

## AGENCY REVIEW TRANSMITTAL FORM

Comments by: Kansas Geological Survey  
Don Whittemore  
1930 Constant Avenue KU  
Lawrence, Ks. 66047

Transmittal Date June 19, 2003

PROJECT TITLE: City of Colby  
Sewer

CONTACT PERSON:

☐ Notification of Intent  
☐ Preapplication  
☐ Final Application  
☐ Direct Development

This form provides notification and the opportunity for your agency to review and comment on this proposed project required by executive Order 12372. Please complete Parts II & III as appropriate. Your prompt response will be appreciated.

RETURN TO:  
**USDA, RURAL DEVELOPMENT**  
**2615 FARM BUREAU ROAD**  
**MANHATTAN, KANSAS 66502**

### PART I

#### REVIEW AGENCIES/COMMISSIONS

|                                                  |                                                   |                                               |
|--------------------------------------------------|---------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Aging                   | <input type="checkbox"/> Education                | <input type="checkbox"/> State Forester       |
| <input type="checkbox"/> Agriculture-DWR         | <input type="checkbox"/> Geological Survey, KS    | <input type="checkbox"/> Transportation       |
| <input type="checkbox"/> Biological Survey, KS   | <input type="checkbox"/> Health & Environment     | <input type="checkbox"/> Water Office, Kansas |
| <input type="checkbox"/> Conservation Commission | <input type="checkbox"/> Historical Society       | <input type="checkbox"/> Wildlife & Parks     |
| <input type="checkbox"/> Corporation Commission  | <input type="checkbox"/> Human Resources          | <input type="checkbox"/>                      |
| <input type="checkbox"/> Commerce                | <input type="checkbox"/> Social & Rehab. Services | <input type="checkbox"/>                      |

### PART II

(To be completed by review agency and returned to contact person)

#### AGENCY REVIEW COMMENTS

COMMENTS: *Any short-term adverse impacts should be offset by the long-term benefits of the improvements to the wastewater treatment system.*

### PART III

(To be completed by review agency and returned to contact person)

#### RECOMMENDED ACTION COMMENTS

|                                                                                                                        |                                                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Clearance of the project should be granted.                                        | <input type="checkbox"/> Clearance of the project should not be delayed but the Applicant should be (in the final application) address and clarify the questions or concerns indicated above. |
| <input type="checkbox"/> Clearance of the project should not be granted.                                               |                                                                                                                                                                                               |
| <input type="checkbox"/> Clearance of the project should be delayed until the issues or questions have been clarified. | <input type="checkbox"/> Request the opportunity to review final application prior to submission to the federal funding agency.                                                               |
| <input type="checkbox"/> Request a State Process Recommendation in concurrence with above comments.                    |                                                                                                                                                                                               |

Reviewer's Name

*Donald Whittemore*

DIVISION/AGENCY/COMMISSION

Date:

*7/3/03*

**PLEASE FAX THIS FORM TO 785-539-2733 As Soon As Possible. THANK-YOU**



United States  
Department of  
Agriculture

**Rural  
Development**

2615 Farm Bureau Road  
Manhattan, KS 66502  
785-776-7582  
785-539-2733 (FAX)

June 19, 2003

Kansas Geological Survey  
Don Whittmore  
1930 Constant Avenue KU  
Lawrence, KS. 66047

The City of Colby, Ks has made application to the USDA, Rural Development to finance the purchase of land to construct a new waste water treatment plant facility including auxiliary system improvements for collection, sewer main, manholes, and reuse improvements. Thaniel Monaco of Miller & Associates Engineers, 109 East 2<sup>nd</sup>, McCook, NE., 69001-3719, (308)345-3710 is the project engineer. The proposed site locations are depicted on the enclosed map.

The project will comply with appropriate State laws concerning the application.

I have enclosed an "Agency Review Transmittal Form" for your response back to this office. You may also contact this office if you have any questions regarding the proposed project.

USDA, Rural Development will not obligate funds for this project until after the 30 days have expired and until we have complete an Environmental Assessment of the project. You may fax your response back to us at (785) 539-2733. Thank-you for your attention to this matter.

Sincerely,

(f) BILL MOORE  
Rural Development Specialist

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

|                                                                                                                                                                                                                                                                                                    |  |                                                         |                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------|------------------------------|
| 1. TYPE OF SUBMISSION:<br>Application <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/><br><input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction |  | 2. DATE SUBMITTED                                       | Applicant Identifier         |
|                                                                                                                                                                                                                                                                                                    |  | 3. DATE RECEIVED BY STATE                               | State Application Identifier |
|                                                                                                                                                                                                                                                                                                    |  | 4. DATE RECEIVED BY FEDERAL AGENCY<br><b>JUN 1 2005</b> | Federal Identifier           |

## 5. APPLICANT INFORMATION

|                                                                                                                    |                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Legal Name: <b>City of Colby, Kansas</b>                                                                           | Organizational Unit: <b>Municipal Government</b>                                                                                                                        |
| Address (give city, county, state, and zip code):<br><b>585 N. Franklin<br/>Colby, Thomas County, Kansas 67701</b> | Name and telephone number of person to be contacted on matters involving this application (give area code):<br><b>Carolyn Armstrong, City Manager<br/>(785)462-4410</b> |

## 6. EMPLOYER IDENTIFICATION (EIN):

4 8 - 6 0 1 3 6 1 3

## 7. TYPE OF APPLICANT:

☒ New ☐ Continuation ☐ Revision

Revision, enter appropriate letter(s) in ☐ ☐

A. Increase Award B. Decrease Award C. Increase Duration  
D. Decrease Duration Other (specify):

## 7. TYPE OF APPLICANT: (enter appropriate letter in box)

**C**  
A. State H. Independent School Dist.  
B. County I. State Controlled Institution of Higher Learning  
C. Municipal J. Private University  
D. Township K. Indian Tribe  
E. Interstate L. Individual  
F. Intermunicipal M. Profit Organization  
G. Special District N. Other (Specify)

## 9. NAME OF FEDERAL AGENCY:

**United States Department of Agriculture  
Rural Development**

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1 0 - 7 6 0

TITLE:

## 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)

**Colby, Thomas County, Kansas**

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

**To purchase land and construct new WWTP facility including auxiliary system improvements for collection, sewer main, manholes, and reuse improvements**

## 13. PROPOSED PROJECT

|            |             |                       |
|------------|-------------|-----------------------|
| Start Date | Ending Date | a. Applicant          |
| 03/2004    | 03/2005     | City of Colby, Kansas |

## 14. CONGRESSIONAL DISTRICTS OF: 1

b. Project  
**Wastewater Treatment Plant**

## 15. ESTIMATED FUNDING

|                   |    |              |
|-------------------|----|--------------|
| a. Federal        | \$ | 3,150,000.00 |
| b. Applicant      | \$ | 4,592,000.00 |
| c. State          | \$ | .00          |
| d. Local          | \$ | .00          |
| e. Other          | \$ | .00          |
| f. Program Income | \$ | .00          |
| g. Total          | \$ | 7,742,000.00 |

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372  
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES (Attach explanation) ☒ NO

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. Type Name of Authorized Representative<br><b>Carolyn S. Armstrong</b> | b. Title<br><b>City Manager</b> | c. Telephone Number<br><b>785-462-4410</b> |
| d. Signature of Authorized Representative<br><i>Carolyn S. Armstrong</i> |                                 | e. Date Signed<br><b>6/13/03</b>           |

## INSTRUCTIONS FOR THE SF 424

Public reporting burden for this collection of information is estimated to average 45 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.**

This is a standard form used by applicants as a required facesheet for preapplications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

- | Item:                                                                                                                                                                                                                                                                                                                                                                                                                    | Entry: | Item:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Entry: |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 1. Self-explanatory.                                                                                                                                                                                                                                                                                                                                                                                                     |        | 12. List only the largest political entities affected (e.g., State, counties, cities).                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |
| 2. Date application submitted to Federal agency (or State if applicable) & applicant's control number (if applicable).                                                                                                                                                                                                                                                                                                   |        | 13. Self-explanatory.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |        |
| 3. State use only (if applicable).                                                                                                                                                                                                                                                                                                                                                                                       |        | 14. List the applicant's Congressional District and any District(s) affected by the program or project.                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |
| 4. If this application is to continue or revise an existing award, enter present Federal identifier number. If for a new project, leave blank.                                                                                                                                                                                                                                                                           |        | 15. Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate <u>only</u> the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15. |        |
| 5. Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application.                                                                                                                                                                          |        | 16. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.                                                                                                                                                                                                                                                                                                                                                  |        |
| 6. Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.                                                                                                                                                                                                                                                                                                                               |        | 17. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.                                                                                                                                                                                                                                                                                                                                                          |        |
| 7. Enter the appropriate letter in the space provided.                                                                                                                                                                                                                                                                                                                                                                   |        | 18. To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)                                                                                                                                                                                                                          |        |
| 8. Check the appropriate box and enter the appropriate letter(s) in the space(s) provided:<br><br>-- "New" means a new assistance award.<br><br>-- "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date.<br><br>-- "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        |
| 9. Name of Federal agency from which assistance is being requested with this application.                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        |
| 10. Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.                                                                                                                                                                                                                                                                                                  |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        |
| 11. Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.                                                                        |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        |

## BUDGET INFORMATION - Construction Programs

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

| 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                                      | \$ .00        | \$ .00                                   | \$ .00                                |
| 10. Equipment                                        | \$ .00        | \$ .00                                   | \$ .00                                |
| 11. Miscellaneous                                    | \$ .00        | \$ .00                                   | \$ .00                                |
| 12. SUBTOTAL (sum of lines 1-11)                     | \$ .00        | \$ .00                                   | \$ .00                                |
| 13. Contingencies                                    | \$ .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, calculates as follows:<br>(Consult Federal agency for Federal percentage share). Enter the resulting Federal share. | Enter eligible costs from line 16c. Multiply X _____ | \$ .00 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------|

## INSTRUCTIONS FOR THESF-424C

Public reporting burden for this collection of information is estimated to average 180 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 (0348-0044), 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.**

This sheet is to be used for the following types of applications: (1) "New" (means a new (previous unfunded) assistance award); (2) "Continuation" (means funding in a succeeding budget period which stemmed from a prior agreement to fund); and (3) "Revised" (means any changes in the Federal government's financial obligations or contingent liability from an existing obligation). If there is no change in the award amount there is no need to complete this form. Certain Federal agencies may require only an explanatory letter to the effect minor (no cost) changes. If you have questions please contact the Federal agency.

*Column a.* -- If this is an application for a "New" project, enter the total estimated cost of each of the items listed on lines 1 through 16 (as applicable) under "COST CLASSIFICATIONS."

If this application entails a change to an existing award, enter the eligible amounts *approved under the previous award* for the items under "COST CLASSIFICATION."

*Column b.* -- If this is an application for a "New" project, enter that portion of the cost of each item in Column a. which is *not* allowable for Federal assistance. Contact the Federal agency for assistance in determining the allowability of specific costs.

If this application entails a change to an existing award, enter the adjustment [+ or (-)] to the previously approved costs (from Column a.) reflected in this application.

*Column c.* -- This is the net of lines 1 through 16 in Columns "a" and "b."

---

Line 1 -- Enter estimated amounts needed to cover administrative expenses. Do not include costs which are related to the normal functions of government. Allowable legal costs are generally only those associated with the purchase of land which is allowable for Federal participation and certain services in support of construction of this project.

Line 2 -- Enter estimated site and right(s)-of-way acquisition costs (this includes purchase, lease, and/or easements).

Line 3 -- Enter estimated costs related to relocation advisory assistance, replacement housing, relocation payments to displaced persons and businesses, etc.

Line 4 -- Enter estimated basic engineering fees related to construction (this includes start-up services and preparation of project performance work plan).

Line 5 -- Enter estimated engineering costs, such as surveys, tests, soil boring, etc.

Line 6 -- Enter estimated engineering inspection costs.

Line 7 -- Enter estimated costs of site preparation and restoration which are not included in the basic construction contract.

Line 9 -- Enter estimated costs of the construction contract.

Line 10 -- Enter estimated cost of office, shop, laboratory, safety equipment, etc. to be used at the facility, if such costs are not included in the construction contract.

Line 11 -- Enter estimated miscellaneous costs.

Line 12 -- Total of items 1 through 11.

Line 13 -- Enter estimated contingency costs. (Consult the Federal agency for the percentage of the estimated construction cost to use.)

Line 14 -- Enter the total of lines 12 and 13.

Line 15 -- Enter estimated program income to be earned during the grant period, e.g., salvaged materials, etc.

Line 16 -- Subtract line 15 from line 14.

Line 17 -- This block is for the computation of the Federal share. Multiply the total allowable project costs from line 16, Column "c." by the Federal percentage share (this may be up to 100 percent; consult Federal agency for Federal percentage share) and enter the product on line 17.

## ASSURANCES - 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 assistance awarding agencies may require applicants to certify to additional assurance. If such is the case, you will be notified.

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

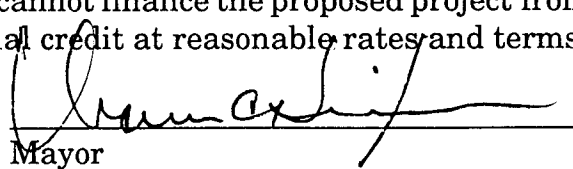
1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give 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 assistance; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will not dispose of, modify the use of, or change the terms of the real property title, or other interest in the site and facilities without permission and instructions from the awarding agency. Will record the Federal interest in the title of real property in accordance with awarding agency directives and will include a covenant in the title of real property acquired in whole or in part with Federal assistance funds to assure nondiscrimination during the useful life of the project.
4. Will comply with the requirements of the assistance awarding agency with regard to the drafting, review and approval of construction plans and specifications.
5. Will provide and maintain competent and adequate engineering supervision at the construction site to ensure that the complete work conforms with the approved plans and specifications and will furnish progress reports and such other information as may be required by the assistance awarding agency or State.
6. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
7. 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.
8. 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 nineteen 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).
9. 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.
10. 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. 93-255), as amended, relating to non-discrimination 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 non-discrimination 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 (j) the requirements on any other non-discrimination Statute(s) which may apply to the application.

11. 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 provides for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal and federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
12. Will comply with the 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.
13. 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), the Contract Work Hours and Safety Standards Act (40 U.S.C. §§ 327-333) regarding labor standards for federally assisted construction subagreements.
14. Will comply with the 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.
15. 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 seq.); (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).
16. 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.
17. 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 preservation of historic properties), and the Archaeological and Historic Preservation Act of 1974 ( 16 U.S.C. §§ 469a-1 et seq.).
18. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
19. Will comply with all applicable requirements of all other Federal laws, Executive Orders, regulations and policies governing this program.

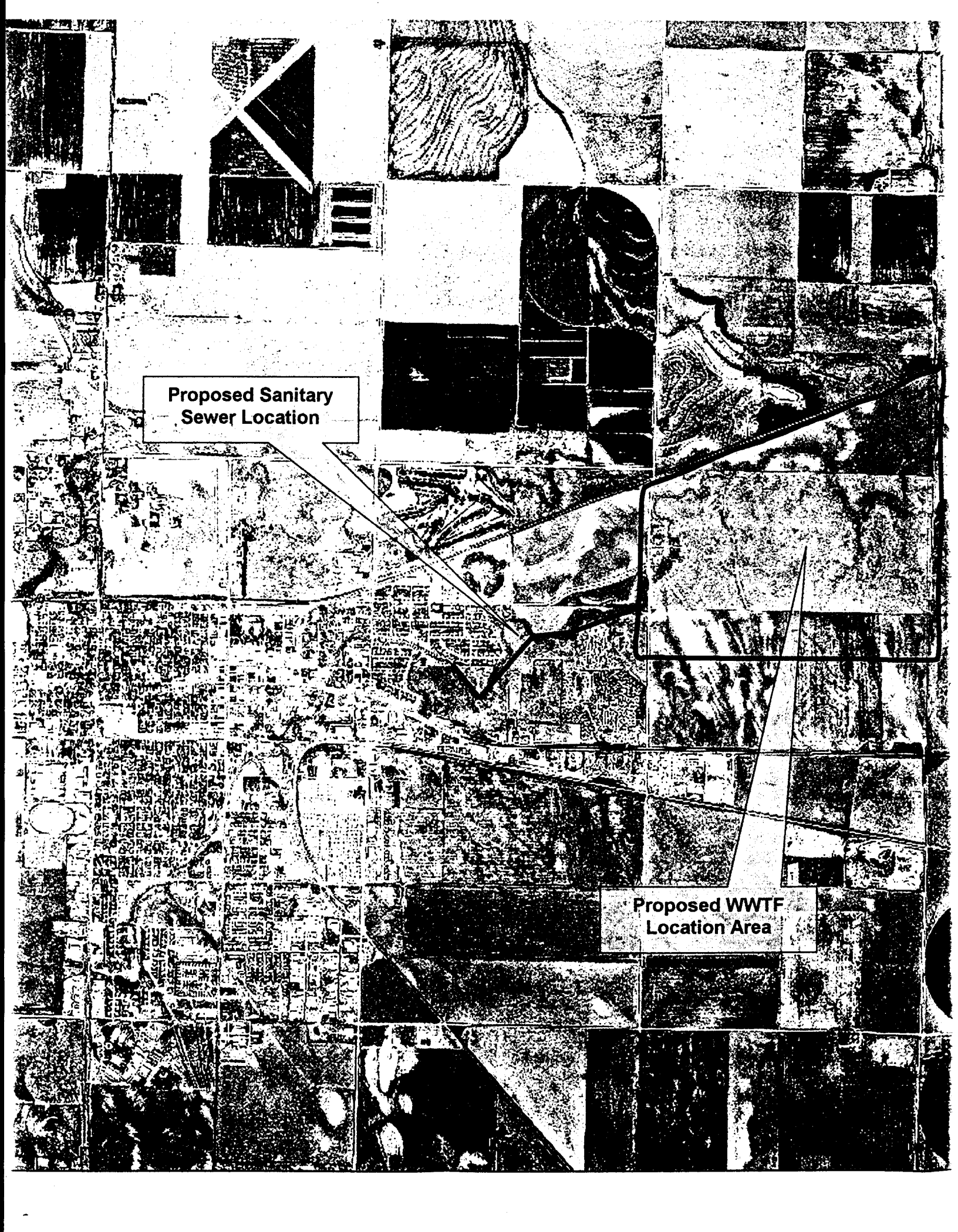
|                                             |  |                |  |
|---------------------------------------------|--|----------------|--|
| SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL |  | TITLE          |  |
| <i>Carolyn S. Carmstrong</i>                |  | City Manager   |  |
| APPLICANT'S ORGANIZATION                    |  | DATE SUBMITTED |  |
| City of Colby, Kansas                       |  |                |  |

**ATTACHMENT TO SF-424 FOR CITY APPLICANTS**  
**(Except I.D. Grants)**

- I. Name of City: Colby, Kansas Tax I.D. No.: 48-6013613
- II. Assessed Valuation of City: \$30,035,929
- III. Total City Mill Levy (include county and all): 145.567
- IV. City Debt:
1. Sewer Debt
- A. Revenue Bonds – Unpaid Balance \$0.00  
Interest Rate: \_\_\_\_\_  
Total Annual Payments: \$ \_\_\_\_\_
- B. General Obligation Bonds – Unpaid Balance \$62,771  
Interest Rate: 4.539%  
Total Annual Payments: \$13,000
2. Water Debt
- A. Revenue Bonds – Unpaid Balance \$0.00  
Interest Rate: \_\_\_\_\_  
Total Annual Payments: \$ \_\_\_\_\_
3. Other (Temporary Notes, Warrants, Etc.)
- A. Unpaid Balance \$0.00  
Interest Rate: \_\_\_\_\_  
Total Annual Payments: \$ \_\_\_\_\_  
Purpose: \_\_\_\_\_
- V. Number of Hook-Ups: (Water \_\_\_\_\_; Sewer 2131)
- VI. Present Sewer Rate: \$4.56 minimum for 3000 gallons water used, then \$1.00/1000 gallons thereafter.
- VII. Present Water Rate: \_\_\_\_\_ (minimum)
- VIII. Applicant's attempt to obtain credit from other sources: \_\_\_\_\_
- IX. I certify that the City of Colby, Kansas cannot finance the proposed project from its own resources or through commercial credit at reasonable rates and terms.

  
Mayor

6/13/03  
Date



Proposed Sanitary  
Sewer Location

This is a high-contrast, black and white aerial photograph of a city area, overlaid with a grid. The grid consists of large rectangular blocks. A callout box with the text 'Proposed Sanitary Sewer Location' has a line pointing to a specific area in the center of the map. Another callout box with the text 'Proposed WWTF Location Area' has a line pointing to a large area in the lower right quadrant. The map shows various urban features like buildings, streets, and vegetation, though they are somewhat obscured by the high contrast and grid overlay.

Proposed WWTF  
Location Area