

Flood Recovery Fund (FRF)
Project Closeout Checklist

- 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: \\$ 000](#)
 - 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 [\\$ 000](#)
 - Final/Actual Non-FRF Share [\\$ 000](#)
 - 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 johnrpoore@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

	FEDERAL	STATE	LOCAL	TOTAL
TOTAL FUNDS APPROVED:	\$ -	\$ 685,500	\$ -	\$ 685,500
TOTAL FUNDS EXPENDED TO DATE:	\$ -	\$ 291,656.55	\$ -	\$ 291,656.55
PROJECT OVERRUN/ (UNDERRUN):	\$ -	\$ (393,843.45)	\$ -	\$ (393,843.45)
The percentage of actual work that has been completed at the end of the reporting period (not a % of funds expended)				100%
The estimated cost of the project at completion (which may even exceed the awarded amount)				\$ 291,656.55

Type of Expense & Funding Source	Budget (from Application)	Federal/ Local/ State	Total Expended to Date	Remaining Balance
Flood Recovery Fund	\$ 685,500			
Debris and Silt Removal			\$ 219,621.05	
Engineering			\$ 72,035.50	
TOTAL			\$ 291,656.55	\$ 393,843.45
	\$ -			
			\$ -	
			\$ -	
TOTAL			\$ -	\$ -
Total Project Budget Summary	\$ 685,500		\$ 291,656.55	\$ 393,843.45

FUNDING SOURCE:	FEDERAL (from Application)	STATE (from Application)	LOCAL (from Application)	Total Expended to Date
Flood Recovery Fund				\$ 291,656.55
				\$ -
				\$ -
				\$ -
				\$ -
Total Project Funding Source	\$ -	\$ -	\$ -	\$ 291,656.55

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.
<input type="checkbox"/> On Schedule <input type="checkbox"/> Delayed <input type="checkbox"/> Canceled <input checked="" type="checkbox"/> Completed <input type="checkbox"/> Suspended	All work has been completed as of June 19, 2020.

Application Work Schedule (Milestones)			Milestone Status
#	Description:	Submitted Completion Date:	Actual Completion Date:
1	Silt Removal	6/1/2020	6/19/2020
2			
3			
4			

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.

Signature on File

Signature of Authorized Representative or Governmental Entity

John Poore

Name of Authorized Representative or Governmental Entity

Instructions to complete this form	
Areas shaded <input type="checkbox"/>	are to be completed by State HSEMD Personnel.
Areas shaded <input type="checkbox"/>	are to be completed by the governmental entity or authorized administrator.