

**City of Carson City
Agenda Report**

Date Submitted: June 6, 2014

Agenda Date Requested: June 19, 2014

Time Requested: Consent

To: Mayor and Supervisors

From: Parks and Recreation Department – Open Space Division

Subject Title: For Possible Action: To follow the recommendation of the Open Space Advisory Committee to accept a Recreational Trails Program grant, administered by the Nevada State Parks, for approximately \$34,500 for the construction of a non-motorized bridge crossing at Ash Canyon Creek and the installation of a sign kiosk at Ash Canyon Rd. (Juan F. Guzman)

Staff Summary: The grant request for approximately \$35,000 was approved for \$34,500 with an in-kind voluntary labor match of \$9,232. Upon award, the monies will be used to purchase and assemble on site thru a contractor, a non-motorized wood bridge approximately 6ft. wide and 20ft. long. The bridge will be located above the base flood elevation and will connect two existing segments of trail. A kiosk to provide pertinent information is to be placed at the trail entrance on Ash Canyon Rd.

Type of Action Requested: (check one)

- Resolution Ordinance
 Formal Action/Motion Other (Specify)

Does This Action Require A Business Impact Statement: Yes No

Recommended Board Action: I move to accept the recommendation of the Open Space Advisory Committee to accept a Recreational Trails Program grant, administered by the Nevada State Parks, for \$34,500 for the construction of a non-motorized bridge crossing at Ash Canyon Creek and the installation of a sign kiosk at Ash Canyon Rd.

Explanation for Recommended Board Action: This grant request was for approximately \$35,000; however, it was approved for \$34,500. The Board approval is required in compliance with the adopted City Grants Coordinator Policy. Attached (Exhibit A) please find the Recreational Trails Program Project agreement and other pertinent documents related to the implementation of this grant. Quarterly reports are required.

The Ash Canyon Creek Bridge will span Ash Canyon Creek and will connect two existing trail segments of the Ash Canyon to Kings Canyon Multi-Use Trail, at an elevation of about 5,560 ft. It is accessed from the Ash Canyon Road, a dirt road, and is located approximately 1.8 miles west of where the pavement ends on Ash Canyon Road, as shown in Exhibit B.

The current creek crossing is on two logs. The new bridge will have a clear span of 20 ft. and a clear width of 6 ft. to allow horses and riders, adequate room to use it. The design is for a standard US Forest Service Sawn Timber Stringer Trail Bridge with the railings modified slightly to meet ADA requirements. It will be purchased from a wood beam fabrication company and assembled on site by a licensed contractor. The abutments consist of sill beams set on top of rock-filled gabion baskets. They will be located outside the 100-year flood plain of the creek and there will be no disturbance of the creek normal flow channel and no permanent disturbance within the 100-year flood plain. Appropriate temporary erosion control measures will be implemented during construction, which is scheduled for late summer/fall of 2014.

The project will also include the purchase and installation of an information kiosk at the small trailhead parking area located approximately 1.8 miles west of where the pavement ends on Ash Canyon Road.

Applicable Statute, Code, Policy, Rule or Regulation:

The Carson City adopted grants coordination policy.
The Nevada's FY13/14 Recreation Trails Program Grants Manual.
CCMC Chapter 13.06 Open Space.
The Unified Pathways Master Plan.

Fiscal Impact: Approximately \$3,500 was used to develop the grant application.

Explanation of Impact: Approximately \$9,232 is to be used as a match. Staff believes that the entire match will be provided as in-kind volunteer labor vs. cash. The cost of using Lumos and Associates for developing the application was \$3,500, which is the only cash we are expecting to spend. Lumos and Associates have donated the design of the bridge and the pertinent structural calculations. Please refer to Exhibit C, the project budget.

Funding Source: Open Space Q18.

Alternatives: Not to support the grant application.

Supporting Material:

- Exhibit A – Project agreement and related documents
- Exhibit B – Map of the proposed Ash Canyon Creek Bridge location
- Exhibit C – Grant budget

Prepared By: Juan F. Guzman Date: 6/10/14
Juan F. Guzman, Open Space Manager

Reviewed By: Roger Moellendorf Date: 6/10/14
Roger Moellendorf, Parks & Recreation Director

Nick Marano Date: 6/10/14
Nick Marano, City Manager

District Attorney's Office Date: 6/19/14

Finance Department Date: 6/10/14

Board Action Taken:

Motion: _____ 1: _____ Aye/Nay

2: _____

(Vote Recorded By)

STATE OF NEVADA
Division of State Parks
Recreational Trails Program Project Agreement

Project Sponsor: Carson City	Project Number: 2014--06												
Project Name: Ash Canyon Bridge													
Period Covered by Agreement: From: date of this signed agreement To: 12/31/2015													
Scope of Work: 1. Purchase and installation of bridge at Ash canyon, signs and kiosk Standards applied to this project: ADA, CCMC													
Total Project Cost: \$ 43,732	Federal Grant Share: \$ 34,500 <u>79</u> % Matching Share: \$ 9,232 <u>21</u> %												
The following attachments are hereby incorporated into this agreement: <div style="text-align: center;"> <input checked="" type="checkbox"/> General Provisions <input checked="" type="checkbox"/> Project Application </div>													
<p>The project sponsor agrees to submit quarterly progress reports and quarterly requests for reimbursement. Reports must be submitted to the Nevada Division of State Parks on the forms provided by the Division on the dates listed below, in accordance with Nevada's FY2002 Recreational Trails Program Manual. Quarterly progress reports must be in narrative format and contain detailed information about work accomplished during the previous quarter, as it pertains to the scope of work in this Project Agreement.</p> <p>Quarters and due dates:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">1st quarter</td> <td style="width: 33%;">January 1 through March 31</td> <td style="width: 33%;">Report due: April 10</td> </tr> <tr> <td>2nd quarter</td> <td>April 1 through June 30</td> <td>Report due: July 10</td> </tr> <tr> <td>3rd quarter</td> <td>July 1 through September 30</td> <td>Report due: October 10</td> </tr> <tr> <td>4th quarter</td> <td>October 1 through December 30</td> <td>Report due: January 10</td> </tr> </table> <p>Requests for reimbursement must be accompanied by copies of receipts, copies of cancelled checks or payment vouchers. 25% of the total grant amount will be retained by the Nevada Division of State Parks</p>		1 st quarter	January 1 through March 31	Report due: April 10	2 nd quarter	April 1 through June 30	Report due: July 10	3 rd quarter	July 1 through September 30	Report due: October 10	4 th quarter	October 1 through December 30	Report due: January 10
1 st quarter	January 1 through March 31	Report due: April 10											
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3 rd quarter	July 1 through September 30	Report due: October 10											
4 th quarter	October 1 through December 30	Report due: January 10											

until a representative from the Recreational Trails Program has completed the final inspection and has verified the scope of work is complete and the project meets the applicable standards and specifications, as noted above.

The State of Nevada hereby promises, in consideration of the promises made by the Project Sponsor herein, to take the necessary steps and action and to attempt to enter into an agreement with the Federal Highway Administration to obtain Federal Money for that portion of the project referred to as Federal Assistance, to accept such funds from the United States and to tender to the Project Sponsor that portion of the obligation which is required as the Federal Grant.

The Project Sponsor hereby promises, in consideration of the promises made by the State of Nevada herein, to execute the project described above in accordance with the terms of this agreement and as described in the Nevada Recreational Trails Program Grants Manual.

In witness whereof, the parties hereto have executed this agreement as of the date below:

STATE OF NEVADA

PROJECT SPONSOR

By:

By:

Signature

Signature of Representative

Jenifer Scanland

Typed Name

Typed Name

State Trails Coordinator

Title

Name of Board/Commission/Agency

Date

Date

Reimbursement checks should be made payable to:

Contact Person: Carson City Parks and Recreation Department

Name: Juan F. Guzman, Open Space Manager

Address: 3303 Butti Way, #9

City, State, Zip: Carson City, NV 89701

Phone: (775) 887-2262 x 30341

Fax: (775) 887-2145

E-mail: jguzman@carson.org

QUARTERLY PROGRESS REPORT
2014 – 06 ASH CANYON BRIDGE KIOSK AND SIGNS
(Submit this form every quarter)

- I am
 I am not

submitting a request for reimbursement with this quarterly progress report.

Percent of Project Completed to Date: _____%

Recreational Trails Program

Project Number: 2014-06 Grant Expiration Date: 13/31/2015
Grant Name: Ash Canyon Bridge
Contact: Juan Guzman

Please verify and update the project sponsor contact data as needed.

- Submission Period (*Check one*): January 1- March 31 (due April 10)
 April 1- June 30 (due July 10)
 July 1- September 30 (due October 10)
 October 1- December 31 (due January 10)

Quarterly Progress: (*Narrative description of work accomplished this quarter as it pertains to the scope of work.*)

REQUEST FOR REIMBURSEMENT

2014 – 06 ASH CANYON BRIDGE

(Submit this form only if requesting reimbursement or match)

Project # 2014-06 .

- I am submitting a request for reimbursement.
- I am submitting a request for match adjustment.

Dates This Request Covers From: _____ to _____ .

INSTRUCTIONS

1. Complete each blank every quarterly reporting period. If you are not submitting a request for reimbursement with this quarterly report, please enter zeroes in the appropriate columns.
2. Round requests for reimbursement to the nearest dollar—**do not show decimals**.
3. Attach receipts, copies of checks or vouchers documenting proof that payment has been made for this reimbursement request. Documentation must be clearly labeled whether it is to apply toward the match or the grant share. The request must demonstrate that both the grant share and the matching share are being met.

A	B	C	D	E	F	G
Grant Award			Requests for Reimbursements			Balance Remaining (B-F)
Type	Amount	%	This Request	Previous Requests	Total (D + E)	
Grant	\$34,500	79%	\$	\$	\$	\$34,500
Match	\$ 9,232	21%	\$	\$	\$	\$ 9,232
Total	\$43,732	100%	\$	\$	\$	\$43,732

Grant Share Request:

*Please provide an itemized list of expenditures applied toward the grant share for this request.
(Please, only information pertinent to the reimbursement justification)*

Matching Share:

*Please provide an itemized list of expenditures applied toward the matching share for this request.
(Please, only information pertinent to the match justification)*

Signature

Date

Contact Person: Carson City Parks and Recreation Department

Name: Juan F. Guzman, Open Space Manager

Address: 3303 Butti Way, #9

City, State, Zip: Carson City, NV 89701

Phone: (775) 887-2262 x 30341

Fax: (775) 887-2145

E-mail: jguzman@carson.org

STATE OF NEVADA

REGISTRATION

SUBSTITUTE IRS FORM W-9



Mail or fax to:
STATE CONTROLLER'S OFFICE
 555 E WASHINGTON AVE STE 4300
 LAS VEGAS NV 89101-1071
 PHONE: 702/486-3810 or 702/486-3856
 FAX: 702/486-3813

Asterisked () sections are mandatory and require completion.*

1. *NAME For proprietorship, provide proprietor's name in first box and DBA in second box.

Legal Business Name, Proprietor's Name or Individual's Name	Doing Business As (DBA)
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2. *ADDRESS/CONTACT INFORMATION

Address A – Physical address of <input type="checkbox"/> Company Headquarters <input type="checkbox"/> Individual's Residence Is this a US Post Office deliverable address? <input type="checkbox"/> Yes <input type="checkbox"/> No			Address B <input type="checkbox"/> Additional Remittance – PO Box, Lockbox or another physical location.		
Address			Address		
Address			Address		
City	State	Zip Code	City	State	Zip Code
E-mail Address			E-mail Address		
Phone Number	Fax Number		Phone Number	Fax Number	
Primary Contact			Primary Contact		

3. *ORGANIZATION TYPE AND TAX IDENTIFICATION NUMBER (TIN) Check only one organization type and supply the applicable Social Security Number (SSN) or Employee Identification Number (EIN). For proprietorship, provide SSN or EIN, not both.

<input type="checkbox"/> Individual (SSN) <input type="checkbox"/> Sole Proprietorship (SSN or EIN) <input type="checkbox"/> Partnership (EIN) <input type="checkbox"/> Corporation (EIN) <input type="checkbox"/> Government (EIN) <input type="checkbox"/> Tax Exempt/Nonprofit (EIN)	<input type="checkbox"/> LLC How does LLC report to IRS? <input type="checkbox"/> Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	SSN Name associated with SSN: EIN New TIN? <input type="checkbox"/> No <input type="checkbox"/> Yes – Provide previous TIN & effective date. Previous TIN: _____ Date: _____
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OTHER INFORMATION Check all that apply.

<input type="checkbox"/> Doctor or Medical Facility <input type="checkbox"/> Attorney or Legal Facility	<input type="checkbox"/> In-State (Nevada) <input type="checkbox"/> DBE Certificate #: _____
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4. **ELECTRONIC FUNDS TRANSFER PREFERENCE** Do you want payments to be directly deposited into your bank account?
 Yes – Complete the following information and provide a copy of a voided imprinted check for the account. If there are no checks for the account, restate the bank information on letterhead. A deposit slip will not be accepted. For a savings account, provide a signed letter with the bank information. Information on this form and the support documentation must match. Allow 10 working days for activation.
 No - Go directly to section 5 – IRS Form W-9 Certification and Signature.

The information is for address <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Both		Select only one: Send Direct Deposit Remittance Advices by <input type="checkbox"/> US mail <input type="checkbox"/> E-mail to <i>E-mail address must be 30 characters or less.</i>
Bank Name	Bank Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Transit Routing Number	Bank Account Number	

5. *IRS FORM W-9 CERTIFICATION AND SIGNATURE

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (as defined by IRS Form W-9 rev October 2007).

Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature	Print Name & Title of Person Signing Form	Date
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FOR STATE CONTROLLER'S OFFICE USE ONLY		Name of State agency contact & phone number:
Primary 1099 Vendor Entered By <input type="checkbox"/>	1099 Indicator <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments
Date		

Registration Instructions

General Instructions:

1. The substitute IRS Form W-9 is for the use of United States entities only. Non-US entities must submit an IRS Form W-8.
2. Type or legibly print all information except for signature.
3. Asterisked (*) sections or items are mandatory and require completion. Sections or items without an asterisk are optional.

Specific Information:

1. *NAME

- a. Partnership, Corporation, Government or Nonprofit – Enter legal business name as registered with the Internal Revenue Service (IRS) in first box. If the company operates under another name, provide it in the second box.
- b. Proprietorship – Enter the proprietor's name in the first box and the business name (DBA) in the second box.
- c. Individual – Name must be as registered with the Social Security Administration (SSA) for the Social Security number (SSN) listed in Section 3.

2. *ADDRESS/CONTACT INFORMATION

- a. Address A – *If the address is non-deliverable by the United States Postal Service, complete both Address A and B sections.*
Company – Provide physical location of company headquarters.
Individual – Provide physical location of residence.
E-mail – Provide complete e-mail address when available.
Telephone Number – Include area code.
Fax Number – Include area code.
Primary Contact – Person (and phone number or extension) to be contacted for payment-related questions or issues.
- b. Address B – Provide additional remittance address and related information when appropriate.

3. *ORGANIZATION TYPE AND TAX IDENTIFICATION NUMBER (TIN)

- a. Individual – A person that has no association with a business.
- b. Proprietorship – A business owned by one person.
- c. Partnership – A business with more than one owner and not a corporation.
- d. Corporation – A business that may have many owners with each owner liable only for the amount of his investment in the business.
- e. LLC – Limited Liability Company. *Must mark appropriate classification – proprietorship, partnership or corporation.*
- f. Government – The federal government, a state or local government, or instrumentality, agency, or subdivision thereof.
- g. Tax Exempt/Nonprofit – Organization exempt from federal income tax under section 501(a) or 501(c)(3) of the Internal Revenue Code.
- h. Doctor or Medical Facility – Person or facility related to practice of medicine.
- i. Attorney or Legal Facility – Person or facility related to practice of law.
- j. In-state – Nevada entity.
- k. Disadvantaged Business Enterprise (DBE) – A small business enterprise that is at least 51% owned and controlled by one or more socially and economically disadvantaged individuals. *Provide certification number. See <http://www.nevadadbe.com> for certification information.*
- l. The Taxpayer Identification Number (TIN) is always a 9-digit number. It will be a Social Security Number (SSN) assigned to an individual by the SSA or an Employer Identification Number (EIN) assigned to a business or other entity by the IRS.
Per the IRS, use the owner's social security number for a proprietorship.

4. ELECTRONIC FUNDS TRANSFER PREFERENCE

Electronic Funds Transfer (EFT) is optional. However, it is the preferred method of payment to all payees of the State of Nevada. Provide a copy of a voided imprinted check or restate bank information on letterhead. *A deposit slip will not be accepted.*

- a. *Bank Name – The name of the bank where account is held.
- b. *Bank Account Type – Indicate whether the account is checking or savings.
- c. *Transit Routing Number – Enter the 9-digit Transit Routing Number.
- d. *Bank Account Number – Enter bank account number.
- e. *Direct Deposit Remittance Advice – Select the preferred method for receiving remittance advices. E-mail address must be 30 characters or less. Companies should provide an address that will not change, i.e. accounting@business.com.

5. *IRS FORM W-9 CERTIFICATION AND SIGNATURE

- a. The Certification is copied from IRS Form W-9 (rev. October 2007). See IRS Form W-9 for further information.
- b. The Signature should be provided by the individual, owner, officer, legal representative or other authorized person of the entity listed on the form.
- c. Print the name and title, when applicable, of the person signing the form.
- d. Enter the date the form was signed. Forms over three years old will not be processed.

Do not complete any remaining areas. They are for State of Nevada use only.

Mail, Fax or E-mail signed form to:

NEVADA STATE CONTROLLER'S OFFICE
555 E WASHINGTON AVE STE 4300
LAS VEGAS NV 89101-1071
Fax: 702/486-3813
E-mail: vendordesk@controller.state.nv.us

Sending to any other location will delay processing.

Questions can be directed to 702/486-3810 or 702/486-3856 or e-mailed to vendordesk@controller.state.nv.us.

Title 23: Highways

PART 630—PRECONSTRUCTION PROCEDURES

Subpart A—Project Authorization and Agreements

§ 630.112 Agreement provisions.

[↑ top](#)

(a) The State, through its transportation department, accepts and agrees to comply with the applicable terms and conditions set forth in title 23, U.S.C., the regulations issued pursuant thereto, the policies and procedures promulgated by the FHWA relative to the designated project covered by the agreement, and all other applicable Federal laws and regulations.

(b) Federal funds obligated for the project must not exceed the amount agreed to on the project agreement, the balance of the estimated total cost being an obligation of the State. Such obligation of Federal funds extends only to project costs incurred by the State after the execution of a formal project agreement with the FHWA.

(c) The State must stipulate that as a condition to payment of the Federal funds obligated, it accepts and will comply with the following applicable provisions:

(1) *Project for acquisition of rights-of-way.* In the event that actual construction of a road on this right-of-way is not undertaken by the close of the twentieth fiscal year following the fiscal year in which the project is authorized, the STD will repay to the FHWA the sum or sums of Federal funds paid to the transportation department under the terms of the agreement. The State may request a time extension beyond the 20-year limit with no repayment of Federal funds, and the FHWA may approve this request if it is considered reasonable.

(2) *Preliminary engineering project.* In the event that right-of-way acquisition for, or actual construction of, the road for which this preliminary engineering is undertaken is not started by the close of the tenth fiscal year following the fiscal year in which the project is authorized, the STD will repay to the FHWA the sum or sums of Federal funds paid to the transportation department under the terms of the agreement. The State may request a time extension for any preliminary engineering project beyond the 10-year limit with no repayment of Federal funds, and the FHWA may approve this request if it is considered reasonable.

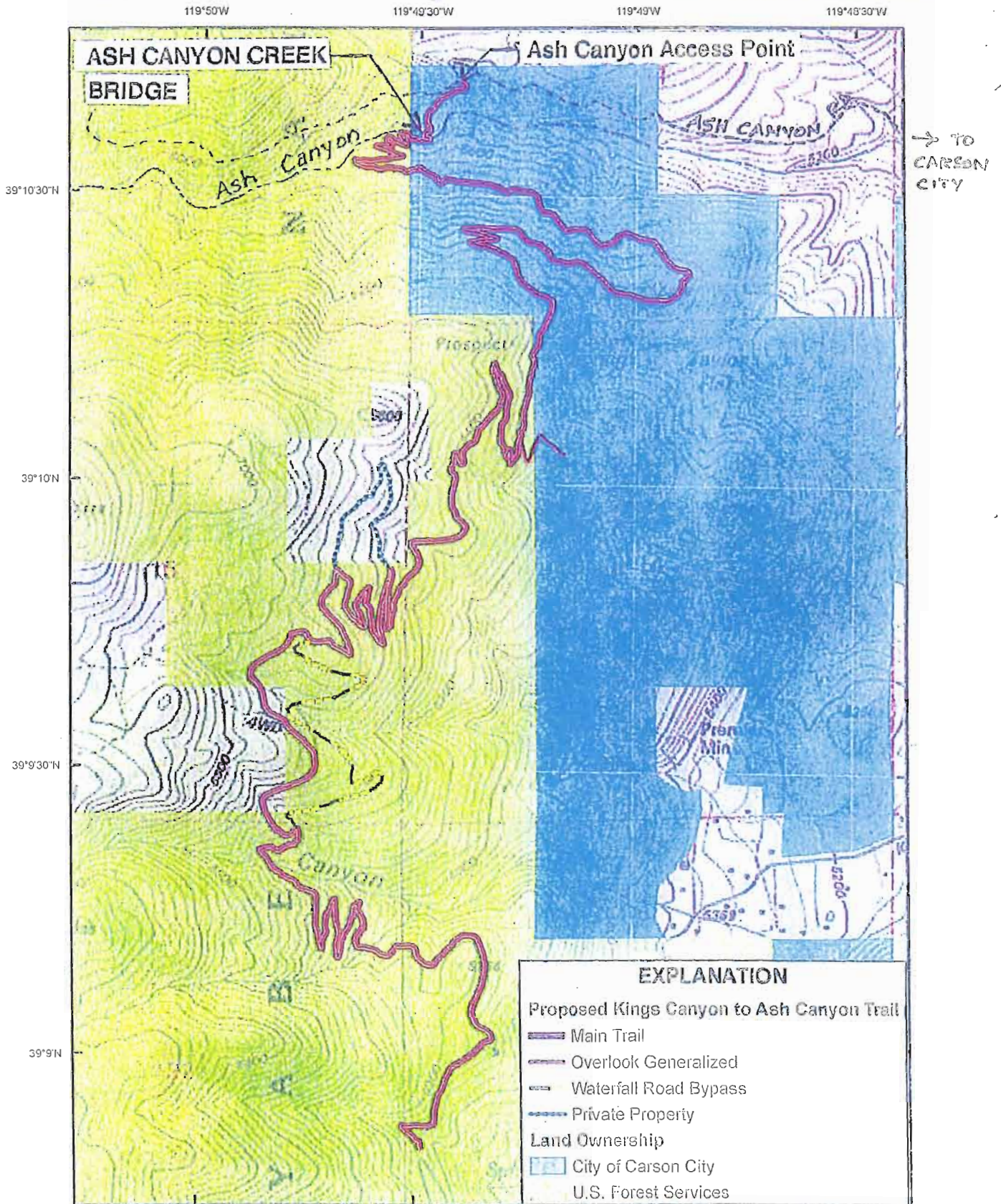
(3) *Drug-free workplace certification.* By signing the project agreement, the STD agrees to provide a drug-free workplace as required by 49 CFR part 29, subpart F. In signing the project agreement, the State is providing the certification required in appendix C to 49 CFR part 29, unless the State provides an annual certification.

(4) *Suspension and debarment certification.* By signing the project agreement, the STD agrees to fulfill the responsibility imposed by 49 CFR 29.510 regarding debarment, suspension, and other responsibility matters. In signing the project agreement, the State is providing the certification for its principals required in appendix A to 49 CFR part 29.

(5) *Lobbying certification.* By signing the project agreement, the STD agrees to abide by the lobbying restrictions set forth in 49 CFR part 20. In signing the project agreement, the State is providing the certification required in appendix A to 49 CFR part 20.

Exhibit B

Kings Canyon to Ash Canyon Non-Motorized Multi-Use Trail



Base from ESRI ArcGIS Online Map service
http://services.arcgisonline.com/arcgis/service:USA_Topo_Maps, 2011, State Plane Nevada West
 North American Datum of 1983 (CORS96), Vertical

0 0.25 0.5 Miles

Nevada Recreational Trails Grant Application FY2014

Applicant: Carson City Parks and Recreation Department

Project Name: Ash Canyon Creek Bridge

Item Description	Federal Grant	Federal Match	Non-Federal Match	Total
Design and Engineering Costs (Breakdown costs & purpose)			Site Survey, hydraulic analysis, bridge and site design & drafting, meetings: 94 hrs x \$21.79/hr = \$2,048	\$2,048
Planning costs				
Direct labor costs				
Volunteer or donated labor # hrs unskilled labor @\$15/hr = # hrs skilled labor @\$21.79 /hr =			Layout of bridge, excavation and construction of gabion abutments & bridge approaches: 370 hrs x \$15/hr = \$5,550 75 hrs x \$21.79/hr = \$1,634	\$7,184
Purchase or rental of equipment				
Construction or other. Contract Attach a copy of estimate or identify what contract will include	Construction contract with Horizon Construction to transport bridge materials to site, assemble bridge & construct abutments: \$18,000			\$18,000
Purchase of Materials List items & cost of each item or group of items	Prefabricated bridge kit, delivered: \$11,000 Gabion baskets and rock: \$3,000 1 Trailhead Kiosk and 1 trailhead sign: \$2,500			\$17,000
Vehicle Gas and Maintenance				
Other: be specific				
Totals	\$34,500		\$9,232	\$43,732
Percentages	79%		21%	100%

Note: required match is 20% for non-motorized and 5% for motorized. Federal dollars cannot exceed 95% of the project. Only eligible costs directly related to the project can be used as match.