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| **This section is for State use only.** | | | | |
| Title |  | | | |
| Jurisdiction |  | | | |
| FEMA Disaster No. |  | | | |
| Application Type | ☐ Standard Hazard Mitigation Grant Program (HMGP)  ☐ 5 % Initiative  ☐ 7% Planning | | | |
| Eligible Supplicant | ☐ State  ☐ Private Non-profit  ☐ Local Government | | | |
| Community NFIP Status | ☐ Participating  ☐ Non-participating  ☐ Recognized Indian Tribe or Tribal Organization | CID # |  | |
| Support Documents | ☐ Conforms with State HMP  ☐ In Declared Aea  ☐ Statewide | | | |
| State Signature |  | | Date |  |

Hazard Mitigation Assistance (HMA) Grant Funding Application

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| **1.0 PLAN/PROJECT IDENTIFICATION** | | | | | |
| 1.1 Grant Type | ☐ Hazard Mitigation Grant Program (HMGP) | | | | |
| 1.2 Title | 1.2a | | | | 1.2b  ☐ Project  ☐ Plan |
| 1.3 Application Year |  | | | | |
| 1.4 Location of  Project Site and Jurisdiction |  | | | | |
| **2.0 APPLICANT IDENTIFICATION** | | | | | |
| 2.1 Entity making  Application |  | | | | |
| 2.2 Eligibility | ☐ State Agency ☐ Local Government or Tribe ☐ Private Non-Profit | | | | |
| 2.3 Tax  Identification | 2.3a State |  | 2.3b Tribal/Federal |  | |
| 2.4 Employer ID | 2.4a EIN |  | 2.4b DUNS |  | |
| 2.5 EO 12372 | Subapplication has been submitted in compliance with Executive Order 12372 (State ClearingHouse).  ☐ Yes  ☐ No because it is not covered by EO 12372  ☐ No it has not been selected by state for review | | | | |
| **Contacts** | | | | | |
|  | Contact #1 | | Contact #2 | | |
|  | ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr. | | ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr. | | |
| 2.6 Last Name |  | |  | | |
| 2.7 First Name,  Middle Initial |  | |  | | |
| 2.8 Title |  | |  | | |
| 2.9 Agency |  | |  | | |
| 2.10 Address |  | |  | | |
| 2.11 City, ST Zip |  | |  | | |
| 2.12 Phones |  | |  | | |
| 2.13 Email |  | |  | | |
| 2.14 Web Address |  | |  | | |
| **Applicant Experience** | | | | | |
| 2.15 List other  FEMA grants awarded to or  managed by this entity |  | | | | |
| 2.16 Federal Debt | ☐ Yes. Details:  ☐ No. Parties to this application are not delinquent on any Federal Debt. | | | | |

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| **3.0 COMMUNITY IDENTIFICATION** | | | | | | | | | | | | | |
| 3.1  Community Name |  | | | | | | | | | | | | |
| 3.2 Federal  Identification  Processing  Standard (FIPS) | 3.2a NFIP CID | | | | |  | | | 3.2b Congress | | |  | |
| 3.2c US Senate | | | | |  | | | 3.2d State Representative | | |  | |
|  | | | | | | | | | | | | |
| **Mitigation Plan** | | | | | | | | | | | | | |
| 3.3 Is there an existing multi-hazard mitigation plan in compliance with 44 CFR Part 201 covering the applying entity? | | | | | | | | | ☐ Yes  ☐ No (skip to Scope Of Work) | | | | |
| 3.4 Name of existing plan and Year Approved |  | | | | | | | | | | | | |
| 3.5 Type of plan | ☐ Multi-jurisdiction ☐ Multi-hazard ☐ Local Tribal | | | | | | | | | | | | |
| 3.5 How is this application plan or project related to existing plans, including FEMA- approved state plans? |  | | | | | | | | | | | | |
| 3.7 Describe other related mitigation  plans (include plan names) |  | | | | | | | | | | | | |
| 3.8 Attachments | ☐ Yes | | | Comments: | | | | | | | | | |
| **4.0 SCOPE OF WORK (SOW)** | | | | | | | | | | | | | |
| For Plans, skip to “For Plans” at field 4.10. | | | | | | | | | | | | | |
| 4.1 Type of  Mitigation Activity (check all that apply) | ☐ Biological  ☐ Chemical  ☐ Terrorist  ☐ Toxic  ☐ Substance  ☐ Dam/Levee ☐ Drought  ☐ Earthquake ☐ Fire | | | | | | ☐ Crop Loss  ☐ Fishing Loss  ☐ Human Cause  ☐ Civil Unrest  ☐ Land Subsidence  ☐ Nuclear  ☐ Special Event  ☐ Other | | | ☐ Freeze  ☐ Flood  ☐ Severe Storm  ☐ Mud/Landslide  ☐ Snow  ☐ Ice  ☐ Windstorm  ☐ Hurricane  ☐ Tornado | | | |
| 4.2 Location of Site | Latitude Longitude | | | |  | | | | | | | | |
| 4.3 Describe  Construction |  | | | | | | | | | | | | |
| 4.4 Responsible Managers and  Contractors |  | | | | | | | | | | | | |
| 4.5 Residual Risk after completion |  | | | | | | | | | | | | |
| 4.6 Estimated time to complete project |  | | | | | | | | | | | | |
| 4.7 Feasibility (attach engineering abstracts, schematics, life safety) |  | | | | | | | | | | | | |
| 4.8 Long term maintenance plan and project useful life |  | | | | | | | | | | | | |
| 4.9 Proposed Activity (include location and title of project or plan) | Please attach a Scope of Work Narrative in .doc or .pdf format. Include two alternative activities. | | | | | | | | | | | | |
| **For Plans** | | | | | | | | | | | | | |
| 4.10 Type of Plan | ☐ New Plan ☐ Update Existing Plan | | | | | | | | | | | | |
| 4.11 List  Beneficiaries of Plan |  | | | | | | | | | | | | |
| 4.12 Describe Staffing and estimated time to complete |  | | | | | | | | | | | | |
| 4.13 Attachments | ☐ Yes | | Comments: | | | | | | | | | | |
| **Property Impacted. Complete this section for each property.** | | | | | | | | | | | | | |
| 4.14 Disaster  Declaration | ☐ Yes  Dates  Name  ☐ No | | | | | | | | | | | | |
| 4.15 Property  Owners |  | | | | | | | | | | | | |
| 4.16a Address of Property to be mitigated:  Property Map, Parcel, and Lot #  Include NFIP Policy Numbers for Loss Status | | | | | | | | | 4.16b  ☐ NFIP Policy  ☐ FMA Repetitive Loss Policy  ☐ FMA Severe Repetitive Loss Policy | | | | |
| 4.17 Property Tax  ID |  | | | | | | | | | | | | |
| 4.18 Legal Description | ☐ Unimproved land  ☐ Public  ☐ Non-residential  ☐ Manufactured home  ☐ Multi-Family Dwelling (5 or more Units)  ☐ Single family | | | | | | | | | | | | |
| 4.19 Is this property currently substantially damaged? | | | | | | | | | ☐ Yes ☐ No | | | | |
| 4.20 Property Action | ☐ Acquisition ☐ Safe Room  ☐ Demolition ☐ Wind Shelter  ☐ Relocation ☐ Seismic  ☐ Elevation ☐ Wildfire  ☐ Flood Proofing ☐ P804 Wind Advanced A B-ES I  ☐ Mitigation ☐ Other  ☐ Reconstruction | | | | | | | | | | | | |
| 4.21 Elevation in feet the lowest floor will be raised above  Base Flood Elevation | | | | | | | | |  | | | | |
| 4.22 Unit Types impacted | ☐ Apartment ☐ Basement  ☐ Lobby ☐ Lot  ☐ Floor ☐ Hangar  ☐ Office ☐ Pier  ☐ Room ☐ Slip  ☐ Suite ☐ Other | | | | | | | | | | | | |
| 4.23 Foundation | ☐ Basement ☐ Slab on Grade  ☐ Crawl space ☐ Vacant Land  ☐ Pier, Pile, Post or Column ☐ Other | | | | | | | | | | | | |
| 4.24 Flood Zone (ie. A, AE, V, etc.) |  | | | | | | | | | | | | |
| **5.0 COSTS** | | | | | | | | | | | | | |
| 5.1 Cost – Benefit  Analysis Method | **Attach report in .xls or .pdf format. The digital export must also be submitted. FEMA BCA Toolkit Download:** <https://www.fema.gov/benefit-cost-analysis>  ☐ FEMA Benefit-Cost Analysis tool (BCA)  ☐ Pre-calculated Benefits  ☐ Substantial Damage in Special Flood Hazard Area (SFHA) – acquisition only  ☐ Other | | | | | | | | | | | | |
| **Schedule** | **Include all tasks necessary to implement this mitigation activity, the estimated timeframe for each task, and who will complete it. Attach a separate .doc, .xls, or .pdf if preferred.** | | | | | | | | | | | | |
| 5.2 Description of  Task | Starting Point | | | Unit of Time | | | | Duration | Completion Point | | Responsible Entity | | |
| *Example: Inspection* | *Day 15* | | | *Days* | | | | *21 Days* | *Day 36* | | *Housing Dept.* | | |
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| **Cost Estimate** | | | | | | | | | | | | | |
| 5.3 Item | Budget Class | | Unit  Quantity | | | | Unit of Measure | | Unit Cost | Estimate | | | Running  Total |
| *Example: Fence Post* | *Material* | | *60* | | | | *8’* | | *$7.85* | *$471* | | | *$471* |
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| **Subapplicant Management Cost** | | | | | | | | | | | | | |
| 5.4 Requesting management cost? | ☐ Yes ☐ No | | | | | | | | | | | | |
| 5.5 Item | Budget Class | | Unit  Quantity | | | | Unit of Measure | | Unit Cost | Estimate | | | Running  Total |
|  |  | |  | | | |  | |  |  | | |  |
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| **Cost Sharing** | | | | | | | | | | | | | |
| 5.6 Cost Estimate | Dollar Amount | | | | | | | | Percentage | | | | |
| 5.7 Federal  Sources |  | | | | | | | |  | | | | |
| 5.8 Non-Federal  Share |  | | | | | | | |  | | | | |
| 5.9 Non-Federal  Funds | 5.9a Agency | | | | | | | |  | | | | |
|  | 5.9b Funding Type | | | | | | | |  | | | | |
|  | 5.9c Amount | | | | | | | |  | | | | |
| 5.10 Attachments | ☐ Yes | | | | | | | | Comments: | | | | |
| **Evaluation: Community Rating System (CRS)** | | | | | | | | | | | | | |
| 5.11 CRS Rating | | | | | | | | |  | | | | |
| 5.12 Is the recipient of funds a cooperating technical partner (CTP)? | | | | | | | | | ☐ Yes ☐ No | | | | |
| 5.13 Firewise Community | | | | | | | | | ☐ Yes ☐ No | | | | |
| 5.14 International Building Codes Compliant | | | | | | | | | ☐ Yes ☐ No | | | | |
| 5.15 National Fire Protection Association (NFPA) 5000 | | | | | | | | | ☐ Yes ☐ No | | | | |
| 5.16 Building Code Effectiveness Grading Schedule  (BCEGS) | | | | | | | | | ☐ Yes ☐ No | | | | |
| 5.17 Is this Plan or Project within an impoverished community? | | | | | | | | | ☐ Yes ☐ No | | | | |
| 5.18 Community  Benefits of Plan |  | | | | | | | | | | | | |
| **Protection of Critical Facilities** | | | | | | | | | | | | | |
| 5.19 Does this project protect any of the following? | ☐ Hazardous Materials Facility  ☐ Emergency Operations Center  ☐ Power Facility  ☐ Water or Sewer Treatment  ☐ Communications  ☐ Medical Care  ☐ Fire Protection | | | | | | | | | | | | |
| 5.20 Attachments | ☐ Yes | Comments: | | | | | | | | | | | |
| **6.0 Environmental and Historic Preservation (EHP)** | | | | | | | | | | | | | |
| 6.1 Check all that apply | ☐ Ground disturbance  ☐ Impact on past use of historic or public site  ☐ Endangered or threatened species and critical habitats  ☐ Vegetation removed  ☐ Waterways within 200 feet  ☐ Dredging or disposal of dredged material  ☐ Located within 100- or 500-year flood zone  ☐ Altering water flow or drainage  ☐ Designated Coastal Zone  ☐ Site impact on 5 acres of farmland  ☐ Hazardous materials or contaminants disturbed or involved  ☐ Executive Order 12898 low income or minority populations in the project’s area of impact  ☐ Environmental requirements | | | | | | | | | | | | |
| 6.2 Historic Preservation | Attach USGS 1:24,000 quadrangle displaying relationships of structures Attach photographs of any structures over 50 years old | | | | | | | | | | | | |
| **7.0 ASSURANCES AND CERTIFICATIONS** | | | | | | | | | | | | | |
| 7.1 Part I: Assurances non-construction programs | | | | | | | | | ☐ Complete  ☐ Incomplete  ☐ N/A | | | | |
| 7.2 Part II: Certifications Regarding Lobbying: Debarment,  Suspension and Other Responsibilities Matters; and Drug Free Workplace Requirements | | | | | | | | | ☐ Complete  ☐ Incomplete  ☐ N/A | | | | |
| 7.3 Part III: Disclosure of Lobbying Activities (Complete only if applying for a grant of more than $100,000.00 and have lobbying activities using non-federal funds. | | | | | | | | | ☐ Complete  ☐ Incomplete  ☐ N/A | | | | |
| 7.4 Additional  Attachments that may be required. | ☐ Disclosure of Lobbying Activity  ☐ Historical Preservation Considerations for impacted properties  ☐ Model Acknowledgement of Conditions for Mitigation in SFHA  ☐ Selecting Appropriate Mitigation Measures for Flood Prone Structures, FEMA 551 Model Deed Restriction  ☐ Model Deed Restriction Language  ☐ Model Mitigation Offer  ☐ Notice of Voluntary Interest Sample 1 (Multiple Property Owners)  ☐ Notice of Voluntary Interest Sample 2 (Single Property Owner)  ☐ Statement of Voluntary Participation for Acquisition of Property for Purpose of Open Space  ☐ The National Flood Mitigation Data Collection Tool and RLP Viewer, FEMA 497C  ☐ Property Assessment Information or Appraisal  ☐ Elevation Certificate  ☐ Non-federal share Commitment Acknowledgement  ☐ Architectural Renderings for Historic Properties  ☐ Maintenance Agreement | | | | | | | | | | | | |