Authoriz	Jon- e above informati e and federal regu- Signature o rized Represent Frank Mo zed Representat	athan P. Roseng 11/16/2020 ion is accurate ar ulations and polic on file ative or Govern oran tive or Governm	gren  and tru  ties gu  menta	e, and in accoverning this	Actual C	Completion Date:	



PERIOD COVERED BY THIS REPORT 5/1/2020 to 10/31/2020

LOCAL CONTACT NAME: Frank Moran

GOVERNMENTAL ENTITY: Pigeon Creek Drainage District #8

ADDRESS: 25843 Old Lincoln Hwy

Honey Creek, IA 51542

TELEPHONE NUMBER: 402-651-3884 moranbeef1@msn.com

PROJECT TITLE: Pigeon Creek Drainage District #8 - Levee Improvements

AGREEMENT NUMBER: 2019-FRF-0030

AGREEMENT NUMBER: 2019-FRF-0030							
ACTIVITY COMPLETION TIMEFRAME:	2/14/2020		to			12/31/2020	
		FEDERAL		STATE	STATE (FRF only)		TOTAL
TOTAL FUNDS APPROVED:					\$	8,400	\$ 8,400
TOTAL FUNDS EXPENDED TO DATE:	\$	43,456	\$	5,432	\$	8,400	\$ 57,288
PROJECT OVERRUN/ (UNDERRUN):	\$	43,456	\$	5,432	\$	-	\$ 48,888
The percentage of actual work that has the reporting period (not a % of funds		•	at tl	he end of			100%
The estimated cost of the project at co exceed the awarded amount)	mplet	ion (which	may	even	\$		58,176
Type of Evpense	Budget			odoral/	Total Expended		Remaining
Type of Expense	1	suaget	Г	ederal/	10	tai Expended	Remaining
& Funding Source		Application)		Local/ State	10	to Date	Balance
,, ,				Local/	101	•	_
& Funding Source	(from	n Application)		Local/	\$	•	_
& Funding Source Engineering/Contractual Services:	(from	n Application)		Local/ State		to Date	_
& Funding Source Engineering/Contractual Services:	(from	n Application)		Local/ State Federal	\$ \$ \$	to Date	_
& Funding Source Engineering/Contractual Services:	(from	n Application)		Local/ State Federal State	\$	to Date 13,636 1,456	_
& Funding Source Engineering/Contractual Services:	(from	n Application)		State Federal State State	\$ \$ \$	13,636 1,456 2,436	\$ _
& Funding Source  Engineering/Contractual Services:  Engineering	(from	n Application)		State Federal State State	\$ \$ \$ \$	13,636 1,456 2,436 887	\$ Balance
& Funding Source  Engineering/Contractual Services:  Engineering  TOTAL	(from	18,416	S	State Federal State State	\$ \$ \$	13,636 1,456 2,436 887	\$ Balance
& Funding Source  Engineering/Contractual Services:  Engineering  TOTAL  Construction:	(from	18,416	S	Federal State State Local	\$ \$ \$ \$	13,636 1,456 2,436 887 18,416	\$ Balance

				State-FRF	\$ 5,964		
					\$ -		
TOTAL					\$ 39,760	\$	-
Total Project Budget Summary	\$	58,176			\$ 58,176	\$	0
FUNDING SOURCE:		FEDERAL om Application)	(fr	STATE om Application)	TATE - FRF om Application)	Tot	tal Expended to Date
Flood Recovery Fund	\$	-	\$	-	\$ 8,400	\$	8,400.00
FEMA - Public Assistance	\$	43,456	\$	-	\$ -	\$	43,456.00
State - Local Match	\$	-	\$	5,432	\$ -	\$	5,432.00
Pigeon Creek #8 DD	\$	-	\$	-	\$ -	\$	887.00

43,456 \$

\$

**Total Project Funding Source** 

5,432 \$

8,400 \$

58,175.00

	oject Status- entire oject (Check One)	accomplishments	Description of significant activities this <b>bi-annual term.</b> Include comparison of actual accomplishments to the objectives identified in your application. Attach pictures and a narrative. Status changes or delays, please explain reason.					
	On Schedule Delayed Canceled X Completed Suspended	Fill and reshape several holes located along the DD 8 Open Ditch. Work completed in July 2019						
	Appl	lication Work	Schedule (Milestones)		Milestone Status			
#		Submitted Completion Date:	Actual Completion Date:					
1	Construction			7/1/2019	7/1/2019			
2								
3 4 5	No change	from previous re	port, all work complete					
Pei	son Completing this	Report:	Jonathan P. Roseng	ren				
		Date:	11/13/2020					
	_		e above information is accurate and e and federal regulations and policie					
	Signature on file							
	Sig	gnature of Autho	rized Representative or Governr	nental Entity				
Frank Moran								
Name of Authorized Representative or Governmental Entity								
	Areas shaded are to be completed by State HSEMD Personnel.  Areas shaded are to be completed by the governmental entity or authorized administrator.							



PERIOD COVERED BY THIS REPORT 10/31/2020 5/1/2020 to

LOCAL CONTACT NAME: Roger Clark

**GOVERNMENTAL ENTITY:** Sac Drainage District

ADDRESS: 15273 Missouri Ave Crescent, IA 51526

402-651-3884 rogerclark56@q.com

**TELEPHONE NUMBER:** PROJECT TITLE: Sac Drainage District - Levee Improvements

2019-FRF-0031 AGREEMENT NUMBER:

AGINELIVIE INDIVIDEN.	2013-1 KI -0031			
ACTIVITY COMPLETION TIMEFRAME:	2/14/2020	to	12/31/2020	
	FEDERAL	STATE	STATE (FRF only)	TOTAL
TOTAL FUNDS APPROVED:			\$ 42,403.50	\$ 42,403.50
TOTAL FUNDS EXPENDED TO DATE:	\$ 17,363	\$ 2,315.00	\$ 34,021.02	\$ 53,698.52
PROJECT OVERRUN/ (UNDERRUN):	\$ 17,363	\$ 2,315.00	\$ (8,382.48)	\$ 11,295.02
The percentage of actual work that has the reporting period (not a % of funds or		d at the end of		100%
The estimated cost of the project at cole exceed the awarded amount)	\$	53,698.52		
Type of Expense	Budget	Federal/	Total Expended	Remaining
& Funding Source	(from Application)	Local/ State	to Date	Balance
Construction	\$ 42,403,50			

Type of Expense	Budget	Federal/	Total Expended	Remaining
& Funding Source	(from Application)	Local/ State	to Date	Balance
Construction	\$ 42,403.50			
Excavation & Repair		Federal	\$ 17,362.50	
		State	\$ 2,315.00	
		State-FRF	\$ 3,472.50	
		Local	\$ -	
TOTAL			\$ 23,150	\$ 19,254
Culvert Repairs		Federal	\$ -	
		State	\$ -	
		State-FRF	\$ 30,548.52	
		Local	\$ -	
TOTAL			\$ 30,549	\$ (30,549)
Total Project Budget Summary	\$ 42,404		\$ 53,698.52	\$ (11,295.02)

FUNDING SOURCE:			FEDERAL (from Application)		STATE (from Application)		STATE - FRF (from Application)		Total Expended to Date		
Flood Recovery Fund						\$	34,021	\$	34,021.02		
FEMA - Publc Assistance		\$	17,363					\$	17,362.50		
State - Local Match				\$	2,315	\$	-	\$	2,315.00		
Sac DD - Local Match								\$	-		
								\$	-		
Total Project Funding S	Source	\$	17,363	\$	2,315	\$	34,021	\$	53,698.52		
Project Status- entire project (Check One)	Description of sig accomplishments narrative. Status	to the	objectives	identi	fied in your	applica					
On Schedule Delayed Canceled X Completed Suspended	Delayed Canceled Completed  All work to remove deposited sediment and repair damaged banks and pipe have been completed. Additional Culvert Repairs Completed								have been		
Арр	lication Worl	k Sch	edule (1	<b>/</b> liles	stones)			Milest	one Status		
#	Descrip	tion:	, ,				Submitted Completion Date:		l Completion Date:		
1 Full scope of work							5/1/2020		3/1/2020		
2											
3 NO CHANGE FROM	PREVIOUS REPO	RT, AL	L WORK C	ОМР	LETE						
Person Completing this	Report:		Jon	athar	n P. Roseng	ren					
	Date:			11/	13/2020						
I, the undersigned, her				on is	accurate and				with the		
	Signature on file										
Sig	gnature of Autho	rized f	Represent	ative	or Governi	menta	l Entity				
			Marty Sur	nmy							
Name of Authorized Representative or Governmental Entity											
Instructions to complete this form											
Areas shaded are to be completed by State HSEMD Personnel.  Areas shaded are to be completed by the governmental entity or authorized administrator.											



PERIOD COVERED BY THIS REPORT 5/1/2020 10/31/2020 to LOCAL CONTACT NAME: Lyle McIntosh GOVERNMENTAL ENTITY: Vanman Levee District ADDRESS: 31938 130th St Missouri Valley, IA 51555 **TELEPHONE NUMBER:** 402-651-3884 brkfarmer1@aol.com PROJECT TITLE: Vanman Levee District - Levee Improvements AGREEMENT NUMBER: 2019-FRF-0032 2/14/2020 12/31/2021 **ACTIVITY COMPLETION TIMEFRAME:** to **FEDERAL** STATE LOCAL TOTAL TOTAL FUNDS APPROVED: \$ \$3,369,106.70 \$ 3,369,106.70 TOTAL FUNDS EXPENDED TO DATE: \$ \$ 736,736.63 \$ 736,736.63 \$ PROJECT OVERRUN/ (UNDERRUN): \$ (2,632,370.07) \$ \$ (2,632,370.07) The percentage of actual work that has been completed at the end of 25% the reporting period (not a % of funds expended) The estimated cost of the project at completion (which may even 879,213.15 exceed the awarded amount) Type of Expense **Budget** Federal/ **Total Expended** Remaining Local/ & Funding Source (from Application) to Date **Balance** State **DeSoto Bend Project** \$3,027,104.08 \$ Land rights acquisition 63,189.00 Construction 162,899.10 Engineering \$ 139,404.50 Legal \$ 5,347.85 **TOTAL** \$ 370,840.45 2,656,263.63 Outside DeSoto Area Project 342.002.62 Construction 343,835.68 \$ Engineering \$ 22,060.50 Legal \$ **TOTAL** \$ 365,896.18 (23,893.56)Ś \$ \$ **TOTAL** \$ **Total Project Budget Summary** \$3,369,106.70 \$ 736,736.63 2,632,370.07 Total Expended to **FEDERAL** STATE LOCAL **FUNDING SOURCE:** (from Application) (from Application) (from Application) **Date** State FRF \$ 736,736.63 \$ \$ \$ \$ \$ \$ **Total Project Funding Source** \$ \$ \$ 736,736.63

_								
	Project Status- entire project (Check One)  Description of significant activities this bi-annual term. Include comparison of actual accomplishments to the objectives identified in your application. Attach pictures and narrative. Status changes or delays, please explain reason.							
	On Schedule  X Delayed Canceled Completed Suspended	Bids received for DeSoto Repairs, Tree Clearing nearly completed, awaiting IDNR Floodplain Permit for repairs to be completed. Outside DeSoto Plans are being prepped for bid letting, some repairs and debris removal completed						
	Арр	lication Worl	Schedule (Milestones)		Milestone Status			
#		Submitted Completion Date:	Actual Completion Date:					
1	DeSoto Project			8/1/2020				
2	Lower Vanman dar	nage sites		5/1/2020				
3								
5								
Pe	rson Completing thi	s Report:	Jonathan P. Roseng	ren				
		Date:	11/13/2020					
I,	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							
	Name of Authorized Representative or Governmental Entity							
	Instructions to complete this form  Areas shaded are to be completed by State HSEMD Personnel.							
	Areas shaded are to be completed by the governmental entity or authorized administrator.							



PERIOD COVERED BY THIS REPORT 5/1/2020 10/31/2020 to LOCAL CONTACT NAME: Ron Sargent Watkins Drainage District **GOVERNMENTAL ENTITY:** 146 Hickory Ridge Drive ADDRESS: Glenwood, IA 51534 402-690-2527 **TELEPHONE NUMBER:** rpsargent@yahoo.com JakeZ@olmstedperry.com PROJECT TITLE: Watkins Drainage District - Levee Improvements AGREEMENT NUMBER: 2019-FRF-0033 2/14/2020 **ACTIVITY COMPLETION TIMEFRAME:** 12/31/2020 to **FEDERAL** STATE LOCAL TOTAL \$ \$ TOTAL FUNDS APPROVED: 465,500 \$ 465,500 TOTAL FUNDS EXPENDED TO DATE: \$ \$ 304,186 \$ \$ 304,186 \$ \$ \$ PROJECT OVERRUN/ (UNDERRUN): (161,314)\$ (161,314)The percentage of actual work that has been completed at the end of 100% the reporting period (not a % of funds expended) The estimated cost of the project at completion (which may even Ś 304,186 exceed the awarded amount) Type of Expense Budget **Total Expended** Remaining & Funding Source (from Application) to Date Balance Flood Recovery Fund \$ 465,500 Debris and silt removal 36,250 Repair and replacement materials \$ 221,436 Construction \$ Engineering \$ 46.500 \$ **TOTAL** 304,186 161,314 \$ \$ \$ **TOTAL** \$ Ś \$ \$ Total Project Budget Summary 465,500 304,186 161.314 **Total Expended to** STATE LOCAL **FEDERAL FUNDING SOURCE: Date** (from Application) (from Application) (from Application) Flood Recovery Fund 304,186.00 \$ \$ \$ \$ **Total Project Funding Source** \$ \$ \$ 304,186.00

	Project Status- entire project (Check One)  Description of significant activities this bi-annual term. Include compariance accomplishments to the objectives identified in your application. Attach narrative. Status changes or delays, please explain reason.								
	On Schedule Delayed Canceled Completed Suspended	All work has be	All work has been completed as of July 10, 2020 and the project has been closed out.						
	Appl	lication Work	Schedule (Milestones)		Milestone Status				
#		Submitted Completion Date:	Actual Completion Date:						
1	Debris removal and	replacements		6/1/2020	7/10/2020				
2									
3									
_									
Pei	rson Completing this	Report:	Jacob F. Zimmerer,	PE					
		Date:	11/14/2020						
	_		e above information is accurate and e and federal regulations and policions						
	Signature on file								
	Sig	gnature of Autho	rized Representative or Governr	mental Entity					
	Ron Sargent								
Name of Authorized Representative or Governmental Entity									
	Instructions to complete this form								
	Areas shaded are to be completed by State HSEMD Personnel.								
	Areas shaded are to be completed by the governmental entity or authorized administrator.								