

RESOLUTION 02-02-2021 A RESOLUTION APPROVING NRCS FUNDING INCREASE FOR FINAL DESIGN OF EAST SIDE DEBRIS BASIN

BE IT HEREBY RESOLVED:

SECTION 1: The following documents represent an increase in NRCS funding for the final design of the East Side Debris Basin.

SECTION 2: This Resolution shall become effective upon passage.

Approved on this 16th day of February, 2021.

City of Santaquin,

Kirk 7. Hunsaker, Mayor

Attest:

K. Aaron Shirley. City Recorde

OMB Number: 4040-0004 Expiration Date: 12/31/2019

| Application for Federal Assistance SF-424 | | | | | | | | | | |
|---|----------------------------|-----------------------|----------------------|---------------|--|----------------------------------|--|---------|---|---|
| * 1. Type of Submissio Preapplication Application Changed/Correct | | ☐ Ne | ew ontinuation | | Revision, select appropriate A: Inc. ther (Specify): | priate letter(s): rease Award | | | | |
| * 3. Date Received: 12/21/2020 | | Applicant Identifier: | | | | | | | | |
| 5a. Federal Entity Identifier: | | | | 5 | b. Federal Award Ide | entifier: | | | 1 | |
| State Use Only: | | | | | | | | | | |
| 6. Date Received by State: | | | 7. State Application | lden | ntifier: | | | | | |
| 8. APPLICANT INFORMATION: | | | | | | | | <u></u> | | |
| * a. Legal Name: Santaquin City | | | | | | | | | | |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): 87-6000900 * c. Organizational DUNS: 1687376820000 | | | | | | | | | | |
| d. Address: | | | | | | | | | | |
| Street2: | 275 West Main Santaquin | Stree | t | | | | | | |] |
| * State: | | | | | UT: Utah |] 1 | | | | |
| * Country: | | | | USA: UNITED S | STATES | | | | | |
| * Zip / Postal Code: 84655-0000 | | | | | | | | | | |
| e. Organizational Un Department Name: | iit: | | | | Division Name: | | | | | |
| f. Name and contact | information of p | erson to | be contacted on ma | atte | rs involving this ap | oplication: | | | | |
| Prefix: Middle Name: * Last Name: Reev Suffix: | res |] | * First Name | 9: | Ben | | | | | |
| | City Administ | rator | | | | | | | | |
| Title: Santaquin City Administrator Organizational Affiliation: | | | | | | | | | | |
| * Telephone Number: 801-754-3211 Fax Number: | | | | | | | | | | |
| *Email: breeves@santaquin.org | | | | | | | | | | |

| Application for Federal Assistance SF-424 | | | | | | | |
|---|--|--|--|--|--|--|--|
| * 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 - Natural Resources Conservation Service | | | | | | | |
| 11. Catalog of Federal Domestic Assistance Number: | | | | | | | |
| 10.904 | | | | | | | |
| CFDA Title: | | | | | | | |
| Watershed Protection and Flood Prevention | | | | | | | |
| * 12. Funding Opportunity Number: | | | | | | | |
| | | | | | | | |
| * Title: | | | | | | | |
| Watershed Protection and Flood Prevention | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 13. Competition Identification Number: | | | | | | | |
| | | | | | | | |
| Title: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 14. Areas Affected by Project (Cities, Counties, States, etc.): | | | | | | | |
| Add Attachment Delete Attachment View Attachment | | | | | | | |
| | | | | | | | |
| * 15. Descriptive Title of Applicant's Project: | | | | | | | |
| Santaquin City Supplemental Plan-EA for the addition of flood control structures. | | | | | | | |
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| | | | | | | | |
| Attach supporting documents as specified in agency instructions. | | | | | | | |
| Add Attachments Delete Attachments View Attachments | | | | | | | |

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| Application for Federal Assistance SF-424 | | | | | | | |
|--|--|--|--|--|--|--|--|
| 16. Congressional Districts Of: | | | | | | | |
| * a. Applicant UT-4 * b. Program/Project UR-4 | | | | | | | |
| Attach an additional list of Program/Project Congressional Districts if needed. | | | | | | | |
| Add Attachment Delete Attachment View Attachment | | | | | | | |
| 17. Proposed Project: | | | | | | | |
| * a. Start Date: 01/15/2018 * b. End Date: 09/30/2021 | | | | | | | |
| 18. Estimated Funding (\$): | | | | | | | |
| * a. Federal 1,528,125.00 | | | | | | | |
| * b. Applicant | | | | | | | |
| * c. State | | | | | | | |
| * d. Local | | | | | | | |
| * e. Other | | | | | | | |
| * f. Program Income | | | | | | | |
| * g. TOTAL 1,528,125.00 | | | | | | | |
| * 19. Is Application Subject to Review By State Under Executive Order 12372 Process? | | | | | | | |
| \nearrow a. This application was made available to the State under the Executive Order 12372 Process for review on $11/21/2017$. | | | | | | | |
| 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 in attachment.) | | | | | | | |
| Yes No | | | | | | | |
| If "Yes", provide explanation and attach | | | | | | | |
| Add Attachment Delete Attachment View Attachment | | | | | | | |
| 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: Kirk | | | | | | | |
| Middle Name: F. | | | | | | | |
| * Last Name: Hunsaker | | | | | | | |
| Suffix: | | | | | | | |
| * Title: Mayor | | | | | | | |
| * Telephone Number: 801-754-3211 Fax Number: | | | | | | | |
| * Email: breeves@santaquin.org | | | | | | | |
| * Signature of Authorized Representative: * Date Signed: | | | | | | | |



OCT 0 7 2020

The Honorable John Curtis U.S. House of Representatives 125 Cannon Office Building Washington, D.C. 20515

Dear Congressman Curtis:

Protecting our Nation's watersheds and enhancing the quality of natural resources are important mutual goals of this Administration. Because of this emphasis, we are pleased to notify you and your congressional colleagues that the Natural Resources Conservation Service (NRCS) has authorized federal assistance for Supplement No. 1 to the Santaquin Watershed Plan. Work on this project is being conducted under the authority of the Watershed Protection and Flood Prevention Act (Public Law 83-566). Locally, the project is sponsored by Santaquin City. This project will construct five debris basins to address flood and debris flows that threaten residential/commercial properties and critical public infrastructure in Santaquin City.

The cost of Supplement No. 1 to the Santaquin Watershed Plan is estimated to be \$12,279,600, of which \$9,104,800 will be paid by Public Law 83-566 funds. The amount to be paid by the sponsor (Santaquin City) with local funding is \$3,174,800.

NRCS staff will contact you within 30 days to provide specific information regarding this project, such as responsibility for implementation and other anticipated benefits.

If you have any questions, please do not hesitate to contact Emily Fife, Utah State Conservationist, at emily.fife@usda.gov or 801/524-4550.

A public announcement will not be made until five (5) days after the date of this letter.

Sincerely,

Kevin D. Norton

Acting Chief

Natural Resources Conservation Service