Flood Recovery Fund (FRF) Project Closeout Checklist

\boxtimes	Closeout Request Letter					
		Project Name Project Number Recipient Name De-Obligation Request/Reallocation Request	L601 Missouri River LB – Miller Sturgeon 2019-FRF-0019 L601 Missouri River LB – Miller Sturgeon FRF: \$292,882.60 non-FRF: \$ 000 \$292,882.60			
\boxtimes	Final Expenditure Report (certified by the recipient)					
			\$ 652,650			
	\boxtimes	Final/Actual Project Cost	\$359,767.40			
	\boxtimes	Approved FRF Share	\$359,767.40			
	\boxtimes	Final/Actual FRF Share	\$359,767.40			
	\boxtimes	Approved Non-FRF Share	\$ 000			
	\boxtimes	Final/Actual Non-FRF Share	\$ 000			
	\boxtimes	Duplication of Benefits, if any	None			
\boxtimes	Recipient Administrative Costs, if applicable N/A					
\boxtimes	TOTAL Project Cost Underrun (If applicable, include dollar amount) \$292,882.60					
\boxtimes	Project Completion Date 07/10/2020					
\boxtimes	Final Virtual Site Visit Date 03/01/2021 as per final construction photos provided by Recipient					
\boxtimes	List of Person(s) who completed Final Virtual Site Visit Carol Tomb 03/01/2021					
	Written certification that all Environmental/Historic conditions were met and all required permits were obtained. 03/02/2021					
	Include Engineer final site visit certification, with date of completion, that the project scope of work is completed to applicable codes and standards. $\frac{07}{10}$					
\boxtimes	Statement indicating that all reimbursements have been made to the recipient, if applicable. 03/02/2021					
\boxtimes	Photo of each project site after project completion (include location, line segment, etc) 03/01/2021					
\boxtimes	Coordinates in decimal degrees longitude and latitude with 6 decimal places and include a minus (-) to show west longitude. Same as application location maps					



STATE OF IOWA FLOOD MITIGATION PROGRAM FLOOD RECOVERY FUND PROGRESS REPORT

5/1/2020 PERIOD COVERED BY THIS REPORT 4/15/2021 to Chris Dashner LOCAL CONTACT NAME: L-601 Missouri River LB - Miller Sturgeon GOVERNMENTAL ENTITY: 310 10th Street ADDRESS: 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: \$ \$ 359,767.40 \$ 359,767.40 PROJECT OVERRUN/ (UNDERRUN): \$ \$ (292,882.60) \$ (292,882.60) 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 359,767.40 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 294,367.35 Construction and repair \$ Replacement materials \$ Removal of pumping station Engineering \$ 65,400.05 **TOTAL** \$ 359,767.40 292.882.60 \$ \$ TOTAL \$ Total Project Budget Summary \$ 652,650 \$ 359,767 292,883 Total Expended to **FEDERAL** STATE LOCAL **FUNDING SOURCE:** Date (from Application) (from Application) (from Application) Flood Recovery Fund 652,650 \$ 359,767.40 \$ \$ \$ \$

\$

652,650

359,767.40

Total Project Funding Source

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.					
	x	On Schedule Delayed Canceled Completed Suspended	Project has been completed as of July 10, 2020 and has been closed out.					
Application Work Schedule (Milestones)					Milestone Status			
#			Actual Completion Date:					
1	De	bris / Silt Remov	5/1/2020	7/10/2020				
2								
3 4								
5								
6								
Person Completing this Report:								
Date: 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								
Ronald M. Sargent, Chairperson								
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.							