

THERE WILL BE NO COMMITTEE OF THE WHOLE ON JANUARY 6, 2025

NOTICE FOR, AND AGENDA FOR, A REGULAR MEETING OF THE CITY COMMISSION, CITY OF LEWISTOWN, JANUARY 6, 2025 AT 7:00 P.M. AT THE CENTRAL MONTANA COMMUNITY CENTER LOCATED AT 307 W WATSON

**CALL TO ORDER
PLEDGE OF ALLEGIANCE**

ROLL CALL

ELECTION OF CHAIRMAN & VICE CHAIRMAN

APPROVAL OF MINUTES –December 16, 2024

COURTESIES

PROCLAMATIONS

BOARD AND COMMISSION REPORTS

CITY MANAGER REPORT

PUBLIC COMMENT – non agenda items

CONSENT AGENDA

Acknowledgment of the claims that have been paid from December 13, 2024 to December 31, 2024 for a total of \$162,336.52

***REGULAR AGENDA – Resolutions, Ordinances & Other Action Items:**

1. Discussion and action on reappointing Commissioners to the following boards: Airport, Library, Park and Recreation, Lewistown Fergus City County Health Board (2), City County Planning, Central Montana Foundation, Central Montana 911 and Snowy Mountain Development Corporation (**Action: approve, disapprove or amend reappointing Commissioners to boards**) City Manager Holly Phelps
2. Discussion and action on approving a petition for annexation for Duane Otto and Annie Otto to fully incorporate Lot 1A of the amended plat of Larson Addition and Lot 3 of Tindall Trust Minor Subdivision into the City of Lewistown (**Action: approve, disapprove or amend approving petition for annexation**) City Manager Holly Phelps
3. Discussion and action on approving Resolution No. 4187, a resolution providing for the annexation by petition of property belonging to Duane A Otto and Annie Otto (A/K/A Joanne E Otto) (**Action: approve, disapprove or amend Resolution No. 4187**) City Manager Holly Phelps
4. Discussion and action on authorizing the City Manager to sign a FAA grant agreement for the reconstruction of taxiways at the Lewistown Airport (**Action: approve, disapprove or amend authorizing the City Manager to sign a FAA grant agreement**) City Manager Holly Phelps
5. Discussion and action on approving the purchase of computers for the Lewistown Police Department (**Action: approve, disapprove or amend the purchase of computers for the Lewistown Police Department**) City Manager Holly Phelps

6. Discussion and action on approving a business license for Roger Larson, electrician (**Action: approve, disapprove or amend approving business license Roger Larson, electrician**) City Manager Holly Phelps

CITIZENS' REQUESTS

COMMISSIONER'S MINUTE

ADJOURNMENT

* All citizens are invited to make comment on any agenda item prior to action being taken by the Commission

PETITION FOR ANNEXATION

Petitioners, Duane A. Otto and Annie Otto (a/k/a Joanne E. Otto), of Lewistown, Montana, hereby petition the City Commission of the City of Lewistown to annex, incorporate and include that area located in Fergus County, Montana, and more particularly described as:

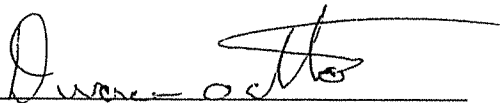
Lot 1A of the Amended Plat of Larson Addition and Lot 3 of Tindall Trust Minor Subdivision being a portion of Larson Addition to the City of Lewistown and being Lot 3 of Tindall Trust Minor Subdivision, Located in the NE 1/4 of Section 22, T15N, R18E, P.M.M., Fergus County, Montana.

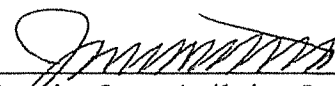
Petitioners resolve that:

1. This petition is made pursuant to Montana Code Annotated § 7-2-4601, et. Seq.
2. Petitioners are the sole owners of the real property in the area herein requested to be annexed and therefore qualifies to petition for annexation.
3. Petitioners understand and agree that any extension of City water or sewer services shall be at the landowner's expense and performed according to City specifications and requirements.

Wherefore, Petitioners hereby requests that the City Commission of the City of Lewistown approve this petition and adopt a resolution of annexation to annex, incorporate and include the herein described area into the city limits of the City of Lewistown.

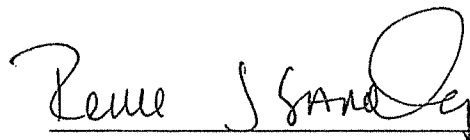
By:


Duane A. Otto

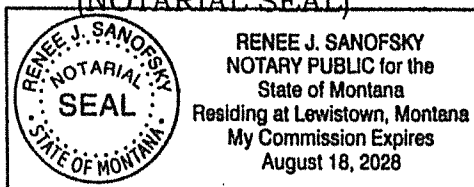

Annie Otto (a/k/a Joanne E. Otto)

STATE OF MONTANA)
 : ss.
COUNTY OF FERGUS)

SUBSCRIBED and SWORN TO before me by **DUANE A. OTTO** and
ANNIE OTTO (A/K/A JOANNE E. OTTO) on this 20th day of December 2024.


Notary Public for the State of Montana

(NOTARIAL SEAL)



Resolution No. 4187

**A RESOLUTION PROVIDING FOR THE
ANNEXATION BY PETITION OF PROPERTY
BELONGING TO DUANE A. OTTO AND ANNIE
OTTO (A/K/A JOANNE E. OTTO)**

WHEREAS, Duane A. Otto and Annie Otto (a/k/a Joanne E. Otto) of Lewistown, Montana, as the owners of the below described property, have presented a Petition to the City of Lewistown requesting that such property located within Fergus County, Montana, be annexed to and incorporated into the City, to wit:

Lot 1A of the Amended Plat of Larson Addition and Lot 3 of Tindall Trust Minor Subdivision being a portion of Larson Addition to the City of Lewistown and being Lot 3 of Tindall Trust Minor Subdivision, Located in the NE 1/4 of Section 22, T15N, R18E, P.M.M., Fergus County, Montana.

WHEREAS, Lot 1A of the Larson Addition was previously incorporated into the City of Lewistown. The Amended Plat referenced herein moved the southern boundary line of Lot 1A to include property located in Fergus County.

WHEREAS, a copy of the Petition for Annexation is attached to this resolution and is incorporated by reference herein in its entirety.

WHEREAS, Part 46, Chapter 2, Title 7 of the Montana Code Annotated allows a city to annex property into its boundaries if it has received a written petition containing a description of the area requested to be annexed and signed by:

- (i) more than 50% of the resident electors owning real property in the area to be annexed; or
- (ii) the owner or owners of 50% of the real property in the area to be annexed.

WHEREAS, the Petition for Annexation recites that it is signed by the sole owner/authorized agent of the real property in the area to be annexed, and contains a description of the area requested to be annexed and therefore is properly before the Commission; and,

WHEREAS, the City Commission may approve or disapprove a petition for annexation submitted under the provisions of Montana law as stated herein, upon its merits.

NOW, THEREFORE, BE IT RESOLVED, that the following described property be and hereby is annexed to the City of Lewistown and that the boundaries of the city shall be extended to include such property;

Lot 1A of the Amended Plat of Larson Addition and Lot 3 of Tindall Trust Minor Subdivision being a portion of Larson Addition to the City of Lewistown and being Lot 3 of Tindall Trust Minor Subdivision, Located in the NE 1/4 of Section 22, T15N, R18E, P.M.M., Fergus County, Montana.

BE IT FURTHER RESOLVED, Zoning for Lot 1A was previously determined and that the zoning of the above-described property shall be determined by the City Commission in accordance with existing rules and regulation to include the additional property based upon the boundary line change as shown by the Amended Plat referenced herein.

BE IT FURTHER RESOLVED that the City Clerk shall forthwith cause this resolution to be entered into the minutes of the City and that the Clerk certify under seal of the City a copy of such record which document shall be filed with Fergus County Clerk and Recorder's Office at which time annexation of the above-described parcel shall be complete.

PASSED AND APPROVED this _____ day of January 2025.

Approved:

Chairperson, City Commission

ATTEST:

NIKKI BRUMMOND, City Clerk



Application for Federal Assistance SF-424

*1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*2. Type of Application

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)
AIP

*3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

A.I.P. 3-30-0048-031-2025

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: City of Lewistown and Fergus County

*b. Employer/Taxpayer Identification Number (EIN/TIN):

*c. UEI:

LLS4N4MJL366

d. Address:

*Street 1: 712 W Main Street 305 West Watson

Street 2:

*City: Lewistown

County/Parish: Fergus

*State: MT

*Province:

*Country: USA: United States

*Zip / Postal Code 59457-0000

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr. *First Name: Bryon

Middle Name:

*Last Name: Armour

Suffix:

Title: Airport Manager

Organizational Affiliation:

Lewistown Municipal Airport

*Telephone Number: 406-535-3264

Fax Number:

*Email: lwt@midrivers.net

Application for Federal Assistance SF-424

***9. Type of Applicant 1: Select Applicant Type:**

B: County Government

Type of Applicant 2: Select Applicant Type:

C: City or Township Government

Type of Applicant 3: Select Applicant Type:

Pick an applicant type

*Other (Specify)

***10. Name of Federal Agency:**

Federal Aviation Administration

11. Catalog of Federal Domestic Assistance Number:

20.106

CFDA Title:

Airport Improvement Program

***12. Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Lewistown, Fergus County, Montana

***15. Descriptive Title of Applicant's Project:**

Reconstruct Taxiway A (partial) and intersection with Taxiway C

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424**16. Congressional Districts Of:**

*a. Applicant: MT-002

*b. Program/Project: MT-002

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

*a. Start Date: 12/01/2024

*b. End Date: 12/01/2025

18. Estimated Funding (\$):

*a. Federal	\$ 2,100,000
*b. Applicant	\$ 110,526
*c. State	\$ 0
*d. Local	\$ 0
*e. Other	\$ 0
*f. Program Income	\$ 0
*g. TOTAL	\$ 2,210,526

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on _____.
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☒ c. Program is not covered by E.O. 12372.

***20. Is the Applicant Delinquent On Any Federal Debt?**☐ Yes ☒ No

If "Yes", explain:

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mr. *First Name: Ross

Middle Name: _____

*Last Name: Butcher

Suffix: _____

*Title: Commissioner

*Telephone Number: 406-535-5119

Fax Number:

* Email: rbutcher@fergusmt.gov

*Signature of Authorized Representative: Ross ButcherRoss Butcher (Dec 20, 2024 12:14 MST)

*Date Signed: 20-Dec-2024

Authorized Representative:

Prefix: Mrs. *First Name: Holly
Middle Name:
*Last Name: Phelps
Suffix:

*Title: City Manager

*Telephone Number: 406-535-1760

Fax Number:

* Email: hphelps@ci.lewistown.mt.us

*Signature of Authorized Representative: 

*Date Signed:

Application for Federal Assistance (Development and Equipment Projects)

PART II – PROJECT APPROVAL INFORMATION

Part II - SECTION A	
The term "Sponsor" refers to the applicant name provided in box 8 of the associated SF-424 form.	
Item 1. Does Sponsor maintain an active registration in the System for Award Management (www.SAM.gov)?	☒ Yes ☐ No
Item 2. Can Sponsor commence the work identified in the application in the fiscal year the grant is made or within six months after the grant is made, whichever is later?	☒ Yes ☐ No ☐ N/A
Item 3. Are there any foreseeable events that would delay completion of the project? If yes, provide attachment to this form that lists the events.	☐ Yes ☒ No ☐ N/A
Item 4. Will the project(s) covered by this request have impacts or effects on the environment that require mitigating measures? If yes, attach a summary listing of mitigating measures to this application and identify the name and date of the environmental document(s).	☐ Yes ☒ No ☐ N/A
Item 5. Is the project covered by this request included in an approved Passenger Facility Charge (PFC) application or other Federal assistance program? If yes, please identify other funding sources by checking all applicable boxes.	
☐ The project is included in an <i>approved</i> PFC application. If included in an approved PFC application, does the application <i>only</i> address AIP matching share? ☐ Yes ☐ No	
☐ The project is included in another Federal Assistance program. Its CFDA number is below.	
Item 6. Will the requested Federal assistance include Sponsor indirect costs as described in 2 CFR Appendix VII to Part 200, States and Local Government and Indian Tribe Indirect Cost Proposals?	
☐ Yes ☒ No ☐ N/A	
If the request for Federal assistance includes a claim for allowable indirect costs, select the applicable indirect cost rate the Sponsor proposes to apply:	
☐ De Minimis rate of 10% as permitted by 2 CFR § 200.414.	
☐ Negotiated Rate equal to	% as approved by _____ (the Cognizant Agency) on _____ (Date) (2 CFR part 200, appendix VII).
<i>Note: Refer to the instructions for limitations of application associated with claiming Sponsor indirect costs.</i>	

PART II - SECTION B

Certification Regarding Lobbying

The declarations made on this page are under the signature of the authorized representative as identified in box 21 of form SF-424, to which this form is attached. The term "Sponsor" refers to the applicant name provided in box 8 of the associated SF-424 form.

The Authorized Representative certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the Sponsor, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the Authorized Representative shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The Authorized Representative shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

PART II – SECTION C

The Sponsor hereby represents and certifies as follows:

1. Compatible Land Use – The Sponsor has taken the following actions to assure compatible usage of land adjacent to or in the vicinity of the airport:

The City of Lewistown and Fergus County will take all steps necessary to protect for compatible land use surrounding their airport.

2. Defaults – The Sponsor is not in default on any obligation to the United States or any agency of the United States Government relative to the development, operation, or maintenance of any airport, except as stated herewith:

None.

3. Possible Disabilities – There are no facts or circumstances (including the existence of effective or proposed leases, use agreements or other legal instruments affecting use of the Airport or the existence of pending litigation or other legal proceedings) which in reasonable probability might make it impossible for the Sponsor to carry out and complete the Project or carry out the provisions of the Grant Assurances, either by limiting its legal or financial ability or otherwise, except as follows:

None.

4. Consistency with Local Plans – The project is reasonably consistent with plans existing at the time of submission of this application) of public agencies that are authorized by the State in which the project is located to plan for the development of the area surrounding the airport.

Confirmed. The project is consistent with the City and County's plans for development.

5. Consideration of Local Interest – It has given fair consideration to the interest of communities in or near where the project may be located.

Confirmed. Sponsor has given fair consideration.

6. Consultation with Users – In making a decision to undertake an airport development project under Title 49, United States Code, it has consulted with airport users that will potentially be affected by the project (§ 47105(a)(2)).

Confirmed. Sponsor has notified all affected parties.

7. Public Hearings – In projects involving the location of an airport, an airport runway or a major runway extension, it has afforded the opportunity for public hearings for the purpose of considering the economic, social, and environmental effects of the airport or runway location and its consistency with goals and objectives of such planning as has been carried out by the community and it shall, when requested by the Secretary, submit a copy of the transcript of such hearings to the Secretary. Further, for such projects, it has on its management board either voting representation from the communities where the project is located or has advised the communities that they have the right to petition the Secretary concerning a proposed project.

Not applicable.

8. Air and Water Quality Standards – In projects involving airport location, a major runway extension, or runway location it will provide for the Governor of the state in which the project is located to certify in writing to the Secretary that the project will be located, designed, constructed, and operated so as to comply with applicable and air and water quality standards. In any case where such standards have not been approved and where applicable air and water quality standards have been promulgated by the Administrator of the Environmental Protection Agency, certification shall be obtained from such Administrator. Notice of certification or refusal to certify shall be provided within sixty days after the project application has been received by the Secretary.

Not applicable.

PART II – SECTION C (Continued)

9. Exclusive Rights – There is no grant of an exclusive right for the conduct of any aeronautical activity at any airport owned or controlled by the Sponsor except as follows:

None.

10. Land – (a) The sponsor holds the following property interest in the following areas of land, which are to be developed or used as part of or in connection with the Airport subject to the following exceptions, encumbrances, and adverse interests, all of which areas are identified on the aforementioned property map designated as Exhibit "A". [1]

Airport Layout Plan "Exhibit A" is attached.

The Sponsor further certifies that the above is based on a title examination by a qualified attorney or title company and that such attorney or title company has determined that the Sponsor holds the above property interests.

(b) The Sponsor will acquire within a reasonable time, but in any event prior to the start of any construction work under the Project, the following property interest in the following areas of land on which such construction work is to be performed, all of which areas are identified on the aforementioned property map designated as Exhibit "A". [1]

Not applicable, no land acquisition required as part of this project.

(c) The Sponsor will acquire within a reasonable time, and if feasible prior to the completion of all construction work under the Project, the following property interest in the following areas of land which are to be developed or used as part of or in connection with the Airport as it will be upon completion of the Project, all of which areas are identified on the aforementioned property map designated as Exhibit "A". [1]

Not applicable.

¹ State the character of property interest in each area and list and identify for each all exceptions, encumbrances, and adverse interests of every kind and nature, including liens, easements, leases, etc. The separate areas of land need only be identified here by the area numbers shown on the property map.

PART III – BUDGET INFORMATION – CONSTRUCTION

SECTION A – GENERAL
1. Assistance Listing Number:
2. Functional or Other Breakout:

SECTION B – CALCULATION OF FEDERAL GRANT			
Cost Classification	Latest Approved Amount (Use only for revisions)	Adjustment + or (-) Amount (Use only for revisions)	Total Amount Required
1. Administration expense			\$ 5,526
2. Preliminary expense			
3. Land, structures, right-of-way			
4. Architectural engineering basic fees			55,000
5. Other Architectural engineering fees			
6. Project inspection fees			175,000
7. Land development			
8. Relocation Expenses			
9. Relocation payments to Individuals and Businesses			
10. Demolition and removal			
11. Construction and project improvement			1,975,000
12. Equipment			
13. Miscellaneous			
14. Subtotal (Lines 1 through 13)			\$ 2,210,526
15. Estimated Income (if applicable)			
16. Net Project Amount (Line 14 minus 15)			
17. Less: Ineligible Exclusions (Section C, line 23 g.)			
18. Subtotal (Lines 16 through 17)			
19. Federal Share requested of Line 18			
20. Grantee share			
21. Other shares			
22. TOTAL PROJECT (Lines 19, 20 & 21)			\$ 2,210,526

SECTION C – EXCLUSIONS	
23. Classification (Description of non-participating work)	Amount Ineligible for Participation
a.	
b.	
c.	
d.	
e.	
f.	
g. Total	

SECTION D – PROPOSED METHOD OF FINANCING NON-FEDERAL SHARE	
24. Grantee Share – Fund Categories	Amount
a. Securities	
b. Mortgages	
c. Appropriations (by Applicant)	
d. Bonds	
e. Tax Levies	110,526
f. Non-Cash	
g. Other (Explain):	
h. TOTAL - Grantee share	
25. Other Shares	Amount
a. State	
b. Other	
c. TOTAL - Other Shares	
26. TOTAL NON-FEDERAL FINANCING	

SECTION E – REMARKS (Attach sheets if additional space is required)
The following items are attached: 1. Current FAA Advisory Circulars Required for Use in AIP Funded and PFC Approved Projects (11/17/2022) 2. Airport Sponsor Assurances (05/2022) 3. Contract Documents, Specifications, & Construction Plans, AIP 3-30-0048-031-2025, incorporated by reference 4. Design Report, Contract Documents, Specifications, & Construction Plans, AIP 3-30-0048-027-2021 and 029-2022, incorporated by reference. 5. "Exhibit A" Property Map, Dated 02/13/2018 6. Preliminary Project Cost Estimate & Project Sketch

PART IV – PROGRAM NARRATIVE
(Suggested Format)

PROJECT: 3-30-0048-031-2025

AIRPORT: Lewistown Municipal Airport (LWT)

1. Objective:

Reconstruct Taxiway A (partial) and intersection with Taxiway C

2. Benefits Anticipated:

The Taxiway A pavements are beyond their useful life and are starting to fail due to differential cracking and oxidation of the asphalt binder. At the intersection with Taxiway C, pavements are exhibiting failure in the form of rutting and alligator cracking.

3. Approach: (See approved Scope of Work in Final Application)

Reconstruction of these pavements will include dig out of the existing pavements, construction of a new pavement section, and updated pavement geometry to meet FAA standards.

4. Geographic Location:

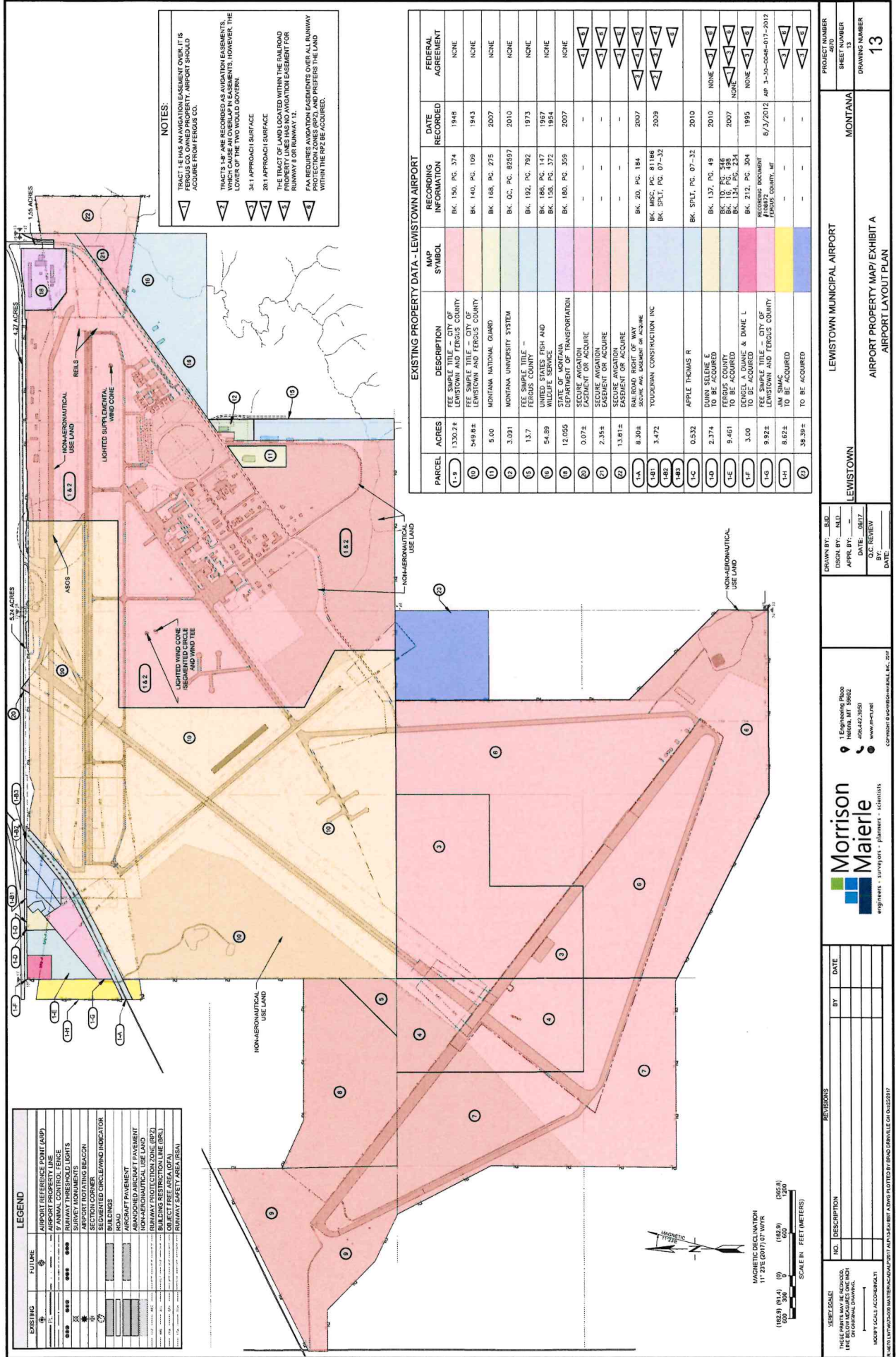
The Lewistown Municipal Airport is located approximately 2.1 miles Southwest of the City of Lewistown, MT. The Airport lies within Sections 20 and 21 of Township 15 North and Range 18 East.

5. If Applicable, Provide Additional Information:

6. Sponsor's Representative: (include address & telephone number)

Ross Butcher, Fergus County Commission
712 W Main Street, Lewistown, MT 59457
rbutcher@fergusmt.gov, 406-535-5119

Holly Phelps, Lewistown City Manager
305 West Watson, Lewistown, MT 59457
hphelps@ci.lewistown.mt.us, 406-535-1760



Areas Affected by Project (Cities, Counties, State, etc.)

City: Lewistown

County: Fergus

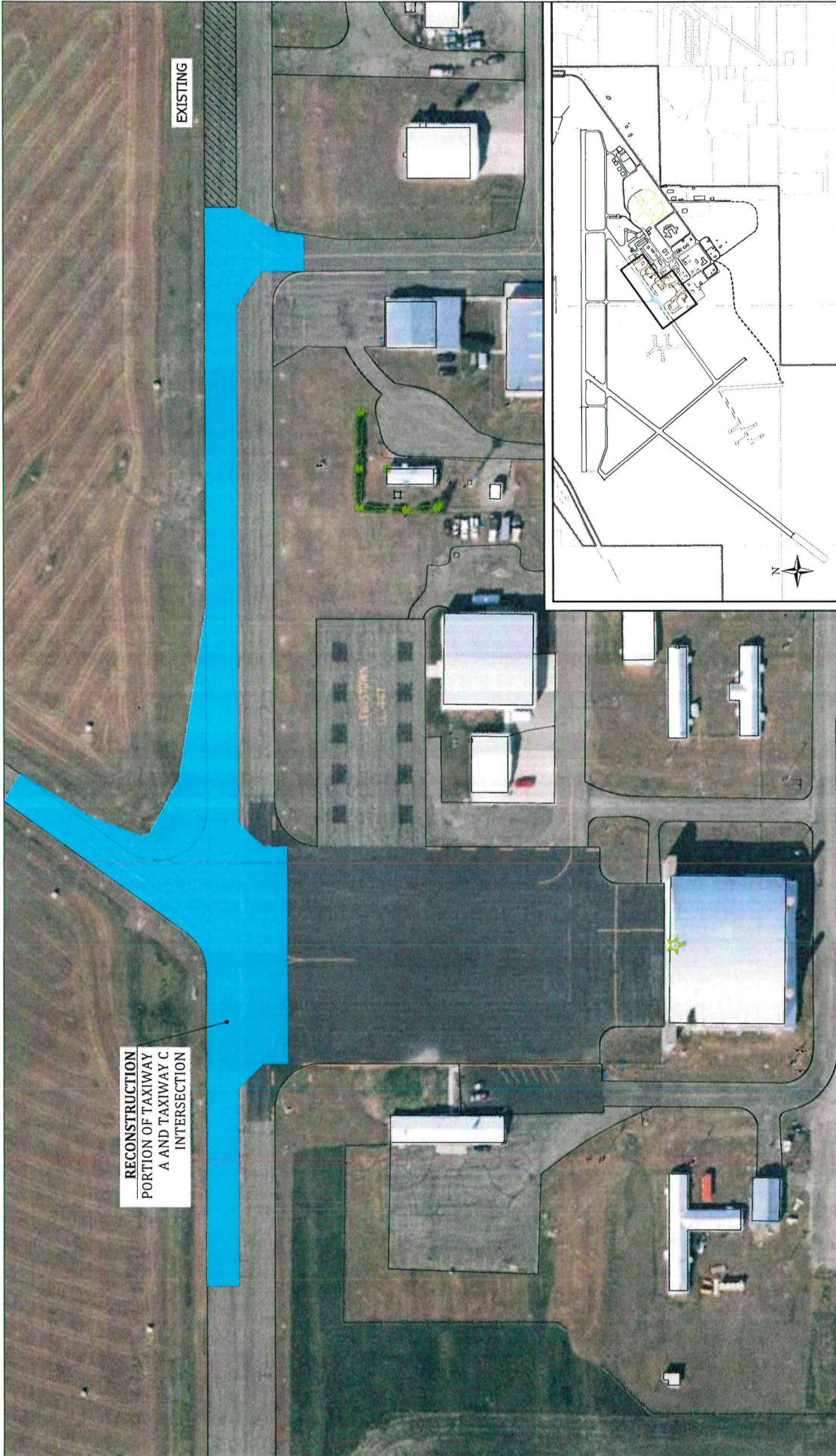
State: Montana



Lewistown Airport Improvements
Preliminary Cost Estimate

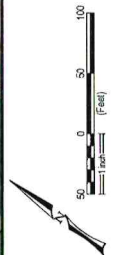
Robert Peccia & Associates, Inc.
3147 Saddle Drive * Helena * Montana * (406) 447-5000

Item No.		Quantity	Unit	Unit Description	Unit Price (Figures) 2022	Total Price (Figures) 2022	Unit Price (Figures) 2025	Total Price (Figures) 2025
Construction Improvements							5% increase per annum	
BASE BID: Reconstruct Taxiway								
101	C-100	1	LS	Mobilization - Max 15%	\$ 208,526.67	\$ 208,526.67	\$ 253,465.47	\$ 253,465.47
102	C-105-6.1	1	LS	Contractor Quality Control Program - 7.5% max	\$ 75,000.00	\$ 75,000.00	\$ 91,162.97	\$ 91,162.97
103		1	LS	Comparative LS Bid Prices utilized in 2022 Bid	\$ 325,000.00	\$ 325,000.00	\$ 395,039.53	\$ 395,039.53
104	P-101	9902	SY	Pavement Removal (Full Depth)	\$ 3.00	\$ 29,706.00	\$ 3.65	\$ 36,107.83
106	P-152-4.1	3297	CY	Unclassified Excavation	\$ 35.00	\$ 115,407.81	\$ 42.54	\$ 140,278.91
107		1	LS	RCP Removal	\$ 20,000.00	\$ 20,000.00	\$ 24,310.13	\$ 24,310.13
108	D-701	135	LF	12" RCP Culvert with Flared End Sections	\$ 200.00	\$ 27,000.00	\$ 243.10	\$ 32,818.67
109	P-208-5.1	2151	CY	P-208 Aggregate Base Course	\$ 100.00	\$ 215,088.60	\$ 121.55	\$ 261,441.54
105	P-208-5.2	7737	SY	Geotextile Separation Fabric	\$ 3.00	\$ 23,211.00	\$ 3.65	\$ 28,213.12
110	P-401-8.1	1957	TON	Asphalt Surface Course	\$ 75.00	\$ 146,809.58	\$ 91.16	\$ 178,447.96
111	P-401-8.2	121	TON	Asphalt Binder	\$ 1,200.00	\$ 145,635.10	\$ 1,458.61	\$ 177,020.37
112	P-603-5.1	1.6	TON	Emulsified Asphalt Tack Coat	\$ 1,205.00	\$ 1,934.25	\$ 1,464.69	\$ 2,351.09
113	P-620-5.2a	916.4	SF	Yellow Pavement Markings (half-rate, no reflective media)	\$ 2.00	\$ 1,832.80	\$ 2.43	\$ 2,227.78
114	P-620-5.2b	916.4	SF	Yellow Pavement Markings (full-rate with reflective media)	\$ 2.00	\$ 1,832.80	\$ 2.43	\$ 2,227.78
115	T-901-5.1	1.02	Acre	Seeding	\$ 750.00	\$ 765.00	\$ 911.63	\$ 929.86
116	T-908-5.1	1.02	Acre	Hydro Mulching	\$ 3,000.00	\$ 3,060.00	\$ 3,646.52	\$ 3,719.45
117	T-905-5.1	1234	CY	Topsoil	\$ 40.00	\$ 49,368.20	\$ 48.62	\$ 60,007.35
SUBTOTAL					\$	\$1,390,177.80		\$1,689,769.81
Administration and rounding:								\$1,283.00
Engineering:								\$30,000.00
								\$25,000.00
								\$175,000.00
								\$230,000.00
Engineering Subtotal:								
PROJECT TOTAL:						\$1,390,177.80		\$1,921,052.81
FAA Share:						\$1,251,160.00		\$1,825,000.00
Local Share:						\$139,017.80		\$96,052.81



RECONSTRUCTION
PORTION OF TAXIWAY
A AND TAXIWAY C
INTERSECTION

EXISTING



LEWISTOWN MUNICIPAL AIRPORT IMPROVEMENTS
City of Lewistown and Fergus County, MT
LWT Project Scope
FY 2026





Phone:

406.237.1212

Email:

tmcgrail@getsystems.net

Web:

www.getsystems.net



We have prepared a quote for you

Lewistown PD Officer Workstation Replacement Proposal

Quote # 005547

Version 1

Prepared for:

City of Lewistown

Holly Phelps

hphelps@ci.lewistown.mt.us

Hardware				Price	Qty	Ext. Price
Dell OptiPlex Tower - Officers Workstations				\$1,592.00	7	\$11,144.00
ModuleDescription	Product Code	SKU	Qty			
OptiPlex Tower (7020)	OptiPlex Tower 7020	G1AZYE9	210-1			
		BLDK				
Processor	Intel® Core™ i5 14500 vPro® (24MB cache, 14 cores, 20 threads, up to 5.0 GHz Turbo)	GEW16OT	338-1			
		CNCH				
Operating System	Windows 11 Pro, English, Brazilian Portuguese, French, Spanish	G01OVWE	619-1			
		ARSB				
Microsoft Office	Activate Your Microsoft 365 For A 30 Day Trial	GC7OFJV	658-1			
		BCSB				
Memory	16 GB: 1 x 16 GB, DDR5	G5KSJGA	370-1			
		BBPY				
Hard Drive	M.2 2230 1TB PCIe NVMe SSD Class 35					
Dell Latitude 5550 Laptop				\$2,067.00	3	\$6,201.00
ModuleDescription	Product Code	SKU	Qty			
Base	Dell Latitude 5550 XCTO Base	G6U302C	210-BLYZ 1			
	Intel® Core™ Ultra 5 135U, vPro® (12 MB cache, 12 cores, 14 threads, up to 4.4 GHz Turbo)	GUK6IZY	379-BFPC 1			
Processor						
Operating System	Windows 11 Pro, English, Brazilian Portuguese, French, Spanish	G01OVWE	619-ARSB 1			
Microsoft Office	Activate Your Microsoft 365 For A 30 Day Trial	GC7OFJV	658-BCSB 1			
Base Options	Integrated Intel® graphics for Intel® Core™ Ultra 5 135U vPro® processor	G8LCVYZ	338-CNRG, 338-CNRL 1			
Chassis Options	Latitude 5550 Bottom Door, MTL U15	GBKOF2I	321-BKTQ 1			
Intel Responsiveness Technologies	Intel® Rapid Storage Technology Driver	G7P3MRH	409-BCXY 1			
Systems Management	Intel® vPro® Management Disabled	G31NCA7	631-BBSQ 1			
Memory	16 GB: 2 x 8 GB, DDR5, 5600 MT/s (5200 MT/s with 13th Gen Intel® Core™ processors)	GDT5YH9	370-BBTL 1			
Storage	1 TB, M.2 2230, TLC, Gen 4 PCIe NVMe, SSD					
Dell Dell Thunderbolt Dock – WD22TB4				\$327.00	3	\$981.00
Subtotal						\$18,326.00

Estimated Labor		Price	Qty	Ext. Price
Proactive Managed Service Labor Rate	Proactive Discounted Labor to replace 10 workstations Proactive Discounted Labor Rate: [Client agrees any labor or expenses listed as out-of-scope is to be completed/purchased by an outside third party. In the event Systems technicians need to complete all or a portion of this work to finish the project in a timely manner; the client will be invoiced for unquoted labor and expenses at the non-discounted rate.]	\$140.00	40	\$5,600.00
Subtotal				\$5,600.00

Travel Expenses		Price	Qty	Ext. Price
Proactive Managed Service Labor Rate	Proactive Discounted Labor for two techs over night Proactive Discounted Labor Rate: [Client agrees any labor or expenses listed as out-of-scope is to be completed/purchased by an outside third party. In the event Systems technicians need to complete all or a portion of this work to finish the project in a timely manner; the client will be invoiced for unquoted labor and expenses at the non-discounted rate.]	\$140.00	11	\$1,540.00
Subtotal				\$1,540.00

Lewistown PD Officer Workstation Replacement Proposal



Prepared by:
Billings - Systems
 Thad McGrail
 406.237.1211
 tmcgrail@getsystems.net

Prepared for:
City of Lewistown
 305 W Watson St
 Lewistown, MT 59457
 Holly Phelps
 (406) 535-1760
 hphelps@ci.lewistown.mt.us

Quote Information:
Quote #: 005547
 Version: 1
 Delivery Date: 12/23/2024
 Expiration Date: 02/21/2025

Quote Summary

Description	Amount
Hardware	\$18,326.00
Estimated Labor	\$5,600.00
Travel Expenses	\$1,540.00
Total:	\$25,466.00

Payment Options

Description	Payments	Interval	Amount
Term Options			
Acceptance of Quote	1	One-Time	\$25,466.00

Unless noted above:

- * The cost of installation, maintenance, freight, travel and insurance are not included.
- * Travel Expenses (i.e. Meals, Lodging, etc.) will be passed on to the client.
- * Unit prices will govern over extended prices.
- * Morrison-Maierle Systems Corp. reserves the right to charge a 25% restocking fee on all returned or cancelled equipment.
- * Prices are subject to change without notice.

By entering my initials below, I am confirming I am in fact the signor and authorizing party. I have read and agree to the services, equipment, and supplies provided in this Quote. My initials are to serve as my signature in accordance with the Date, Time, and IP Address stamps digitally documented below.

City of Lewistown
305 W. Watson
Lewistown, MT 59457
535-1760

11794

Business License Application

Business Name Roger Larsen
Street Address 1635 Larsen Lane Phone 406-380-1041
City Buffalo State Mont. Zip Code 59418
Brief Description/Nature of Business Electrical Contractor

Is This a Recognized Non-Profit Organization? Yes ___ No ☒ # of Employees ___

Owners Name and Address Roger Larsen
City Buffalo State MT Zip Code 59418 Phone # 406-380-1041

Planning & Building Dept:

Legal Description: Lot ___ Blk ___ Subdivision ___ Lot Sz (sq ft) ___

Estimated Square Footage ___ Occupant Load ___ Zoning District ___

Is The Building Currently Under Construction or Remodeling? Yes ___ No ___

Remodeling or New Construction Within The Last 12 Months? Yes ___ No ___

Is Building in The City Limits? Yes ___ No ___

Fire Dept:

- Primary Emergency Contact Name & # Brookes Larsen 406-374-2395
- Secondary Emergency Contact Name & # Norman Larsen 406-366-0832

Are There Any Special Hazards Associated With Your Business That We Should Be Aware Of? Yes ___ No ☒ If So, What Are They? _____

Do You Have Any Hazardous Materials On The Premises? Yes ___ No ___ If So, Do

You Have Materials Safety Data Sheets For Them? Yes ___ No ___

Are There Any Fire Extinguishers Located On The Premises? Yes ___ No ___ # ___

Are There Smoke Detectors On The Premises? Yes ___ No ___ # ___

Are There Any Locked Or Blocked Exits During Business Hours? Yes ___ No ___

• Applicant Signature Roger Larsen

City Use Only Electrician

Business License Fee: 12-16-24

Business Classification B.H. Received By Angela Schenk Date 06-00 pd.

Sent to:

BUILDING DEPT _____
FIRE DEPT _____
HEALTH DEPT _____
ZONING DEPT _____
CITY MANAGER _____

Received From:

BUILDING DEPT _____
FIRE DEPT _____
HEALTH DEPT _____
ZONING DEPT _____
CITY MANAGER _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER CENTRAL MONTANA INS CENTER 505 W MAIN, SUITE 101 LEWISTOWN, MT 59457-0000 cmic@centmtins.com	CONTACT NAME: PHONE (A/C, No, Ext): 406 538-2331 FAX (A/C, No): 406 538-2333 E-MAIL: ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A : DIAMOND STATE INSURANCE CO. INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
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COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GENTL AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER: ☐ AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY ☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		DCC0000753	10/15/2024	10/15/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CITY OF LEWISTOWN
305 W WATSON
LEWISTOWN, MT 59457

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE