

DHSEM New Mexico

DISASTER ASSISTANCE PROGRAM PROJECT WORKSHEET

| | | | PW #:_ | |
|-------------------------------|---|--|---|---------------------------------------|
| EXECUTIVE ORDER: | 2021-040 | | Version: | |
| | | | Category: | С |
| APPLICANT INFORMATION ADDRESS | City of Rio Communities 360 Rio Communities Blvd | | Vendor ID Number | |
| | Rio Communities, NM 87002 | | | |
| POINT OF CONTACT | "Marty" Martin Moore | mmoore(| @riocommunities.net | |
| PROJECT DATA | | | | |
| LOCATION: | Rio Communities | | | |
| DAMAGE DESCRIPT | TION & DIMENSIONS | | | |
| Site 1 | 34.3859,-106.4401 to 34.3802,-106.4351- | | age ditches along Avenida | Del Fuego remove silt |
| | nd erosen (420LF), culvert clogged with s | | d audurant am Channaantin Au | |
| Site 2 Site 3 | 34.62674,-106.73223- Damag | | | |
| Site 4 | 34.3942,-106.4337- Ditch filled with sediment and asphalt damage due to erosend long the shoulder 34.3853,-106.4331- damage to the shoulder and asphalt | | | |
| Scope of Work | | | | |
| Site 1 | Rebuild ditch (420 LF) replace asphalt along the ditch (920 LF), Replace asphalt surface on both sides of the road. (800 SF- 2 Ft wide) clean/remove sediment culverts along Avenida Del Fuego. | | | |
| Site 2 | Remove debris and silt in the ditches an including backfill (560 Sq FT). Replace Replace roadway asphalt surface at the | d unclog culv culvert (36 dia intersection o | erts, replace concerte run a.) connected to concrete s | sdown structure structure (65 LF). |
| Site 3 | Replace existing curb and gutter (75 LF) Rebuild ditch (200 LF) =, Replace the ed | | th cohohalt (200 LE 2 ft wi | ido for 100 SLE) |
| Site 3 | Replace road asphalt surface and edge | | ın asrıpnan (200 LF, 2 it wi | de for 100 SLF). |
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| NOTES | | | | |
| | Total project cost | \$400,000.00 | | |
| | State Share Reimbursement 75% | \$300,000.00 | | |
| | Local Share 25% | \$100,000.00 | | |
| | Eligible Reimbursement | | | |
| Amuliaan | Applicant will provide cost documentati | • • • | | |
| | t will notify the DHSEM Recovery Unit wh cant is responsible for obtaining any and | | - | = - |
| Дри | Applicant will abide by the provision | • | • | ·C. |
| SIGNATURES | | | | |
| Applicant: | | | Date: | |
| NM DHSEM | | | | |
| Recovery Unit Manager | | | Date: | |
| NM DHSEM | | | | |
| Grants Unit Manager | | | Date: | |
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