

RESOLUTION #20-662

A RESOLUTION of the Town of Twisp, Washington authorizing an amendment to the previously submitted United States Department of Agriculture Rural Development (USDA-RD) Loan Application

WHEREAS, the Town Council of the Town of Twisp, Washington has previously authorized participation in the United States Department of Agriculture Rural Development (USDA-RD) Loan and Grant program; and

WHEREAS, the Town of Twisp has identified a need for construction financing on the Twisp Civic Building/Emergency Operations Center for which the Town seeks USDA-RD funding; and

WHEREAS, the Town of Twisp has since identified a need to adjust the requested amount of funding from USDA-RD; and

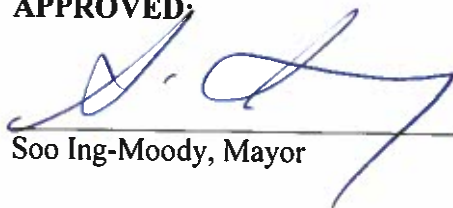
WHEREAS, the Town Council of the Town of Twisp desires to authorize Public Works Director Andrew Denham, working as Mayor Soo Ing-Moody's designee, to submit the amended USDA-RD grant/loan application; and

WHEREAS, it is necessary certain conditions be met to receive USDA-RD funds.

NOW, THEREFORE, be it resolved that the Town Council of the Town of Twisp authorizes re-submission of the USDA-RD grant/loan application to the USDA-RD to amend the original requested amount for up to \$750,000 for its Civic Building/Emergency Operations Center project, and authorizes Public Works Director Andrew Denham to execute such grant/loan application on behalf of the Town as Mayor Soo Ing-Moody's designee.

PASSED BY THE TOWN COUNCIL this 11th day of August 2020.

APPROVED:



Soo Ing-Moody, Mayor

ATTEST:



Randy Kilmer, Clerk-Treasurer

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			
5. APPLICANT INFORMATION			
Legal Name:		Organizational Unit:	
Town of Twisp		Department:	
Organizational DUNS: 021539106		Division:	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: 118 S Glover Street 7		Prefix:	First Name: Randahl
City: Twisp		Middle Name S	
County: Okanogan		Last Name Kilmer	
State: WA	Zip Code 98856	Suffix:	
Country: USA		Email: clerktreasurer@townoftwisp.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		Phone Number (give area code)	Fax Number (give area code)
91-6001521		509-997-4081	509-997-9204
8. TYPE OF APPLICATION:		7. TYPE OF APPLICANT: (See back of form for Application Types)	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		Municipality (C)	
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Other (specify)	
Other (specify)		9. NAME OF FEDERAL AGENCY: USDA-RD	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
TITLE (Name of Program):		Twisp Civic Center/Emergency Operations Center	
10-766			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):			
Town, County and State Agencies			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: 04/01/2020	Ending Date: 02/01/2021	a. Applicant 4th District	b. Project
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal (App loan request to RD)	\$ 750,000 ⁰⁰	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant (Town Reserves)	\$ 549,073 ⁰⁰	DATE:	
c. State (State Legislator Approp.)	\$ 2,013,807 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$ ⁰⁰	<input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other State DOC (CDBG)	\$ 750,000 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$ ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 4,062,880 ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix	First Name Soo	Middle Name K	
Last Name Ing-Moody			Suffix
b. Title Mayor			c. Telephone Number (give area code) 509-997-4081
d. Signature of Authorized Representative			e. Date Signed 8/12/20

Budget Information—Construction Programs

Cost Classification	a. Total Cost	b. Costs Not Allowable for Participation	c. Total Allowable Costs (Column a-b)
1. Administrative and legal expenses	\$.00	\$.00	\$.00
2. Land, structures, rights-of-way, appraisals, etc.	\$.00	\$.00	\$.00
3. Relocation expenses and payments	\$.00	\$.00	\$.00
4. Architectural and engineering fees	\$.00	\$.00	\$.00
5. Other architectural and engineering fees	\$.00	\$.00	\$.00
6. Project inspection fees	\$.00	\$.00	\$.00
7. Site work	\$.00	\$.00	\$.00
8. Demolition and removal	\$.00	\$.00	\$.00
9. Construction	\$ 750,000 .00	\$.00	\$ 750,000 .00
10. Equipment	\$.00	\$.00	\$.00
11. Miscellaneous	\$.00	\$.00	\$.00
12. Subtotal	\$.00	\$.00	\$.00
13. Contingencies (sum of lines 1-11)	\$.00	\$.00	\$.00
14. Subtotal	\$.00	\$.00	\$.00
15. Project (program) income	\$.00	\$.00	\$.00
16. Total Project Costs (subtract #15 from #14)	\$.00	\$.00	\$.00
Federal Funding			

17. Federal assistance requested, calculate as follows: Enter eligible costs from line 16c _____ Multiply x _____ %
 (Consult Federal agency for Federal percentage share).
 Enter the resulting Federal share. \$ 750,000 .00