

Wednesday, August 18, 2021

NOTICE: This meeting will be held electronically and in-person. To access and participate in meetings remotely, please call 641-939-8108 for Zoom meeting information.

- 1. 8:30 A.M. REAP Committee Meeting Courthouse Large Conference Room
- 2. Approve Iowa River's Edge Trail Grant Application Submission

Documents:

REAP GRANT APPLICATION.PDF



IOWA DEPARTMENT OF NATURAL RESOURCES

Resource Enhancement and Protection



REAP GRANT APPLICATION

Email application to tammie.krausman@dnr.iowa.gov by August 15th by 4:30 P.M.

Please use the following format for the electronic application:

- Application should be one file (including all appendices, letters, etc.), saved as a pdf.
 - Name file: ApplicantName.Shortprojectname.FY17.pdf
 - File cannot exceed 20MB or 20,480KB. Compressed pdfs will be accepted.

1. GRANT PROGRAM		
Private/Public Open Space County Conser	vation 🛛 🔀 City Parks and Open S	Spaces
(For Private/Public - Name of DNR Field Staff involvent	ved in project:)	
2. APPLICATION CONTACT		
APPLICANT: City of Eldora	CONTACT PERSON: Chris Wieting	
EMAIL: Christ.Wieting@Thrivent.com	TELEPHONE: 641-858-2050	1
APPLICANT MAILING		
ADDRESS: 1442 Washington St	CITY & ZIP CODE: Eldora, Iowa 50	0627
PROJECT 911 ADDRESS (if		
available):	COUNTY: Hardin	
LATITUDE/LONGITUDE 42.361565, -93.1	04411	
(To find Lat/Long Coordinates: Go to Google Map. Right-click		elect What's
· · ·	the page, the coordinates will appear.)	
3. PROJECT DESCRIPTION & COSTS		
a. TITLE: Iowa River's Edge Trail		
b. PROJECT SUMMARY: (Maximum of 75 words sur This phase of the Iowa River's Edge Trail will ext terminus south of Hwy D35 to Hwy 175 (Edging this segment and beyond to Gifford south of Elo south to the Iowa River.	end the existing segment 4.4 miles from the cu ton Ave) in Eldora. It will also rehabilitate 7 brid	ges within
c. TYPE OF PROJECT AND COSTS: (For activities ass	ociated with this grant request only).	
Land acquisition*	Costs related to land acquisition: \$	
🔀 Development	Costs related to development: \$	1,856,497.25
Other, please	Costs related to other activities:	
describe:	\$_	
	AMOUNT OF REAP GRANT REQUESTED:	
	\$_	75,000
d. Amount of local or match money*: \$1,781,497.	25	
money*: \$1,781,497. *25% minimum match is required for Private/Public grants.		d county
4. PROJECT TIMELINE		
a. Is the project a portion of a larger, overall projec	t to be implemented over a multi-year period?	1
\square No \square Yes, Number of years: 10	Estimated overall cost: \$20,000,00	0

b. ESTIMATED PROJECT DATES

 Start:
 Oct. 1 2021
 Completion:
 Sept. 30 2022

5. ACQUISITION SCHEDULE (Acquisition Projects Only)

Code*	Parcel Number on Map or Photo	# of Acres	Estimated Date of Acquisition	Average Price Per Acre	Estimated Value of Land Acquisition without incidentals	Estimated Value of Existing Improvements to be Acquired	Total Cost
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		Prins-			-13(- 10k.		
		11 - E	1.000				
					- 1 X &		
TOTAL Parcels & Acres		TOTAL					
		Appraisal Costs					
*Code: 1. Negotiated Purchase 2. Condemnation 3. Donation		Survey Costs					
		Other Incidental Costs					·
		Grant Total Land Acquisition Cost					
		Overall Cost per Acre Including Incidental					

6. SIGNATURES

Upon signing in the space provided below, the applicant agrees to conform with the requirements in the following two paragraphs pertaining to ADA/Section 504 accessibility guidelines and civil rights assurance. (City and County Projects Only)

ASSURANCE OF COMPLIANCE WITH AMERICANS WITH DISABILITIES AND CIVIL RIGHTS ACTS

I, the undersigned, certify that the [City of Eldora or County Conservation Board] has reviewed Section 504 of the Rehabilitation Act of 1975, Title II of the American with Disabilities Act of 1990, the Age Discrimination Act of 1975, Title VI of the Civil Rights Act of 1964, and the Iowa Civil Rights Act of 1965, each Act as amended, and agrees to abide by all requirements from the Acts, associated regulations, guidance documents, and to any other related requirement imposed by federal or state law or the Iowa Department of Natural Resources, related to this project. Applicant-Recipient further agrees and gives full assurance that it will immediately take any and all measures necessary to effectuate the referenced laws and shall not, on the basis of race, color, creed, national origin, age, physical or mental ability, sex, sexual orientation, gender identity, religion, or retaliation, allow any person to be excluded from participation in, be denied the benefits of, or otherwise subject to discrimination under or from any project or activity undertaken by the Applicant-Recipient for which the Applicant-Recipient receives REAP grant dollars or other assistance from the Iowa Department of Natural Resources.

This assurance is binding on the Applicant-Recipient, its successors, transferees, and assignees, and the person or persons whose signature appears below are authorized to sign this assurance on behalf of the Applicant-Recipient.

Applicant's Signature and Date Aug 10, 2021

PRIVATE/PUBLIC GRANTS ONLY

Applicant's Signature and Date

Applicant's Title

CITY COUNCIL OR COUNTY CONSERVATION BOARD APPROVAL (City and County Projects Only)

I, the undersigned, certify that the city council of Eldora or County Conservation Board has on the date of reviewed this proposed project and approved its submittal for Resource Enhancement and Protection (REAP) grant consideration.

3 10,20

Date

Signature of Mayor or County Conservation Board Chair

COUNTY RESOURCE ENHANCEMENT COMMITTEE REVIEW/COMMENTS (Required for all grants) I, the undersigned, verify that the Hardin County Resource Enhancement Committee reviewed the proposed project for which this application is submitted. If the committee provided comments, a summary of those comments has been signed and dated by me and attached to this application.

Signature of Ch	air, County	Resource l	Enhancement	Committee
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For information on County REAP Committees, visit the REAP County Committee webpage.

MINORITY IMPACT STATEMENT (Required for all grants)

Pursuant to 2008 Iowa Acts, HF 2393, Iowa Code Section 8.11, all grant applications submitted to the State of Iowa which are due beginning January 1, 2009 shall include a Minority Impact Statement. This is the state's mechanism to require grant applicants to consider the potential impact of the grant project's proposed programs or policies on minority groups.

Please choose the statement(s) that pertains to this grant application. Complete all the information requested for the chosen statement(s).

The proposed grant project programs or policies could have a disproportionate or unique **positive** impact on minority persons.

• Describe the positive impact expected from this project:

🛄 Women	Latinos	American Indians
Persons with a Disability	Asians	🗌 Alaskan Native Americans
Blacks	Pacific Islanders	Other

- Describe the negative impact expected from this project:
- Present the rationale for the existence of the proposed program or policy:
- Provide evidence of consultation of representatives of the minority groups impacted:
- Indicate which group is impacted:

🗌 Women	Latinos	American Indians
Persons with a Disability	Asians	Alaskan Native Americans
Blacks	Pacific Islanders	Other

The proposed grant project programs or policies are not expected to have a disproportionate or unique impact on minority persons.

Present the rationale for determining no impact: This project improves the trail corridor making it safe and accessible for all potential users.

I hereby certify that the information on this form is complete and accurate, to the best of my knowledge:

ayuston	Acq	10/2021	N
Applicant's Signature and Date			Applica

DEFINITIONS

"Disability" as defined in Iowa Code § 15.201(12)"b"(1) means "with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of the individual, a record of physical or mental impairment that substantially limits one or more of

the major life activities of the individual, or being regarded as an individual with a physical or mental impairment that substantially limits one or more of the major life activities of the individual. "*Disability*" does not include any of the following:

- (a) Homosexuality or bisexuality.
- (b) Transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identify disorders not resulting from physical impairments, or sexual behavior disorders.
- (c) Compulsive gambling, kleptomania, or pyromania
- (d) Psychoactive substance abuse disorders resulting from current illegal use of drugs.

"Major life activity" as defined in Iowa Code section 15.102(12)"b"(2) includes "functions such as caring for one' self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working."

"Minority Persons" as defined by Iowa Code section 8.11(2)"b" means "individuals who are women, persons with a disability, African Americans, Latinos, Asian or Pacific Islanders, American Indians, and Alaskan Native Americans."

7. GRANT NARRATIVE

The outline below must be followed exactly. Use exact headings and reference numbers in the order presented in the outline. This section will be used by the REAP Review and Selection Committee for scoring purposes.

