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| **Grant No. – Sub. Name:** | | **MT047 – City of Lakeland** | | | | | | |
| **Project Title:** | | **Lake Bonnet Drainage Basin Flood Hazard and Debris Mitigation Project** | | | | | | |
| **Funding Awarded:** | | ***$42,986,390.00*** | | | | | | |
| **Agreement Period:** | | ***10/27/2022 – 10/26/2028*** | | | | | | |
| **Primary Points of Contact Information:** | | *Tequila James-Murray, Mitigation Team Lead/Grant Manager*  *GM Phone#850-921-3182/GM Email:* [*tequila.james@deo.myflorida.com*](mailto:tequila.james@deo.myflorida.com)  *DEO - Office of Long-Term Resiliency* | | | | *Laurie Smith, Manager, Lakes & Stormwater Phone #863-834-6276/Email:* [*laurie.smith@lakelandgov.net*](mailto:laurie.smith@lakelandgov.net)  *Lana Braddy, Special Projects Coordinator, Lakes & Stormwater, Phone#863-834-3327/Email:* [*lana.braddy@lakelandgov.net*](mailto:lana.braddy@lakelandgov.net)  *City of Lakeland* | | |
| Activity Reporting Period: October 1, 2023 – December 31, 2023 | | | | | | | | |
| *An update of this report shall be submitted to DEO ten (10) calendar days after the end of each month.* | | | | | | | | |
| **Section One – Financial Data:** | | | | | | | | |
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|  | Amount | | Funds used this period | | Funds used to date | | Balance Remaining | |
| Leverage Funds (A) | *.00* | | *.00* | | *.00* | | *.00* | |
| CDBG-MIT Funds (B) | *42,986,390.00* | | *.00* | | *.00* | | *.00* | |
| TOTAL Project Funds (A+B) | *42,986,390.00* | | *.00* | | *.00* | | *.00* | |
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| **Section Two – Accomplishments within the Past Quarter:** | | | | | | | | |
| Following is an overview of significant accomplishments within the past quarter:  October 2023 – The City was awaiting DOC’s review and approval of Consultant’s Bid Cost Proposal and Detailed Estimate submitted on 8/23/2023.  November 2023 – DOC approved AECOM’s Bid Cost Proposal and authorized the City to proceed with securing final signatures on the Professional Services Agreement with AECOM. The Professional Services Agreement was fully signed on 10/26/2023, and the City provided a copy to DOC on 10/27/2023.  December 2023 – The City issued a Notice to Proceed to Consultant, AECOM, Technical Services, Inc. to proceed with Deliverable 2 – Phase 1 Feasibility Study activities and elements of Deliverable 1 – Project Implementation (administrative costs). Planning activities have begun for the initial Kick-Off/Information Public Meeting set for Feb. 15, 2024. DOC drafted Amendment One to the City’s Subrecipient Agreement that will provide funding for Phase 2 – Feasibility Study and Feasibility Study Activities will take place prior to NEPA Activities. | | | | | | | | |
| **Section Three – Issues or risks that have been faced with resolutions:** | | | | | | | | |
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| **Section Four – Projected activities to be completed within the following Quarter:** | | | | | | | | |
| AECOM commenced Feasibility Study activities on December 1, 2023, and will continue over the next quarter. An initial Kick-Off/Information Public Meeting is scheduled for February 15, 2024, from 6 to 9 p.m. | | | | | | | | |
| **Section Five – Required Submissions** (Attachments - A(3)(M), D(18), E(5), F) **:** | | | | | | | | |
| * **Staffing Plan**   + Were there any Staffing changes since last Quarter?   + *If answered “Yes”, please submit the* ***Updated Org. Chart.*** | | | | | | Yes | | No |
| * **Fair Housing** *(Attachment F)*   + Do you Certify that the City of Lakeland will "affirmatively further fair housing" in its community?   + Have you **already** submitted to DEO a copy of your Fair Housing resolution or ordinance?   + *If answered “Yes”, please skip the next bullet point.*   + *If answered “No”, please submit with this Report a copy of the Sub-Recipient's fair housing resolution or ordinance.*   + *Submit, in the box below, the* ***name and contact information*** *of the Fair Housing Coordinator.*   + *Provide a copy of the published Fair Housing Coordinator's contact information from the newspaper where listed OR provide, in the box below, the email address for the home page of the Sub-Recipient's website.*   + *Establish a system (spreadsheet) to log all fair housing calls and submit to DEO GM on a quarterly basis.*   + *Submit to DEO GM support documentation (as proof) for fair housing activities conducted each quarter.*   + *Submit to DEO GM a copy of the fair housing poster displayed in the Sub-Recipient's office each quarter.*     - * ***The Sub-Recipient shall document its fair housing activities by keeping photographs, newspaper articles, sign-in sheets and copies of handouts in their CDBG-MIT project file and include information about the activities in the comment section of each QPR.*** | | | | | | Yes  Yes  No | | This is a condition for receipt of CDBG-MIT funds. |
| * **Name and contact information of the City of Lakeland's Fair Housing Coordinator:**   Michael Smith, Housing Programs Manager  Phone: (863) 834-3367  Email: [Michael.Smith3@lakelandgov.net](mailto:Michael.Smith3@lakelandgov.net)   * *Email address for the home page of the Sub-Recipient's website.*   <https://www.lakelandgov.net/departments/community-economic-development/housing/fair-housing/> | | | | | |  | |  |
| * **Equal Employment Opportunity (EEO)** *(Attachment F)*   + Do you Certify that the City of Lakeland and the contractors, subcontractors, subrecipients and consultants that it hires with CDBG-MIT funds will abide by the Equal Employment Opportunity (EEO) Laws of the United States?   + Have you **already** submitted to DEO a copy of your EEO resolution or ordinance?   + *If answered “Yes”, please skip the next bullet point.*   + *If answered “No”, please submit with this Report a copy of the Sub-Recipient's EEO resolution or ordinance.*   + *Submit, in the box below, the* ***name and contact information*** *of the EEO Coordinator.*   + *Provide a copy of the published EEO Coordinator's contact information from the newspaper where listed OR provide, in the box below, the email address for the home page of the Sub-Recipient's website.*   + *Establish a system (spreadsheet) to log all EEO calls and submit to DEO GM on a quarterly basis.*   + *Submit to DEO GM the list of certified minority-owned business enterprises (MBE) and women-owned business enterprises (WBE) that the Sub-Recipient uses to solicit bids on CDBG-MIT funded construction activities.*   + ***The Sub-Recipient will keep all EEO information in their CDBG-MIT project file as well as submitting the information on a quarterly basis in the QPR.*** | | | | | | Yes  Yes  No | | This is a condition for receipt of CDBG-MIT funds. |
| * **Name and contact information of the City of Lakeland's EEO Coordinator:**   Emily Colon, Deputy City Manager and Title VI/Nondiscrimination Coordinator  228 S. Massachusetts Ave.  Lakeland, FL 33801-5086  Phone: (863) 834-6006  Email: [Emily.Colon@lakelandgov.net](mailto:Emily.Colon@lakelandgov.net)   * *Email address for the home page of the Sub-Recipient's website.*   <https://www.lakelandgov.net/departments/public-works/ada-accessibility/> | | | | | |  | |  |
| * **Section 504 and the Americans with Disabilities Act (ADA)** *(Attachment F)*   + Do you Certify that the City of Lakeland provides access to all federally funded activities to all individuals, regardless of handicap?   + Have you **already** submitted to DEO a copy of your Fair Housing resolution or ordinance?   + *If answered “Yes”, please skip the next bullet point.*   + *If answered “No”, please submit with this Report a copy of the Sub-Recipient's Section 504/ADA resolution or ordinance.*   + *Submit, in the box below, the* ***name and contact information*** *of the Section 504/ADA Coordinator.*   + *Provide a copy of the published Section 504/ADA Coordinator's contact information from the newspaper where listed OR provide, in the box below, the email address for the home page of the Sub-Recipient's website.*   + *Establish a system (spreadsheet) to log all Section 504/ADA calls and submit to DEO GM on a quarterly basis.*   + ***The Sub-Recipient will keep all Section 504/ADA information in their CDBG-MIT project file as well as submitting the information on a quarterly basis in the QPR.*** | | | | | | Yes  Yes  No | | This is a condition for receipt of CDBG-MIT funds. |
| * **Name and contact information of the City of Lakeland's Section 504/ADA Coordinator:**   Kristin Meador, ADA Specialist  228 S. Massachusetts Ave.  Lakeland, FL 33801-5086  Phone: (863) 834-8444  Fax: (863) 834-8040  Email: [ADASpecialist@lakelandgov.net](mailto:ADASpecialist@lakelandgov.net) or [Kristin.Meador@lakelandgov.net](mailto:Kristin.Meador@lakelandgov.net)   * *Email address for the home page of the Sub-Recipient's website.*   <https://www.lakelandgov.net/departments/public-works/ada-accessibility/> | | | | | |  | |  |
| * **Section 3** *(Attachments F, G(6))*   + Did the City of Lakeland and the contractors, subcontractors, subrecipients and consultants that it hires, have hired qualified low- and moderate-income residents for any job openings that exist on CDBG-MIT-funded projects in the community?   + *If answered “Yes”, please submit a report addressing the following:* * *The total number of labor hours worked.* * *The total number of labor hours worked by Section 3 workers.* * *The total number of labor hours worked by Targeted Section 3 workers.* * ***If Section 3 benchmarks are not met, the subrecipient’s qualitative efforts must be reported in a manner required by 24 CFR §75.25(b).*** | | | | | | Yes | | No |
| * **Construction Documentation** *(If Construction is part of the Project)*   + Is FULL Environmental Review completed and Approved?   + *If answered “Yes”, please take photographs or video of all activity locations* ***prior*** *to initiating any construction and submit with your QPR. As the construction progresses, additional photography or videography shall document the* ***ongoing*** *improvements and be submitted quarterly.* | | | | | | Yes | | No |
| * **Equipment Tracking** *(If Construction is part of the Project)*   + Any Equipment purchased specifically for this project?   + *If answered “Yes”, please submit an up-to-date Equipment Inventory Tracking Log listing the current equipment inventory, equipment service dates, etc. for monitoring purposes.* | | | | | | Yes | | No |
| * **Estimated construction start date** | | | | | | **N/A** | |  |
| * **Estimated expenditure start date**   + Date Sub. is estimating submission of 1st Invoice to DEO. | | | | | | **2/29/2024** | |  |
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| *This report was prepared by:*  **Laurie Smith and Lana Braddy** | | | | **Signature and date:**  Lana R Braddy  **1/10/2024** | | | | |
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