Business Improvement Area Committee of Rate Payers
February 11, 2020 - 9:00 AM
City Hall Council Chambers
AGENDA

I. CALL TO ORDER

Roll Call

1. Roll Call, Welcome, Introductions, Purpose of Meeting

II. NEW BUSINESS

A. Presentation: City of Auburn Permitting Processes

B. Facilitated Discussion: Implications for Needed Internal Guidelines

C. Presentation: Staff Capacity & Implications on Project Load, Overview of 2020 projects within the BIA area

D. Quick Review of BIA Projects on the Table

E. Facilitated Discussion: Brainstorming & Agreement on Project Selection Criteria

F. Facilitated Scoring, Discussion, Final Agreement on Top 3

G. Facilitated Action Planning: For Each Top 3 Project, Identify What Success Looks Like, What Will Be Required to Get There, Associated Actions and Timeline

H. Thank You and Strategy Session Adjourn

I. Downtown Auburn Cooperative Funding

J. Board Position Elections

III. ADJOURNMENT

Agendas and minutes are available to the public at the City Clerk's Office, on the City website (http://www.auburnwa.gov), and via e-mail. Complete agenda packets are available for review at the City Clerk's Office.

OMB Number: 4040-0011
Expiration Date: 02/28/2022

OUTLAY REPORT AND REQUEST FOR REIMBURSEMENT FOR CONSTRUCTION PROGRAMS

1. TYPE OF REQUEST
- [x] FINAL
- [ ] PARTIAL

2. BASIS OF REQUEST
- [ ] CASH
- [x] ACCRUAL

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED
US Department of Transportation
Federal Aviation Administration

4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY
3-53-0003-023-2017

5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST
4

6. EMPLOYER IDENTIFICATION NUMBER
91-6001228

7. FINANCIAL ASSISTANCE IDENTIFICATION NUMBER
CP1516

8. PERIOD COVERED BY THIS REQUEST
From: 10/01/2019 To: 09/30/2020

9. RECIPIENT ORGANIZATION

Name: City of Auburn
Street1: 25 West Main Street
Street2:
City: Auburn
County: King
State: WA: Washington
Province:
Country: USA: UNITED STATES
ZIP / Postal Code: 98001-4998

10. PAYEE (Where check is to be sent if different than item 9)

Name: Same as Item 9
Street1:
Street2:
City:
County:
State:
Province:
Country:
ZIP / Postal Code:

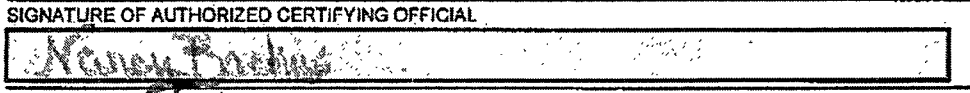
11.	STATUS OF FUNDS			
CLASSIFICATION	PROGRAMS (a)	FUNCTIONS (b)	ACTIVITIES (c)	TOTAL
a. Administrative expense	$	$	$	$
b. Preliminary expense				
c. Land, structures, right-of-way				
d. Architectural engineering basic fees			330,910.00	330,910.00
e. Other architectural engineering fees				
f. Project inspection fees				
g. Land development				
h. Relocation expense				
i. Relocation payments to individuals and businesses				
j. Demolition and removal				
k. Construction and project improvement cost	0.00	0.00	0.00	0.00
l. Equipment				
m. Miscellaneous cost				
n Total cumulative to date *(sum of lines a thru m)*	0.00	0.00	330,910.00	330,910.00
o. Deductions for program income				
p. Net cumulative to date *(line n minus line o)*	0.00	0.00	330,910.00	330,910.00
q Federal share to date			270,000.00	270,000.00
r. Rehabilitation grants (100% reimbursement)				
s. Total Federal share *(sum of lines q and r)*			270,000.00	270,000.00
t Federal payments previously requested			270,000.00	270,000.00
u. Amount requested for reimbursement	$ 0.00	$ 0.00	$ 0.00	$ 0.00
v. Percentage of physical completion of project	0.00 %	0.00 %	81.60 %	81.60 %

12. CERTIFICATION

I certify that to the best of my knowledge and belief the billed costs or disbursements are in accordance with the terms of the project and that the reimbursement represents the Federal share due which has not been previously requested and that an inspection has been performed and all work is in accordance with the terms of the award.

a. RECIPIENT

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL



DATE REPORT SUBMITTED

TYPED OR PRINTED NAME AND TITLE

Prefix: Ms. First Name: Nancy Middle Name:

Last Name: Backus Suffix:

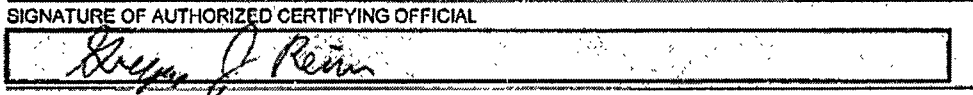
Title: Mayor

TELEPHONE (Area code, number, and extension)

253-931-3008

b. REPRESENTATIVE CERTIFYING TO LINE 11V

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL



DATE SIGNED

1/7/2021

TYPED OR PRINTED NAME AND TITLE

Prefix: Mr. First Name: Greg Middle Name:

Last Name: Reince Suffix:

Title: Project Manager

TELEPHONE (Area code, number, and extension)

541-322-8962

INSTRUCTIONS

Please type or print legibly. Items 3, 4, 5, 8, 9, 10, 11s and 11v are self explanatory; specific instructions for other items are as follows:

Item	*Entry*
1	Mark the appropriate box. If the request is final, the amounts billed should represent the final cost of the project.
2	Show whether amounts are computed on an accrued expenditure or cash disbursement basis.
6	Enter the Employer Identification Number (EIN) assigned by the U.S. Internal Revenue Service or FICE (institution) code if requested by the Federal agency.
7	This space is reserved for an account number or other identifying number that may be assigned by the recipient.
11	The purpose of vertical columns (a) through (c) is to provide space for separate cost breakdowns when a large project has been planned and budgeted by program, function or activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page. All amounts are reported on a cumulative basis.
11a	Enter amounts expended for such items as travel, legal fees, rental of vehicles and any other administrative expenses. Include the amount of interest expense when authorized by program legislation. Also show the amount of interest expense on a separate sheet.
11b	Enter amounts pertaining to the work of locating and designing, making surveys and maps, sinking test holes, and all other work required prior to actual construction.
11c	Enter all amounts directly associated with the acquisition of land, existing structures and related right-of-way.
11d	Enter basic fees for services of architectural engineers.
11e	Enter other architectural engineering services. Do not include any amounts shown on line d.
11f	Enter inspection and audit fees of construction and related programs.
11g	Enter all amounts associated with the development of land where the primary purpose of the grant is land improvement. The amount pertaining to land development normally associated with major construction should be excluded from this category and entered on line k.
11h	Enter the dollar amounts used to provide relocation advisory assistance and net costs of replacement housing (last resort). Do not include amounts needed for relocation administrative expenses; these amounts should be included in amounts shown on line a.
11i	Enter the amount of relocation payments made by the recipient to displaced persons, farms, business concerns, and nonprofit organizations.
11j	Enter gross salaries and wages of employees of the recipient and payments to third party contractors directly engaged in performing demolition or removal of structures from developed land. All proceeds from the sale of salvage or the removal of structures should be credited to this account; thereby reflecting net amounts if required by the Federal agency.
11k	Enter those amounts associated with the actual construction of, addition to, or restoration of a facility. Also, include in this category, the amounts for project improvements such as sewers, streets, landscaping, and lighting.
11l	Enter amounts for all equipment, both fixed and movable, exclusive of equipment used for construction. For example, permanently attached laboratory tables, built-in audio visual systems, movable desks, chairs, and laboratory equipment.
11m	Enter the amounts of all items not specifically mentioned above.
11n	Enter the total cumulative amount to date which should be the sum of lines a through m.
11o	Enter the total amount of program income applied to the grant or contract agreement except income included on line j. Identify on a separate sheet of paper the sources and types of the income.
11p	Enter the net cumulative amount to date which should be the amount shown on line n minus the amount on line o.
11q	Enter the Federal share of the amount shown on line p.
11r	Enter the amount of rehabilitation grant payments made to individuals when program legislation provides 100 percent payment by the Federal agency.
11t	Enter the total amount of Federal payments previously requested, if this form is used for requesting reimbursement.
11u	Enter the amount now being requested for reimbursement. This amount should be the difference between the amounts shown on lines s and t. If different, explain on a separate sheet.
12a	To be completed by the official recipient official who is responsible for the operation of the program. The date should be the actual date the form is submitted to the Federal agency.
12b	To be completed by the official representative who is certifying to the percent of project completion as provided for in the terms of the grant or agreement.