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Application Information #1442

Application Type: LGAP Current Status: Created

Applicant Entity:

West Monroe

Population Category:

City (5,000-35,000 citizens)

Maximum grant ceiling amounts are based on the following population ranges:

- Villages (1-999) are eligible to apply for up to \$25,000.
- Towns (1,000-4,999) are eligible to apply for up to \$35,000.
- Cities (5,000-35,000) are eligible to apply for up to \$50,000.
- Parishes are eligible to apply for up to \$100,000.

(If a parish's incorporated communities' combined maximum ceiling amounts are less than the allocation for the entire parish area, the parish can then apply for more than \$100,000.)

Mayor/President Name:

Staci Albritton Mitchell

Email:

smitchell@westmonroe.la.gov

Phone Number:

318-396-2600

House District:

17

Senate District:

33

Other Project Participants:

n/a

Enter the name of all other entities involved in the proposed project(s).

Project Beneficiaries:

12,535

Enter an estimate of the number of citizens that will benefit from the proposed project(s).

* - Please note that grant funds cannot be used for improvements on or to private property.

Budget Summary

Complete the chart below for all costs identified with the proposed project(s).

Spending Category	Amount Requested from Program	Amount of Match by Local Government	Specify Other Funds and Source (Source - Amount)		Total
Construction Costs	50,000.00	208,000.00	Select Source V	0.00 Add Another	258,000.00
Acquisition of real property and/or equipment	0.00	0.00	Select Source V	0.00 Add Another	0.00
Engineering Costs	0.00	0.00	- Select Source V	0.00 Add Another	0.00
Other Project Costs*	0.00	0.00	- Select Source V	0.00 Add Another	0.00
Project Total	50,000.00	208,000.00		0.00	258,000.00

In the text box below, provide a description of the Other Project Costs if applicable:

n/a

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Project Description

In the text box below, provide a narrative addressing the following:

- 1. Detailed description of proposed project(s). Specify use of funds and the location of the project(s). List any equipment to be purchased. For sewer/water lines or street improvements, list how many feet, miles, or blocks. For building construction, include how many square feet, type of structure, etc. For building renovation, specify type of renovations such as interior/exterior, roofing, plumbing, electrical, ADA handicapped access/fire code requirements, etc.
- 2. Describe how proposed project(s) will improve health, safety, living conditions, and quality of life of the community.
- 3. List physical address(es) of proposed project(s)

relocate the existing gravity s Drive & Maridale Drive. The exi- main along Gulpha Drive is approapproximately 620 feet with thr. 2. The project will improve hea- residential lots along Gulpha D line breaks, leaks, overflows, Relocating the sewer facilities well. Health & safety will also	lth, safety, and living conditions by removing gravity sewer facilities from rive & Maridale Drive. Removal of the sewer facilities within this area will and point repairs within these areas which will improve health, safety, and I to public road right-of-way will improve access for public works to maintain be improved by providing separation between water main facilities & sanitary.	-of-way along Gulpha e proposed gravity dale Drive is the back yards of decrease the risk of living conditions. n the facilities as y sewer facilities.
3. The physical addresses along Maridale drive range from 501 M.	Gulpha drive range from 500 Gulpha Drive to 508 Gulpha Drive. The physical a aridale Drive to 509 Maridale Drive.	addresses along
The rear of recording to the service	in Loade of the to 363 Mai Toate Dilive.	10
Required Documentation		
The items below must be uploaded to	the portal in order for the application to be submitted.	
Resolution of support from governmen	nt agency/governing body: No attachment Choose File No file chosen	
Local Government Assurances (Downl	oad): No attachment Choose File No file chosen	
House Support Letter: No attachment	Choose File No file chosen	
Senate Support Letter: No attachment	Choose File No file chosen	
Supporting Documentation		
If additional documentation is necessary, pl	lease enter a clear and brief description in the space provided and upload the document(s).	
Description	File	Delete
n/a	No attachment Choose File No file chosen	
n/a	No attachment Choose File No file chosen	. 0
n/a	No attachment Choose File No file chosen	
	Add Ac	dditional Supporting Documentation
Comments		
	Comment Posted By	Posted On
	No comments have been entered.	
Add a comment:		
	<i>/</i>	
	Save and Submit Cancel	