DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

OMB Number: 4040-0013 Expiration Date: 02/28/2022

1. * Type of Federal Action:	0 * 04-4 4 5-1	1.4		
	2. * Status of Fede	SAN MANUAL PROPERTY OF THE PRO	3. * Report Type	e:
a. contract	a. bid/offer/applica	ation	a. initial filing	
b. grant	b. initial award		b. material cha	ange
c. cooperative agreement	c. post-award			
d. loan	_			
e. loan guarantee				
f. loan insurance				
A Name and Address of Day artis	F-44			
4. Name and Address of Reporting	Entity:			
Prime SubAwardee				
* Name Fremont County		7		
* Street 1 506 Filmore St		Street 2		
* City	□ State □			
Sidney	State IA: Iowa			Zip 51652
Congressional District, if known: 3				
5. If Reporting Entity in No.4 is Subav	vardee Enter Name	and Address of Pri	me:	
g g g	indille	and Address of FILE	110.	
*				
6. * Federal Department/Agency:		7. * Federal Progr	am Nama/Dagari	ntion
			alli Nallie/DeScri	ption.
FEMA		PDM		
	A STATE OF THE STA			
	2007	CFDA Number, if applicable	e: 97.047	
8. Federal Action Number, if known:		9. Award Amount	if known:	
,				
		\$	18,000.00	
10. a. Name and Address of Lobbying	Danietus ut.	L		
	Registrant:			
Prefix * First Name NA		Middle Name	****	1
* Last Name		Suffix		J
NA		Julia		
* Street 1	SI	treet 2		
104				
* City	State		Z	tip
b. Individual Performing Services (included)	ling address if different from No.	10a)		
Prefix * First Name		Middle Name		¬
NA NA				
* Last Name		Suffix		•
* Street 1		treet 2		
* City	State		Zi	p
11. Information requested through this form is authorized by	y title 31 U.S.C. section 1352. T	his disclosure of lobbying activ	ties is a material represent	ation of fact upon which
reliance was placed by the tier above when the transac the Congress semi-annually and will be available for pu	lion was made or entered into. T blic inspection. Any person who	his disclosure is required pursu fails to file the required disclosi	ant to 31 U.S.C. 1352. This	s information will be reported to
\$10,000 and not more than \$100,000 for each such fail	re.	and required discios	a. a orian de aubject to a CIV	" poriarly or not less trial?
* Signature:				
- anoug Heren	4			
*Name: Prefix *First Name	Randy	Middle Nam	e	
*Last Name		Suffix		
makey		Sumx		
Title: Chairman Fremont Co. P	Telephone No.:		Date: 4/16	22
Charling Carlow (B. C	~			00
Federal Use Only:				for Local Reproduction orm - LLL (Rev. 7-97)
The state of the s			THE RESERVE OF THE PARTY OF THE	

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* APPLICANT'S ORGANIZATION	
Fremont County	
* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE Prefix:	
* SIGNATURE: Alendy Hickory * DATE: 4/6/6	李

FEDERAL EMERGENCY MANAGEMENT AGENCY CERTIFICATIONS REGARDING LOBBYING; DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature on this form provides for compliance with certification requirements under 44 CFR Part 18, "New Restrictions on Lobbying; and 28 CFR Part 17, "Government-wide Debarment and suspension (Nonprocurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Federal Emergency Management Agency (FEMA) determines to award the covered transaction, grant, or cooperative agreement.

1. LOBBYING

- A. As required by section 1352, Title 31 of the U.S. Code, and implemented at 44 CFR Part 18, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 44 CFR Part 18, the applicant certifies that:
- (a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;
- (b) If any other funds than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or an employee of Congress, or employee of a member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities," in accordance with its instructions;
- (c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontract(s) and that all subrecipients shall certify and disclose accordingly.
- X Standard Form LLL, "Disclosure of Lobbying Activities" attached. (This form must be attached to certification if nonappropriated funds are to be used to influence activities.)

2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS (DIRECT RECIPIENT)

As required by Executive Order 12549, Debarment and Suspension, and implemented at 44 CFR Part 67, for prospective participants in primary covered transactions, as defined at 44 CFR Part 17, Section 17.510-A. The applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;

- (b) Have not within a three-year period preceding this application been convicted of or had a civilian judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or perform a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
- (d) Have not within a three-year period preceding this application had one or more public t transactions (Federal, State, or local) terminated for cause or default; and
- B. Where the applicant is unable to certify to any of the statements in this certification, he or shall attached an explanation to this application.

3. DRUG-FREE WORKPLACE (GRANTEES OTHER THAN INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 44 CFR Part 17, Subpart F, for grantees, as defined at 44 CFR Part 17, Sections 17.615 and 17.620:

- A. The applicant certifies that it will continue to provide a drugfree workplace by:
- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an on-going drug free awareness program to inform employees about:
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

FEMA Form 20-16C, JUN 94

the performance of the grant to be given a copy of the statement required by paragraph (a);

- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:
 - (1) Abide by the terms of the statement; and
- (2) Notify the employee in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.
- (e) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to the applicable FEMA awarding office, i.e., regional office or FEMA office.
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:
- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency.

- (g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).
- 8. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, City, County, State, Zip code)

Fremont County C	Courthouse
506 Filmore St	
Sidney IA	
Check	if there are workplaces on file that are not identified here.

Section 17.630 of the regulations provide that a grantee that is a State may elect to make one certification in each Federal fiscal year. A copy of which should be included with each application for FEMA funding. States and State agencies may elect to use a Statewide certification.

4/6/22.

I, Kandy Flackey, hereby sign this form as of

FEMA Form 20-16C (BACK)

LOCAL MATCH RESOLUTION

2022-26

FOR THE

HAZARD MITIGATION ASSISTANCE PROGRAM

WHEREAS,	Fremont	(hereinafter called "the Subrecipient"), County of
	(jurisdiction)	
lowa	, has made application through the	ne Iowa Department Homeland Security and Emergency
Management (HSE	MD) to the Federal Emergency Ma	nagement Agency (FEMA) for funding from the
Hazard Mitigation A	ssistance Program, in the amount	of \$ 18,000 for the total project cost,
and		
not exceeding 75%,	precipient recognizes the fact that the state share not exceeding 10% inimum 15% local share can be e	this grant is based on a cost share basis with the federal share %, and the local share being a <i>minimum</i> of 15% of the total ither cash or in-kind match.
and		
THEREFORE, the S	Subrecipient agrees to provide and	make available up to \$ 4,500
(four thousand	and five hundred	dollars) of local monies to be used to meet the
minimum local mat	tch requirement for this mitigation of	grant application.
The resolution was p	passed and approved this	leth day of April, 2022.
Kands	cil or Board Members:	
Council or Board Me	ember	Council or Board Member
Council or Board Me	amber	Council or Board Member
Council or Board Me	mber	Council or Board Member
Council or Board Me	ember	Council or Board Member
Council or Board Me	ember	Council or Board Member
I submit this fo	orm for inclusion with the Hazar	d Mitigation Assistance Project Application.
		Print Name of Authorized Representative
		Authorized Representative's Signature and Date

	Minority Impact Statement
State of grant ap	nt to 2008 Iowa Acts, HF 2393, Iowa Code Section 8.11, all grant applications submitted to the lowa shall include a Minority Impact Statement. This is the state's mechanism to require oplicants to consider the potential impact of the grant project's proposed programs or policies ority groups.
	choose the statement(s) that pertains to this grant application. Complete all the ation 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
	Indicate which group is impacted:
	Women
	Persons with a Disability
	Blacks
	Latinos
	Asians
	Pacific Islanders
	American Indians
	Alaskan Native Americans
	Other
	The proposed grant project programs or policies could have a disproportionate or unique negative impact on minority persons.
	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
	Persons with a Disability
	Blacks

Latinos	
Asians	
Pacific Islanders	
American Indians	
Alaskan Native Americans	
Other	
Culei	
The proposed grant project programs of disproportionate or unique impact on n	or policies are <u>not expected to have</u> a ninority persons.
Present the rationale for determining no impact.	
This mitigation plan is for the benefit of all citizens I hereby certify that the information on this form is knowledge:	
Randy Hickey Printed Name	
Title Signature 1/16/22 Date	
Det	initions
"Minority Persons", as defined in Iowa Code Section 8.11, med Latinos, Asians or Pacific Islanders, American Indians, and Al	an individuals who are women, persons with a disability, Blacks, askan Native Americans.
"Disability", as defined in Iowa Code Section 15.102, subsection b. As used in this subsection:	on 5, paragraph "b", subparagraph (1):
more of the major life activities of the individual,	a physical or mental impairment that substantially limits one or a record of physical or mental impairment that substantially limits vidual, or being regarded as an individual with a physical or mental of the major life activities of the individual.
"Disability" does not include any of the following:	
(a) Homosexual or bisexuality. (b) Transvestism, transsexualism	n, pedophilia, exhibitionism, voyeurism, gender identity disorders
not resulting from physical in	npairments or other sexual behavior disorders.
(c) Compulsive gambling, klepto (d) Psychoactive substance abu	mania, or pyromania se disorders resulting from current illegal use of drugs.
	a department, board, bureau, commission, or other agency or
authority of the State of Iowa.	

OMB Number: 4040-0004 Expiration Date: 12/31/2022

Application for I	Federal Assistar	ince SF-424		
* 1. Type of Submissi Preapplication Application Changed/Corre	ion: ected Application	* 2. Type of Application: New Continuation Revision	* If Revision, select appropriate letter(s): * Other (Specify):	
* 3. Date Received:		Applicant Identifier:		ä
5a. Federal Entity Ide	entifier:		5b. Federal Award Identifier:	
State Use Only:				
6. Date Received by \$	State:	7. State Application	n Identifier:	
8. APPLICANT INFO	RMATION:			
* a. Legal Name: Fr	remont County			
* b. Employer/Taxpay	er Identification Number	nber (EIN/TIN):	* c. UEI: 782082879	
d. Address:	3100			
Street2:	506 Filmore St PO Box 610 Sidney	t		
Province:	IA: Iowa]
	USA: UNITED ST	PATES]
	51652			
e. Organizational Ur	nit:			
Department Name: Board of Superv	isors		Division Name:	
f. Name and contact	information of per	rson to be contacted on m	natters involving this application:	
Prefix: Middle Name: * Last Name:		* First Nam	ne: Mile	
Suffix:				
Title:				
Organizational Affiliation	on:			
* Telephone Number:			Fax Number:	\neg
* Email:				

Application for Federal Assistance SF-424
* 9. Type of Applicant 1: Select Applicant Type:
Type of Applicant 2: Select Applicant Type:
Type of Applicant 3: Select Applicant Type:
* Other (specify):
* 10. Name of Federal Agency:
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.):
Add Attachment Delete Attachment View Attachment
Augustient Delete Augustient View Augustient
* 15. Descriptive Title of Applicant's Project:
Attach supporting documents as specified in agency instructions.
Add Attachments Delete Attachments View Attachments

Application for Federal Assistance SF-424	
16. Congressional Districts Of: * a. Applicant	th December Decimal
	* b. Program/Project
Attach an additional list of Program/Project Congressional Distr	
	Add Attachment Delete Attachment View Attachment
17. Proposed Project:	
* a. Start Date:	* b. End Date:
18. Estimated Funding (\$):	
* a. Federal	
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	
* 19. Is Application Subject to Review By State Under Exe	cutive Order 12372 Process?
a. This application was made available to the State und	fer the Executive Order 12372 Process for review on
b. Program is subject to E.O. 12372 but has not been s	elected by the State for review.
c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (I	f "Yes," provide explanation in attachment.)
Yes No	NATIONAL AND ADDRESS OF THE PROPERTY OF THE PR
If "Yes", provide explanation and attach	
	Add Attachment Delete Attachment View Attachment
herein are true, complete and accurate to the best of r	nents contained in the list of certifications** and (2) that the statements my knowledge. I also provide the required assurances** and agree to aware that any false, fictitious, or fraudulent statements or claims may U.S. Code, Title 218, Section 1001)
** I AGREE	
** The list of certifications and assurances, or an internet site specific instructions.	where you may obtain this list, is contained in the announcement or agency
Authorized Representative:	
Prefix: *Fir	st Name: Randy
Middle Name:	
* Last Name: Hickey	
Suffix:	
*Title: Chairman	
* Telephone Number: 712 - 374 - 2031	Fax Number:
*Email: Chickeyeco. Fremont, 1a	-us
* Signature of Authorized Representative:	* Date Signed:
Kana	

OMB Number: 4040-0007 Expiration Date: 02/28/2022

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE:

Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
- Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
- Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
- Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
- Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to:

 (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352)
 which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education
 Amendments of 1972, as amended (20 U.S.C.§§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation

- Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps: (d) the Age Discrimination Act of 1975, as amended (42 U. S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (i) the requirements of any other nondiscrimination statute(s) which may apply to the application.
- 7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
- Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

- Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
- 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seg.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
- Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

- Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
- 14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
- 19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
Kanoly Hickory	Chauman Bel
APPLICANT @BGANIZATION	DATE SUBMITTED
Fremont County	4/6/22

Standard Form 424B (Rev. 7-97) Back

91-522 SUBSTITUTE W 9 / VER	Of A 1000
	r type except for signature)
In order for the state to pay you the amount that is due to these payments, we are requesting the following informa withholding of payment.	you and to comply with the IRS regulations on reporting tion. Failure to provide this information will result in
BOX A	BOX B
Are you/your business: YES NO	Is your business: YES NO
Individual [I] or Sole Proprietorship [S]	Corporation [C] X X Partnership [P] X Estate of Trust [E] X
If the answer to both was no, please complete Box B. If you answered yes to either item, please provide Your Social Security number:	Public Service Corp [U] X Government [G] X Other [O] X Please Explain:
AND	Please provide us with your Federal Employer Identification number:
Complete the Name and Address below:	42-6005210
_ast Name: First Name: MI	AND
Doing Business As:	Complete the Name and Address below:
Address:	Last Name: First Name: MI Fremont County
Address:	Doing Business As:
City: State Zip	Address: 506 Filmore St
	Address: PO Box 610
	City: State Zip Sidney IA 51652
CERTIFICATION MUS certification - Under penalties of perjury, I certify that:	T BE SIGNED BY VENDOR
	per (or I am waiting for a number to be issued to me), and kup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) rest or dividend, or (c) the IRS has notified me that I am no longer subject to backup Date: 4/06/2
FOR OFFICE USE ONLY (Refer to	o Procedure 270.450 for more details)
	From: Add
	Dept. Change (Include vendor code and changes only)
	□ Delete
	Added For Purchasing: Reason:
	☐ Yes ☐ No

STATE OF IOWA DESIGNATION OF APPLICANT'S AUTHORIZED REPRESENTATIVE

Mike Crecelius is hereby authorized to execute on behalf of
(Name of Representative)
Fremont County this mitigation project and to file it with (Applicant Entity)
Iowa Department Homeland Security and Emergency Management (HSEMD) for the purpose of obtaining financial assistance under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (PL 93-288, as amended) and the Code of Iowa, Chapter 29c.
Signed this 6th Day Of April, 2022
Chief Executive Officer Charmen (Print Name and Title)
(Signature)
Mike Crecelius, Emergency Management
Applicant's Authorized⊄Representative ↓ (Print Name and Title)
Mile Creceleus
(Signature)
Attested: De Owen Audut (Print Name and Title)
(Signature)