



City of Needles, California Request for City Council Action

☒ CITY COUNCIL ☐ NPUA

☒ Regular ☐ Special

Meeting Date: February 27, 2024

Title: Accept the Needles Bridge #2435 Joint project with the Arizona Department of Transportation (ADOT) as complete (Final) and direct staff to complete the Federal Report of Expenditures and submit to Caltrans Local Assistance.

Background: In 2017, the City Council approved the scope and design work for the rehabilitation of the Needles-Arizona Bridge to be designed and constructed as a joint project with the Arizona Department of Transportation (ADOT). In 2019 the Intergovernmental Agreement between "ADOT" Arizona Department of Transportation and the City was signed.

On July 9, 2019, the City Council adopted a resolution authorizing the City Manager to execute a Program Supplement Agreement with the California Department of Transportation (Caltrans) for federal funding to be utilized for the Needles-Arizona Bridge Deck Rehabilitation project (City share).

In May 2021, the City Council authorized a Project Funding Agreement between the San Bernardino County Transportation Authority (SBCTA) and the City to utilize Measure I funding in the amount \$98,470 to be utilized towards the City match.

In accordance with the combined agreements and funding sources, the project was designed and constructed by ADOT with construction completed in October 2023.

The total cost of the project at completion was calculated at \$3,075,213 with funding sources as follows:

Caltrans/Highway Bridge Program (HBP) - \$1,342,622

ADOT (50%) - \$1,537,607

Measure I - \$98,470

Needles Local Match - \$96,514.

Fiscal Impact: None, this is project acceptance only.

Recommended Action: Accept the Needles Bridge #2435 Joint project with the Arizona Department of Transportation (ADOT) as complete and direct staff to complete the Federal Report of Expenditures and submit to Caltrans Local Assistance.

Submitted By: Kathy Raasch, Project Manager

City Manager Approval: Patrick J. Martinez Date: 2/22/2024

Other Department Approval (when required): _____ Date: _____



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Other: ☐

Approved: ☐

Not Approved: ☐

Tabled: ☐

Agenda Item: _____