### Closeout Request Letter

- **Project Name**: New St Mary’s Drainage District
- **Project Number**: 2019-FRF-0025
- **Recipient Name**: New St Mary’s Drainage District
- **De-Obligation**: FRF: $393,843.45  non-FRF: $0
- **Request/Reallocation Request**: $393,843.45

### Final Expenditure Report (certified by the recipient)

- **Total Approved Project Cost**: $685,500
- **Final/Actual Project Cost**: $291,656.55
- **Approved FRF Share**: $291,656.55
- **Final/Actual FRF Share**: $291,656.55
- **Approved Non-FRF Share**: $0
- **Final/Actual Non-FRF Share**: $0
- **Duplication of Benefits, if any**: None

### Recipient Administrative Costs, if applicable

- **N/A**

### TOTAL Project Cost Underrun (If applicable, include dollar amount)

- **$393,843.45**

### Project Completion Date

- **06/19/2020**

### Final Virtual Site Visit Date

- **04/05/2021 as per final construction photos provided by Recipient**

### List of Person(s) who completed Final Virtual Site Visit

- **Carol Tomb**  04/05/2021

### 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.

- **06/19/2020**

### Statement indicating that all reimbursements have been made to the recipient, if applicable.

- **03/02/2021**

### Photo of each project site after project completion (include location, line segment, etc)

- **04/05/2021**

### 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**

**PERIOD COVERED BY THIS REPORT:**

5/1/2020 to 4/15/2021

**LOCAL CONTACT NAME:**

John Poore

**GOVERNMENTAL ENTITY:**

New St. Mary's Drainage District

**ADDRESS:**

17628 Allis Road

Council Bluffs, IA 51503

**TELEPHONE NUMBER:**

402-306-6895  johnpoore@msn.com  JakeZ@olmstedperry.com

**PROJECT TITLE:**

New St. Mary's Drainage District - Levee Improvements

**AGREEMENT NUMBER:**

2019-FRF-0025

**ACTIVITY COMPLETION TIMEFRAME:**

2/14/2020 to 12/31/2020

<table>
<thead>
<tr>
<th>Type of Expense &amp; Funding Source</th>
<th>Federal (from Application)</th>
<th>State (from Application)</th>
<th>Local (from Application)</th>
<th>Total Expenditure to Date</th>
<th>Remaining Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flood Recovery Fund</td>
<td>$685,500</td>
<td>$219,621.05</td>
<td>$72,035.50</td>
<td>$291,656.55</td>
<td>- $393,843.45</td>
</tr>
<tr>
<td>Debris and Silt Removal</td>
<td>$685,500</td>
<td>$219,621.05</td>
<td>$72,035.50</td>
<td>$291,656.55</td>
<td>- $393,843.45</td>
</tr>
<tr>
<td>Engineering</td>
<td>$ -</td>
<td>$72,035.50</td>
<td>$ -</td>
<td>$72,035.50</td>
<td>- $393,843.45</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$ -</td>
<td>$291,656.55</td>
<td>$ -</td>
<td>$291,656.55</td>
<td>- $393,843.45</td>
</tr>
</tbody>
</table>

**Total Project Budget Summary**

$685,500  $291,656.55  $393,843.45

<table>
<thead>
<tr>
<th>FUNDING SOURCE:</th>
<th>FEDERAL (from Application)</th>
<th>STATE (from Application)</th>
<th>LOCAL (from Application)</th>
<th>Total Expended to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flood Recovery Fund</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$291,656.55</td>
</tr>
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<td>$ -</td>
</tr>
<tr>
<td><strong>Total Project Funding Source</strong></td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
<td>$291,656.55</td>
</tr>
</tbody>
</table>
### Project Status - entire project (Check One)

- [ ] On Schedule
- [ ] Delayed
- [ ] Canceled
- [x] Completed
- [ ] Suspended

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.

<table>
<thead>
<tr>
<th>#</th>
<th>Description</th>
<th>Submitted Completion Date:</th>
<th>Actual Completion Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Silt Removal</td>
<td>6/1/2020</td>
<td>6/19/2020</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
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<tr>
<td>4</td>
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</tbody>
</table>

All work has been completed as of June 19, 2020.

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**Application Work Schedule (Milestones)**

Person Completing this Report:

Date: 4/16/2021

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.

<table>
<thead>
<tr>
<th>Signature on File</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Poore</td>
</tr>
</tbody>
</table>

**Signature of Authorized Representative or Governmental Entity**

**Name of Authorized Representative or Governmental Entity**

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**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.