



CITY & BOROUGH OF WRANGELL PUBLIC INFORMATION MEETING AGENDA

**Tuesday, June 9, 2015
6:15 p.m.**

Location: Assembly Chambers, City Hall

1. Call to Order
2. Roll Call
3. Items of Business:

The purpose for this public information meeting is to provide detailed information about these proposals and provide an opportunity for the public to ask questions and submit comments. Any written comments regarding the following two (2) applications should be provided by June 13, 2015 to USDA Rural Development.

- a. An application to the Community Facilities Program to purchase a police car
 - b. An application to the Waste Water Program for construction funds for the rehabilitation of two sewer lift stations
4. Written Testimony
5. Adjournment

Agenda Item 3 a & b

CITY & BOROUGH OF WRANGELL

BOROUGH ASSEMBLY PUBLIC INFORMATION MEETING AGENDA ITEM June 9, 2015

INFORMATION:

The purpose for this public information meeting is to provide detailed information about these proposals and provide an opportunity for the public to ask questions and submit comments. Any written comments regarding the following two (2) applications should be provided by June 13, 2015 to USDA Rural Development.

Attachments:

1. An application to the Community Facilities Program to purchase a police car
2. An application to the Waste Water Program for construction funds for the rehabilitation of two sewer lift stations

Application for Federal Assistance SF-424

Version 02

***1. Type of Submission:**

- ☒ Preapplication
- ☐ Application
- ☐ Changed/Corrected Application

***2. Type of Application**

- ☒ New
- ☐ Continuation
- ☐ Revision

* If Revision, select appropriate letter(s)

*Other (Specify) _____

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: City and Borough of Wrangell, AK

*b. Employer/Taxpayer Identification Number (EIN/TIN):
926000144*c. Organizational DUNS:
083353854**d. Address:**

*Street 1: Box 531

Street 2: _____

*City: Wrangell

County: _____

*State: AK

Province: _____

*Country: USA

*Zip / Postal Code 99929

e. Organizational Unit:

Department Name:
Wrangell Public Safety

Division Name:
Wrangell Police Department

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: _____ *First Name: Doug

Middle Name: _____

*Last Name: McCloskey

Suffix: _____

Title: Wrangell Police Chief

Organizational Affiliation:

*Telephone Number: 907-874-3304

Fax Number:

*Email: wrgakpd@aptalaska.net

Application for Federal Assistance SF-424

Version 02

***9. Type of Applicant 1: Select Applicant Type:**

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Wrangell

***15. Descriptive Title of Applicant's Project:**

Public Safety Police Car purchase

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: Alaska

*b. Program/Project: Alaska

17. Proposed Project:

*a. Start Date: 7/1/15

*b. End Date: 12/31/15

18. Estimated Funding (\$):

*a. Federal	27489
*b. Applicant	9163
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	35252

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on _____
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☒ c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: _____ *First Name: Jeff

Middle Name: _____

*Last Name: Jabusch

Suffix: _____

*Title: Borough Manager

*Telephone Number: 9078742381

Fax Number: 9078743952

* Email: manager@wrangell.com

*Signature of Authorized Representative: 

*Date Signed: 4/21/15

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Community Facilities				
a. Personnel	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
b. Fringe Benefits	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Travel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Equipment	35252	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Supplies	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Contractual	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. Construction	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
h. Other Transport	1400	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
i. Total Direct Charges (sum of 6a-6h)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
j. Indirect Charges	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
k. TOTALS (sum of 6i and 6j)	\$ 36,652	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
7. Program Income	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Authorized for Local Reproduction

Standard Form 424A (Rev. 7- 97)
Prescribed by OMB (Circular A -102) Page 1A

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation *Other (Specify) _____ <input type="checkbox"/> Revision	
3. Date Received: _____ 4. Applicant Identifier: _____		
5a. Federal Entity Identifier: _____		*5b. Federal Award Identifier: _____
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
*a. Legal Name: City and Borough of Wrangell		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 926000144	*c. Organizational DUNS: 083353854	
d. Address:		
*Street 1: <u>Box 531</u> Street 2: _____ *City: <u>Wrangell</u> County: _____ *State: <u>AK</u> Province: _____ *Country: <u>USA</u> *Zip / Postal Code <u>99929</u>		
e. Organizational Unit:		
Department Name: Public Works	Division Name: Sewer Utility Fund	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____ *First Name: <u>Amber</u> Middle Name: _____ *Last Name: <u>Al-Haddad</u> Suffix: _____		
Title: Public Works Director		
Organizational Affiliation: City and Borough of Wrangell		
*Telephone Number: 907-874-3904		Fax Number: _____
*Email: aal-haddad@wrangell.com		

Application for Federal Assistance SF-424

Version 02

***9. Type of Applicant 1: Select Applicant Type:**

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

USDA Rural Development

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Wrangell

***15. Descriptive Title of Applicant's Project:**

Two Sewer Pump Stations Replacement

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: Alaska

*b. Program/Project: Alaska

17. Proposed Project:

*a. Start Date: July 1, 2015

*b. End Date:

18. Estimated Funding (\$):

*a. Federal	182033.25
*b. Applicant	60677.75
*c. State	
*d. Local	
*e. Other CDBA	728134
*f. Program Income	
*g. TOTAL	970845

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- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
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** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: _____ *First Name: Jeff

Middle Name: _____

*Last Name: Jabusch

Suffix: _____

*Title: Borough Manager

*Telephone Number: 907-874-2381

Fax Number:

* Email: manager@wrangell.com

*Signature of Authorized Representative: 

*Date Signed: 7/30/15

BUDGET INFORMATION - Construction Programs

OMB Approval No. 4040-0008
Expiration Date 04/30/2008

NOTE: Certain Federal assistance programs require additional computations to arrive at the Federal share of project costs eligible for participation. If such is the case, you will be notified.

COST CLASSIFICATION	a. Total Cost	b. Costs Not Allowable for Participation	c. Total Allowable Costs (Columns a-b)
1. Administrative and legal expenses	\$ 29,125.00	\$	\$ 29,125.00
2. Land, structures, rights-of-way, appraisals, etc.	\$	\$	\$ 0.00
3. Relocation expenses and payments	\$	\$	\$ 0.00
4. Architectural and engineering fees	\$ 131,293.00	\$	\$ 131,293.00
5. Other architectural and engineering fees	\$	\$	\$ 0.00
6. Project inspection fees	\$ 37,373.00	\$	\$ 37,373.00
7. Site work	\$	\$	\$ 0.00
8. Demolition and removal	\$	\$	\$ 0.00
9. Construction	\$ 702,777.00	\$	\$ 702,777.00
10. Equipment	\$	\$	\$ 0.00
11. Miscellaneous	\$	\$	\$ 0.00
12. SUBTOTAL (sum of lines 1-11)	\$ 900,568.00	\$ 0.00	\$ 900,568.00
13. Contingencies	\$ 70,277.00	\$	\$ 70,277.00
14. SUBTOTAL	\$ 970,845.00	\$ 0.00	\$ 970,845.00
15. Project (program) income	\$	\$	\$ 0.00
16. TOTAL PROJECT COSTS (subtract #15 from #14)	\$ 970,845.00	\$ 0.00	\$ 970,845.00
FEDERAL FUNDING			
17. Federal assistance requested, calculate as follows: (Consult Federal agency for Federal percentage share.) Enter eligible costs from line 16c Multiply X 75 % Enter the resulting Federal share.			\$ 728,133.75