

OFFICIAL PROJECT NO. 65-66-3703

WORK PROJECT NO. 1149

**WORKS PROGRESS ADMINISTRATION
PROJECT PROPOSAL**

Amount requested, \$ 49,150.00
Amount approved, \$ 49,150.00

W.P.A. Work Project No. 7-72 Date, 10/11/35

Sponsor's proposal No. 1

Date of proposal 10-31-35

To: Works Progress Administration of Texas (Local) (District) (State)

1. Request is hereby made that the following proposal be reviewed and that a formal application be made for an allotment of funds for this project under the rules and regulations of the Works Progress Administration.

Texas State Dept. of Health

From: County & City Health Dept., Ft. Worth, Tarrant, Texas
(City, town, village) (County) (State)

2. Location of project: County-wide, Tarrant, Texas
(City, town, village) (County) (State)

3. Description of project and character of work: Drainage of swamps and ponds which provide breeding places for the mosquito involved in the transmission of malaria. Straightening, grading, and rip-rapping of creeks for the purpose of eliminating places where mosquitoes might propagate.

4. Summary of estimated costs:

		Estimated Costs		Percent of Construction		Total	
		Amount	%	Amount	%	Amount	%
a. Labor:							
1. Unskilled		56,730.00	67			86,730.00	64
2. Intermediate		16,000.00	2			8,000.00	6
3. Skilled		7,616.00	1			7,616.00	6
4. Professional and technical		1,625.00	2			1,625.00	2
SUBTOTAL (a)		72,961.00				104,971.00	73
b. Supervision		1,677.00	2	1,677.00	2	8,353.00	7
SUBTOTAL (a) plus (b)		74,638.00		1,677.00	2	113,328.00	85
c. Materials, equipment, and other costs:							
1. Materials and supplies		2,655.00	3	4,150.00	69	6,805.00	5
2. Equipment rentals		12,062.00	10			12,062.00	9
3. Other costs		1,000.00	1	600.00	10	2,200.00	1
SUBTOTAL (c) on (a)		13,717.00		4,750.00	79	21,067.00	15
TOTAL COST OF PROPOSAL		100,096.00		60,083.00		134,999.00	



See letter from district
last of Sept 1935

4-44-47

REV 1565

5. Estimated man-months of work:
- | | | |
|--|-------------|---|
| (a) Relief workers paid from Federal funds, man-months | <u>2618</u> | 3 |
| (b) Total workers paid from Federal funds, man-months | <u>2835</u> | |
| (c) Total workers paid by Sponsor, man-months..... | <u>7</u> | |
| (d) Total man-months, all workers..... | <u>2842</u> | |
6. Estimated Federal expenditure per man-year of labor:
- | | |
|---|---------------|
| Total Federal cost of project (item 4, col. 2, total) | <u>546.61</u> |
| Man-months labor (item 5(b)) | |
7. Has this matter been referred to a public planning agency? Yes. What is its recommendation? Favorable.
- Name of agency? Commissioners Court
8. Recommendations of other agencies having partial or technical jurisdiction over project
State Department of Health
9. How and when would Sponsor proceed with this work under ordinary conditions and how would it be financed?
Would not be done
10. Is the proposed work on public property? Partially.
Does this project involve acquisition of (a) Land? No, (b) Easements? No, (c) Rights-of-way? No.
Has this been done? Will be. At what cost? None.
11. Was this project operated under a previous program?
- | | | |
|--------------------------|-----------------------------|-----------------------------|
| (a) C. W. A. <u>Yes</u> | Project No. <u>4810-A-5</u> | Percent complete <u>10%</u> |
| (b) E. R. A. | Project No. | Percent complete |
| (c) Other (specify) | | |
12. Status of operating plans:
- | |
|--|
| (a) Are surveys completed? <u>No</u> . If not, give completion date <u>As work progresses</u> . |
| (b) Are preliminary plans completed? <u>Yes</u> . If not, give completion date |
| (c) Are final plans and specifications completed? <u>No</u> . If not, give completion date <u>As work progresses</u> . |
| (d) By whom were the plans and specifications prepared? <u>N. E. Roberts, Ass't. State Director</u>
(Name) (Title) |
13. Upon approval, how long before work at site can start? At once
14. By whom will the work be supervised? J. J. Adams
(Name) District Supervisor
(Title)
15. Estimated elapsed time from beginning of proposed work to its completion. 7 months
16. Will the amount requested on this proposal complete the work described in this project? Yes. If not, will the sponsoring agency assume responsibility for its completion?
17. Will operation or maintenance be required after project is completed? No. If so, what provision has been made?
18. Will the utility of this project be dependent upon the completion of any other public or private work? No. If so, explain. Use additional sheet if necessary.
- 19.* Does this project involve: (a) Travel? No (b) Rental of space? No
- 20.* If proposal is for a statistical survey or research project, are complete specifications, copies of schedules, etc., submitted herewith? Does not apply
- 21.* If project involves compilation and tabulation of data, what provision has been made for its publication? Does not apply
22. Justification: (A short, concise statement giving reason or necessity for the proposed project, including any comments or further statements about the nature of the work. Use additional sheet if necessary.)

23. Labor analysis:

REV 15A

All labor needed should be listed under appropriate classifications. Monthly earning rates—except superintendence and labor furnished by sponsor—must agree with Executive Order dated May 20, 1935.

Occupational classifications of persons needed (1)	# (2)	Number of persons (3)			Monthly earning rate (4)	Amount (dollars) (5)		
		Male (5)	Female (6)	Total (7)		Federal funds (8)	Sponsor's contributions (9)	Total (10)
Unskilled:		xxxxx	xxxxx	xxxxxx	xxx	xxxxxxxx	xxxxxx	xxxxxxxx
Laborers	R	2478		2478	35.00	86730.00		86730.00
Intermediate:		xxxxx	xxxxx	xxxxxx	xxx	xxxxxxxx	xxxxxx	xxxxxxxx
Steno-clerks	M		14	14	52.00	728.00		728.00
Chain men	R	28		28	52.00	1456.00		1456.00
Sub. foremen	R	112		112	52.00	5824.00		5824.00
Skilled:		xxxxx	xxxxx	xxxxxx	xxx	xxxxxxxx	xxxxxx	xxxxxxxx
Bookkeeper	M		14	14	38.00	952.00		952.00
Rod men	M	14		14	38.00	952.00		952.00
Foremen	M	56		56	68.00	3808.00		3808.00
Cement finisher	M	28		28	38.00	1064.00		1064.00
Professional and technical:		xxxxx	xxxxx	xxxxxx	xxx	xxxxxxxx	xxxxxx	xxxxxxxx
Senior Engineer	M	14		14	75.00	1050.00		1050.00
Statistician	M	7		7	75.00	525.00		525.00
Instrument men	M	14		14	75.00	1050.00		1050.00
SUBTOTAL		2751	28	2779	xxx	104979.00		104979.00
Superintendence:		xxxxx	xxxxx	xxxxxx	xxx	xxxxxxxx	xxxxxx	xxxxxxxx
Project Supt.	T	7		7	175.	1225.00		1225.00
Asst. "	M	21		21	175.	3675.00		3675.00
Timekeeper	M	28		28	100.	2800.00		2800.00
County Sanitarian	C	7		7	175.	1253.00		1253.00
SUBTOTAL		63		63	xxx	2700.00	1253.00	8953.00
Federal		2807	28	2835	xxx	112679.00		112679.00
Sponsor		7		7	xxx		1253.00	1253.00
TOTALS		2814	28	2842	xxx	112679.00	1253.00	113922.00

*Note.—Indicate by whom furnished, thus: F (Federal) S (Sponsor).

19. * Equipment analysis:

Revised for Fed. Funds

2-25-37

Kind of equipment (do not include small tools or sundry equipment, which will be included under items 18, "Other direct costs")	Capacity	Number of units	Method			Does rental rate include operator's wages? (Yes or no)	Amount (dollars)		
			Rate per unit (dollars)	Per hour, day, or week	Period of rental (Hours, days, weeks)		Federal funds	Sponsor's funds	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Trucks	1½ Ton	5	1.00	hr.	1399	yes	6995.00		6995.00
Transit Reqn Bl & 5				mo.	6	no	135.00		135.00
Level Reqn Bl-4-8-9-10-11				mo.	11	no	198.00		198.00
REVISED FOR FEDERAL FUNDS ONLY									
TOTAL	XXXXX	XXX	XXX	XXX	XXXX	XXX	7328.00		7328.00

20. * Materials and supplies analysis:

Description of materials	Grade	Quantity	Unit	Unit price	Amount (dollars)		
					Federal funds	Sponsor's funds	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Cement					343.86		343.86
Office Supplies	Req.	Three			52.54		52.54
Miscl. Tools	Req.	A-1, D1-E1			594.60		594.60
Broken Rock						4150.00	4150.00
TOTAL		XXX	XXXX	XXX	991.00	4150.00	5141.00

21. * Other direct costs, including safety measures, transportation of workers, tools and sundry equipment (not included in items 18, 19, and 20).

Description	Amount (dollars)		
	Federal funds	Sponsor's funds	Total
(1)	(2)	(3)	(4)
Small Tools		200.00	200.00
Office Supplies		50.00	50.00
Office Rent & Utilities		350.00	350.00
TOTAL		600.00	600.00

* Use separate lines to show items supplied by sponsor and those requested from Federal funds, items 18, 20, and 21.

27. Condensed work schedule and number of man-months each month: (Total man-months should equal column 8, Item 23.)

28. Estimate of cost by items of work:

TOTAL COST OF PROJECT (total of column 4, item 4, page 1)..... 134, 999.00

29. FISCAL CERTIFICATE:

This is to certify that the contributions specified in this proposal will be available for the prosecution of this project as needed.

Fiscal officer W. E. Roberts
(Type or print name)

W.E. Roberts
(Signature)

Ass't State Dir. 10-31-35
(Title) (Date)

30. SPONSORING CERTIFICATE:

The statements contained in this proposal have been checked by the undersigned and are true to the best of his knowledge and belief. It is agreed that the Works Progress Administration is under no obligation to complete any project. This project will not cover work for which local funds are currently appropriated, or work generally included in the normal governmental operations of sponsoring agency, nor will it result in the displacement of regular employees of this agency. The work proposed will be done in full conformance with all legal requirements. It is understood that Federal funds will be expended by the United States Treasury only upon pay rolls and vouchers certified by the Works Progress Administration; and that all operations will be in accordance with regulations prescribed under the Emergency Relief Act of 1935 and administrative orders and instructions issued by the Works Progress Administration.

Sponsor's agent H. E. Roberts
(Type or print name)

the Emergency Relief Act of 1935

(Signature)

Asst. State Dir. 10-21-
(Title) (Date)

WORKS PROGRESS ADMINISTRATION
PROJECT APPLICATION

Class _____

Amount Requested by District 128,996.00 State WPA Application No. 300-7

Amount Approved by State _____ Work Project No. _____

Approved _____ (Date) _____ (State Administrator) _____ (State)

From: Works Progress Administration of #2 (District) Texas (State)

1. An analysis has been made of sponsor's proposal No. / Submitted by:
 State Dept. of Health
City & County Health Dept. Ft. Worth Tarrant
 (Sponsor) (City, Town, Village) (County)
 2. For (location, description and character of work) Malaria Control--Drainage
of swamps and ponds and breeding places of mosquitoes County wide.

- It appears from this analysis that the following results will be obtained:
3. Total man-years of work 236.83 Total Federal man-years of work 236.25
4. Average number of workers per month:
- (A) Persons from public relief rolls, paid from Federal Funds 374
 (B) Total persons paid from Federal Funds 405
 (C) Total persons paid by Sponsor 1
 (D) Total number of workers (B plus C) 406
5. Ratio of average number of workers from relief rolls to all persons
 paid from Federal Funds (4A divided by 4B above) 92.35%
6. Federal expenditure per man-year of labor \$ 546.14
7. Project can be started 1 days after notice of approval and will require 7 months for completion
8. Remarks: _____

9. Summary of estimated costs:	Federal Funds		Sponsorship Costs		Total	
	Dollars	%	Dollars	%	Dollars	%
Labor	104,979	81	104,979	81	104,979	78
Superintendence	7,700	6	1253.00	21	8,957	7
Subtotal	112,679	87	1253.00	21	117,932	95
Material, equipment & other costs	16,317	13	4750.00	79	21067	15
TOTAL COST OF PROJECT	128996.00	100	6003.00	100	134,999.00	100

10. The proposed project complies with the requirements of the Works Progress Administration, and application for allocation of funds is hereby made.
11. It is hereby certified that not less than twenty-five percentum (25%) of the grant to be made in connection with the foregoing project is to be expended for work under such project.

Checked: As to labor, Mr. C. Moore Date _____
Signature _____As to engineering, H. D. Dickey Date _____
Signature _____As to _____ Date _____
Signature _____Approved _____ Date _____
Geo. L. Dickey
District Director

FEDERAL WORKS AGENCY
WORK PROJECTS ADMINISTRATION OF TEXAS
STATEMENT OF PROJECT ESTIMATE DETAIL

33009

300-7 (7-82)
(SERIAL NUMBER)

Sequence Number

Date 11-3-39

P. L. 702-8
Limitation 520,634.40Supersedes Sequence Number 29634
Dated 7-6-39TO: H. P. Drought, State Administrator
San Antonio, TexasIt is desired that the Work Project described below be placed in operation.
Your approval of its prosecution is requested.

Karl E. Wallace

(DISTRICT DIRECTOR)

7

(District)

Fort Worth

(CITY)

Location of Project:

Tarrant County-wide

(COUNTY)

(CITY)

Description of Project: Malaria Control-drainage of swamps and ponds to eliminate mosquitoes. This project ripraping and other forms of permanent drainage, straightening and aligning of creeks and streams, clearing and grubbing and maintenance of an office for keeping of records and other necessary office duties. Headquarters for the purpose of supervision located at Ft. Worth, Texas. Exclusive of any other project specifically approved. The sponsor has legal authority to operate this project over entire area involved.

THIS PROJECT NOT TO
BE REOPENED

Expected starting date Completed Estimated date of completion Completed

Sponsor Texas State Department of Health

The following identifying symbols will appear on every Pay Roll, Requisition, or other Encumbrance Document chargeable to the project.

Type of Work Symbol 0-1922 Official Project 65-66-3703

Work Project 1149 Expenditure Symbol 165000-09

Title ER, WPA, Non-Federal Projects, 1940.

Program Class 100 Location Symbol 66-000-220

ITEMS	NO. WORKERS	W. P. A. MAN HOURS	DISTRIBUTION OF FUNDS		SPONSOR	TOTAL		
			W. P. A.					
			CHANGE	CUMULATIVE				
Certified								
Non-Certified								
TOTAL	386.859		124,850.17	1,072.99	125,923.16			
Total Non-labor	-	49.60	8,219.45	5,113.93	13,333.38		
Total Approved Estimate	-	49.60	133,069.62	6,186.92	139,256.54		

Estimated Man Month Non-Labor Cost \$ Weight Resulting Factor

W. P. A. Man Months

Approved: 11-3-1939
(DATE)

(STATE DIRECTOR)

Operations
(DIVISION OF)

WORKS PROGRESS ADMINISTRATION OF TEXAS

DIVISION OF THEATRE AND STATION

JAN 19 1939 1939

AREA NO	ADMIN F O NO	COUNTY	W. P. NO.	TYPE OF WORK
15	07	220	1149	1982

W.P.A.

AUTHENTICATION PER FORM 701 REVISED
ENCUMBRANCES PER LAST REPORT
ENCUMBRANCES SINCE LAST REPORT

INDEFINITE BALANCE OF AUTHORIZATION

SPONSOR

PRISONER'S PLEDGE PER FORM 701 REVISED
EXEMPTIONS PER LAST REPORT
EXEMPTIONS SINCE LAST REPORT

UNEXPIRED SPONSOR'S PLEDGE

MAN HOURS

MANUFACTURERS' CATALOGUE

MANUFACTURERS

PAYROLL ENDING	PERIOD DATE	NUMBER WORKERS THIS PERIOD			ENCUMBRANCES DURING CALENDAR MONTH	
		CERTIFIED	NON-CERTIFIED	TOTAL	LABOR	OTHER