# Application for Hazard Mitigation Assistance (HMA) Funds

NOTE: All Applications must be submitted with signature.

## PROJECT OVERVIEW

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Applicant Legal Name: | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Organizational Unit: | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 2. Applicant Type: | | |  | Local Government | | | | |  | | State Government | | | |  | Private Non-Profit (Attach copy of 501c3) | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 3. Is this a new or revised application? | | | | | | | |  | | New | | |  | Revised | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| If revised, check appropriate box: | | | | | | | |  | | Funding Change | | | | | | | |  | | Timeline Extension | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | Change in Scope of Work | | | | | | | |  | | Other (specify below) | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 4. Project Title: | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 5. Proposed Project Total Cost: | | | | | | **$** |  | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Federal Share (75%): | | | | | | **$** |  | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Non-Federal Match (25%): | | | | | | **$** |  | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 6. **Certifications:**  The undersigned assures fulfillment of all requirements of the Hazard Mitigation Grant Program as contained in the program guidelines and that all information contained herein is true and correct to the best of my knowledge. The governing body of the applicant has duly authorized the document, and hereby applies for the assistance documented in this application. Also, the applicant understands that the project may proceed ONLY AFTER FEMA APPROVAL is gained. | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | |  | |  | | | | | | | | | |  |  |
|  | *Typed Name of Authorized Representative/Applicant Agent* | | | | | | | |  | | *Title* | | | | | | | | | |  | *Telephone Number* |
|  |  | | | | | | | | | | | | | | | |  | |  | | | |
|  | *Signature of Authorized Representative/Applicant Agent* | | | | | | | | | | | | | | | |  | | *Date Signed* | | | |

## APPLICANT INFORMATION

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| The answer to question #1 must be “yes” to be considered eligible. | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| 1. Does your community have a current FEMA approved local hazard mitigation plan? | | | | | | | | | | |  | | Yes | | | |  | | No | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Location of proposed project in mitigation plan strategies | | | | | | Page |  | | | Section/Part | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| 2. Is the community a member **of good standing** with the National Flood Insurance Program? | | | | | | | | | | | |  | | | Yes | | |  | | No | |
|  | | | | | | | | | | | | | | | | | | | | |
| 3. Tax ID Number: |  | | FIPS Code: | |  | | | | DUNS Number: | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| 4. U.S. Congressional District: | |  | | Congressman Name: | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| 5. State Senatorial District: | |  | | Senator Name: | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| 6. State Legislative District: | |  | | Representative Name: | | | |  | | | | | | | | | | | | |

**7. Primary Point of Contact:**

The Primary Point of Contact is the person responsible for coordinating the implementation of this proposal, if approval in granted.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Ms. | | |  | | Mr. | |  | Mrs. First Name: | | | |  | | | Last Name: | |  | |
|  | | | | | | | | | | | | | | | | | | | | |
| Title: | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Street Address: | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| City: | | |  | | | | | | | | | State: | | |  | | | Zip Code: | |  |
|  | | | | | | | | | | | | | | | | | | | | |
| Telephone: | | | | | |  | | | | Fax: |  | | Mobile: | |  | E-mail Address: | | |  | |
|  | | | | | | | | | | | | | | | | | | | | |

8. **Alternate Point of Contact:**

The Alternate Point of Contact is the person that can address questions or concerns in the Primary Point of Contact’s absence.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Ms. | | |  | | Mr. | |  | Mrs. First Name: | | | |  | | | | Last Name: | |  | |
|  | | | | | | | | | | | | | | | | | | | | |
| Title: | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Street Address: | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| City: | |  | | | | | | | | | State: | | |  | | | | Zip Code: | |  |
|  | | | | | | | | | | | | | | | | | | | | |
| Telephone: | | | | |  | | | | Fax: |  | | Mobile: | | |  | E-mail Address: | | |  | |
|  | | | | | | | | | | | | | | | | | | | | |

9. **Application Prepared by:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Ms. | | |  | | Mr. | |  | Mrs. First Name: | | | |  | | | Last Name: | |  | |
|  | | | | | | | | | | | | | | | | | | | |
| Title: | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Street Address: | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| City: | |  | | | | | | | | | State: | | |  | | | Zip Code: | |  |
|  | | | | | | | | | | | | | | | | | | | |
| Telephone: | | | | |  | | | | Fax: |  | | Mobile: | |  | E-mail Address: | | |  | |
|  | | | | | | | | | | | | | | | | | | | |

10. **Authorized Applicant Agent:**

The Authorized Applicant Agent MUST be the chief executive officer, mayor, etc. This person must be able to sign contracts, authorize funding allocations or payments, etc.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Ms. | | |  | | Mr. | |  | Mrs. First Name: | | | |  | | | Last Name: | |  | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Title: | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Street Address: | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| City: | |  | | | | | | | | | | State: | |  | | | Zip Code: | | |  |
|  | | | | | | | | | | | | | | | | | | | | |
| Telephone: | | | | |  | | | | | Fax: |  | | Mobile: | |  | E-mail Address: | | |  | |
|  | | | | | | | | | | | | | | | | | | | | |

## PROJECT DESCRIPTION

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Site Address: (No PO or Route No.) | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| 2. City, State, Zip Code: | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| 3. Tax Parcel ID: | |  | | | | 4. Property Tax ID: | | | | |  | | | |
|  | | | | | | | | | | | | | | |
| 5. Latitude: | |  | | | | 6. Longitude: | | | | |  | | | |
|  | | | | | | | | | | | | | | |
| 7. Flood Zone Designation: | | |  | AE or A 1-30 | | | |  | A (no base flood elevation given) | | | | | |
|  | | | | | | | | | | | | | | |
|  | | |  | B or X (shaded) | | | |  | C or X (unshaded) | | | | | |
|  | | | | | | | | | | | | | | |
| 8. Panel Number of the FIRM used to determine the above: | | | | | | |  | | | 9. Date of FIRM: | |  | | |
|  | | | | | | | | | | | | | | |
| 10. Physical Location: Describe the area and population affected/protected by this project, including location. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 11. Scope of Work: Describe, in detail, the proposed project. Explain how the proposed project will solve the problem(s) and provide the level(s) of protection. Include a description of the desired outcome and methodology of the mitigation activity in terms of mitigation objectives to be achieved. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| 12. Describe the **process** you used to decide that this project is the best solution to the problem. Explain **why** this project is the best alternative. This should coincide with information supplied in Section VII, Alternative Actions. Address questions such as:   * 1. Are you focusing on the area in your community that has the greatest potential for losses?   2. Have you considered the risks to critical facilities and structures and benefits to be obtained by mitigating this vulnerability?   3. Have you considered those areas or projects that present the greatest opportunities given the current situation an interest in your community?   4. Are you addressing a symptom or the source of the problem? Addressing the source of the problem is a long-term solution which provides the most mitigation benefits.   If impacts to the environmental/historic preservation, natural, cultural or historic resources have been identified, explain how your alternatives and proposed project address, minimize, or avoid these impacts. | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| 13. Please attach the following maps with the project site and structure(s) marked on the map. | | |
|  |  | Flood Insurance Rate Map (FIRM). If the FIRM for your area is not published, please attach a copy of the Flood Hazard Boundary Map (FHBM). |
|  |  |
|  | | |
|  |  | Scale map (large enough to show the entire project area. |
|  | | |
|  |  | USGS 1:24,000 topo map |
|  | | |
|  |  | Parcel Map (Tax Map, Property Identification Map, etc.) |
|  | | |
|  |  | Overview photographs. The photographs should be representative of the project area, including any relevant streams, creeks, rivers, etc., and drainage areas which affect the project site of will be affected by the project. Also, please provide any photos of damages or recent events. |
|  |  |
|  | | |

14. Site Plan

A site plan (engineering report, feasibility study report), with alignment drawings, that include the location, plan view and cross-section of cuts, fills and structures, is required. Include the type, and measurement, of all pipes, culverts, ditches, swales and detention/retention basins and ponds. Send the following engineering as appropriate.

|  |  |
| --- | --- |
|  | Calculations used to determine the sizes of any culverts in the project (drainage area, amount of flow, slope of culvert, invert elevations). |
|  |
|  | Calculations used to determine the sizes of any ditches and swales in the project (drainage area, amount of flow, slope and depth of the ditch). |
|  |
|  | Calculations used to determine the sizes of any detention/retention basins and ponds in the project (drainage area, amount of flow, stage-storage, and stage-discharge). |
|  |

15. Letter of Map Revision (LOMR)

A Letter of Map Revision (LOMR) may be needed on projects if there are major changes to floodwater flow and direction, such as a seawall. Any changes to the Flood Insurance Rate maps (FIRM) need to be reflected on the flood maps, which is accomplished through the LOMR process. The construction of this project may lower the 100-year flood elevation and thus, possibly lower the flood insurance rates for structures in the project area.

|  |  |  |
| --- | --- | --- |
|  | Letter of Map Revision attached | |
| 16. Enter any additional comments related to the proposed project’s description, if desired. | | |
|  |  | |

## History of Damages

The Hazard Mitigation Grant Program (HMGP) is designed to aid to eliminate or significantly reduce the damages caused by natural hazards. This is measured through a Benefit Cost Analysis (BCA). This section of the application is the most crucial as it provides the cost benefit of the proposed activity. Cost beneficial projects show, through documented past damages and/or engineered damages saved; that the proposed activity’s cost will be less than the anticipated future damages that would occur if the project were not implemented. If a BCA has been performed on this project, please provide:

|  |  |  |
| --- | --- | --- |
| Benefit Cost Ratio |  | BCA documentation supporting data used **must** be attached to application |

As mentioned above, to perform the BCA, actual damage history or projected damages saved through engineering studies are used. The BCA software is driven by determining annualized losses expected during varying flood events, such as the 1-, 2-, or 5- year event. There must be a minimum of two (2) known or three (3) unknown events. Of course, the more events that can be listed, the better. In addition, the events must have taken place in different years. For example, if damages occurred from a 1-year event in June 2017 and a 5-year event in August 2017, you would only use one of the two events. Likewise, two 1-year events in 2016 could not be used; only one of the events would be listed. A good example would be one 1-year event in 2010, one 2-year event in 2009, and one 5-year event in 2007.

NOTE: *Most people assume higher event levels calculate more annualized damages. This is not the case. Lower event levels that occur more frequently provide better BCA results.*

When compiling the damages, remember to consider both direct and indirect costs. Direct costs include structural damage, content damage, repair work that is contracted, etc. Indirect costs include time missed from work, additional miles traveled due to road closure, emergency rescue services, etc. As the cost of the project must be justified for your proposal to even be considered, it is imperative to disclose as much information as possible – and essential that dollar amounts be given.

The following provides for three events. If more events are known, attach them on a separate sheet to this section. If there are damages that have been incurred that are not listed here, please add them.

**EVENT ONE**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Level of Event (if known): |  | Year of Occurrence: |  |

**A. Utilities Loss of Function**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Type of Service: | |  | Electrical | |  | Potable Water | | | |  | Wastewater | | |  | Other |  |
| Number of customers served? | | | |  | | | | Year Built? | | | |  | |
| How many days was the city/county without service? | | | | | | | | |  | | | |
| What is the total value per unit/per day? | | | | | | **$** | | | |

**B. Roads/Bridges Loss of Function**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| What is the estimated number of one way traffic trips per day? | | | | | | |  | | |
| What is the estimated delay or detour time per one way trip (hh:mm)? | | | | | | | | |  | |
| 1. What is the number of additional miles? | | | | |  | | |
| 1. Number of days out of service? | | |  | |
| Year Built? |  |

**C. Public Building(s) Loss of Function and Damages (make copies as needed)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Year Built: | |  | | Building Owner: | | |  | | | | | | | | | | | |
| Street Address: | | |  | | | | | City: | | |  | | | Zip Code: | | | |  |
| What is the annual budget of the public/nonprofit agencies that occupy the building? | | | | | | | | | | | | | | | | **$** | | |
| What is the cost of providing services from this building per day? | | | | | | | | | | | | **$** | |
| What is the total value of lost services? | | | | | **$** | | | | | |
| Type of Facility: (i.e., library, fire department, etc.) | | | | | | | |  | | | | | | | | | |
| Dollar value of structure damage? | | | | | **$** | | | | | Dollar value of content damage? | | | | | | | **$** | |

D. Private Buildings (Businesses) Losses (make copies as needed)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Year Built: | |  | | Building Owner: | | | |  | | | | | | | | |
| Street Address: | | |  | | | | | | | City: | | |  | Zip Code: | |  |
| Depth of Flooding in structure? | | | | |  | | | | Cost incurred due to displacement? | | | | | | **$** | |
| Dollar value of structure damage? | | | | | | **$** | | | | | Dollar value of content damage? | | | | **$** | |
| Cost incurred due to inability to work? | | | | | | | **$** | | | | | Other Costs (specify below)? | | | **$** | |
|  |  | | | | | | | | | | | | | | | |

E. Residential Losses (make copies as needed)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Year Built: | |  | | Property Owner: | | | |  | | | | | | | | |
| Street Address: | | |  | | | | | | | City: | | |  | Zip Code: | |  |
| Depth of Flooding in structure? | | | | |  | | | | Cost incurred due to displacement? | | | | | | **$** | |
| Dollar value of structure damage? | | | | | | **$** | | | | | Dollar value of content damage? | | | | **$** | |
| Cost incurred due to inability to work? | | | | | | | **$** | | | | | Other Costs (specify below)? | | | **$** | |
|  |  | | | | | | | | | | | | | | | |

**EVENT TWO**

|  |  |  |  |
| --- | --- | --- | --- |
| 2. Level of Event (if known): |  | Year of Occurrence: |  |

**A. Utilities Loss of Function**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Type of Service: | |  | Electrical | |  | Potable Water | | | |  | Wastewater | | |  | Other |  |
| Number of customers served? | | | |  | | | | Year Built? | | | |  | |
| How many days was the city/county without service? | | | | | | | | |  | | | |
| What is the total value per unit/per day? | | | | | | **$** | | | |

**B. Roads/Bridges Loss of Function**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| What is the estimated number of one way traffic trips per day? | | | | | | |  | | |
| What is the estimated delay or detour time per one way trip (hh:mm)? | | | | | | | | |  | |
| 1. What is the number of additional miles? | | | | |  | | |
| 1. Number of days out of service? | | |  | |
| Year Built? |  |

**C. Public Building(s) Loss of Function and Damages (make copies as needed)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Year Built: | |  | | Building Owner: | | |  | | | | | | | | | | | |
| Street Address: | | |  | | | | | City: | | |  | | | Zip Code: | | | |  |
| What is the annual budget of the public/nonprofit agencies that occupy the building? | | | | | | | | | | | | | | | | **$** | | |
| What is the cost of providing services from this building per day? | | | | | | | | | | | | **$** | |
| What is the total value of lost services? | | | | | **$** | | | | | |
| Type of Facility: (i.e., library, fire department, etc.) | | | | | | | |  | | | | | | | | | |
| Dollar value of structure damage? | | | | | **$** | | | | | Dollar value of content damage? | | | | | | | **$** | |

D. Private Buildings (Businesses) Losses (make copies as needed)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Year Built: | |  | | Building Owner: | | | |  | | | | | | | | |
| Street Address: | | |  | | | | | | | City: | | |  | Zip Code: | |  |
| Depth of Flooding in structure? | | | | |  | | | | Cost incurred due to displacement? | | | | | | **$** | |
| Dollar value of structure damage? | | | | | | **$** | | | | | Dollar value of content damage? | | | | **$** | |
| Cost incurred due to inability to work? | | | | | | | **$** | | | | | Other Costs (specify below)? | | | **$** | |
|  |  | | | | | | | | | | | | | | | |

E. Residential Losses (make copies as needed)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Year Built: | |  | | Property Owner: | | | |  | | | | | | | | |
| Street Address: | | |  | | | | | | | City: | | |  | Zip Code: | |  |
| Depth of Flooding in structure? | | | | |  | | | | Cost incurred due to displacement? | | | | | | **$** | |
| Dollar value of structure damage? | | | | | | **$** | | | | | Dollar value of content damage? | | | | **$** | |
| Cost incurred due to inability to work? | | | | | | | **$** | | | | | Other Costs (specify below)? | | | **$** | |
|  |  | | | | | | | | | | | | | | | |

**EVENT THREE**

|  |  |  |  |
| --- | --- | --- | --- |
| 3. Level of Event (if known): |  | Year of Occurrence: |  |

**A. Utilities Loss of Function**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Type of Service: | |  | Electrical | |  | Potable Water | | | |  | Wastewater | | |  | Other |  |
| Number of customers served? | | | |  | | | | Year Built? | | | |  | |
| How many days was the city/county without service? | | | | | | | | |  | | | |
| What is the total value per unit/per day? | | | | | | **$** | | | |

**B. Roads/Bridges Loss of Function**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| What is the estimated number of one way traffic trips per day? | | | | | | |  | | |
| What is the estimated delay or detour time per one way trip (hh:mm)? | | | | | | | | |  | |
| 1. What is the number of additional miles? | | | | |  | | |
| 1. Number of days out of service? | | |  | |
| Year Built? |  |

**C. Public Building(s) Loss of Function and Damages (make copies as needed)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Year Built: | |  | | Building Owner: | | |  | | | | | | | | | | | |
| Street Address: | | |  | | | | | City: | | |  | | | Zip Code: | | | |  |
| What is the annual budget of the public/nonprofit agencies that occupy the building? | | | | | | | | | | | | | | | | **$** | | |
| What is the cost of providing services from this building per day? | | | | | | | | | | | | **$** | |
| What is the total value of lost services? | | | | | **$** | | | | | |
| Type of Facility: (i.e., library, fire department, etc.) | | | | | | | |  | | | | | | | | | |
| Dollar value of structure damage? | | | | | **$** | | | | | Dollar value of content damage? | | | | | | | **$** | |

D. Private Buildings (Businesses) Losses (make copies as needed)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Year Built: | |  | | Building Owner: | | | |  | | | | | | | | |
| Street Address: | | |  | | | | | | | City: | | |  | Zip Code: | |  |
| Depth of Flooding in structure? | | | | |  | | | | Cost incurred due to displacement? | | | | | | **$** | |
| Dollar value of structure damage? | | | | | | **$** | | | | | Dollar value of content damage? | | | | **$** | |
| Cost incurred due to inability to work? | | | | | | | **$** | | | | | Other Costs (specify below)? | | | **$** | |
|  |  | | | | | | | | | | | | | | | |

E. Residential Losses (make copies as needed)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Year Built: | |  | | Property Owner: | | | |  | | | | | | | | |
| Street Address: | | |  | | | | | | | City: | | |  | Zip Code: | |  |
| Depth of Flooding in structure? | | | | |  | | | | Cost incurred due to displacement? | | | | | | **$** | |
| Dollar value of structure damage? | | | | | | **$** | | | | | Dollar value of content damage? | | | | **$** | |
| Cost incurred due to inability to work? | | | | | | | **$** | | | | | Other Costs (specify below)? | | | **$** | |
|  |  | | | | | | | | | | | | | | | |

4. **Additional Comments**

Enter any additional comments related to the proposed project’s history of damages if desired.

|  |
| --- |
|  |

## Scope of Work / Budget

1. **Line-Item Scope of Work**

Most flood control projects are funded in two phases: Phase I – Engineering; and Phase II – Construction. While that may seem the simplest way to account for the budget, the budget noted here should go into more detail. All costs for the proposed activity should be included. For estimates, reasonable projections are essential.

| Item | Quantity | Cost per Unit | Total Cost |
| --- | --- | --- | --- |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
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|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  |  |  |
|  |  |  |  |
|  |  | $ | $ |
| Subtotal | | $ | $ |

1. Enter any other eligible costs not listed above. Place an “X” in the appropriate column if the item is designated for pre-award costs or in-kind services.

| Item | Pre-Award | In-Kind | Total Cost |
| --- | --- | --- | --- |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
| Subtotal | | | $ |

3. **Total Project Cost**

|  |  |
| --- | --- |
| Project Total Cost (#1 + #2): | **$** |
| 75% Federal Share: | **$** |
| 25% Non-Federal Match: | **$** |

*NOTE: Round Federal Share to the nearest dollar.*

4. **Non-Federal Funding Share (25% of Total Cost)**

List all sources and amounts utilized in the non-federal share including all in-kind services. In-Kind services may not exceed the 25% non-federal share. If any portion of the non-Federal share will come from non-applicant sources (donated services, private donation, etc.), attach letters of funding commitment for each non-applicant source.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Source | Name of Source Agency | Type Funding | Amount | Letter of Commit-ment Attached |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |

Source = State, Local, Private Non-Profit, Other

Source Agency = Specific entity providing match

Type Funding = Administration, Cash, Consulting Fees, Engineering Fees, Equipment Operation/Rental, Labor, Supplies, Other

5. Describe how you will manage the costs and schedule, and how you will ensure successful performance.

|  |
| --- |
|  |

6. Enter any additional comments related to the proposed project’s funding if desired.

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|  |

## Timelines and Maintenance

1. **Timeline**

Insert the proposed work schedule (in days) in phases, i.e., engineering, appraisals, title search, closing, construction, etc., and provide a description of the phases purpose regarding the proposed project. This timeline will used as a measurement tool for progress in the project’s implementation and is included in the required Quarterly Reports. Also, FEMA uses the phased timeline for determining the period of performance. It will be the basis used to justify delays or extensions, if necessary, and should be estimated carefully. Due to the length of NH HSEM state contract process, the first and last entry has already been made for generating funds and closeout purposes.

|  |  |  |  |
| --- | --- | --- | --- |
| A.Phase 1: | **NH HSEM State Contract Process** | Timeframe: | **6 Months** |
|  | The State contract is the State’s legal mechanism required to ensure funding or services to the applicant. The timeframe reflects up to a 6 month period. |  |  |
| Phase 2: |  | Timeframe: |  |
|  |  |  |  |
| Phase 3: |  | Timeframe: |  |
|  |  |  |  |
| Phase 4: |  | Timeframe: |  |
|  |  |  |  |
| Phase 5: |  | Timeframe: |  |
|  |  |  |  |
| Phase 6: |  | Timeframe: |  |
|  |  |  |  |
| Phase 7: |  | Timeframe: |  |
|  |  |  |  |
| Phase 8: |  | Timeframe: |  |
|  |  |  |  |
| Phase 9: |  | Timeframe: |  |
|  |  |  |  |
| Phase 10: | **Project Closeout** | Timeframe: | **6 Months** |
|  | This includes the State’s Compliance Review, Applicant, State and Federal concurrence, financial reconciliation, site visit, and FEMA closure. |  |  |
| **Total Timeframe (must not exceed 1,095 days, 36 months, or 3 years)** | | **Timeframe:** |  |

B. The start date for any proposed project begins upon FEMA approval. Provide an explanation for the timeframe (listed above) to complete this project.

|  |
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|  |

2. **Maintenance**

The following questions are to give assurance on the project’s maintenance over its useful life. Please answer each question and give a brief explanation.

A. Will the project require periodic maintenance?

|  |
| --- |
|  |

B. Who will provide the maintenance?

|  |
| --- |
|  |

C. What is the cost of maintenance on an annual basis?

|  |
| --- |
|  |

## Alternative Actions

List **two** **feasible** alternative projects to mitigate the hazards the project area. One alternative is the "No Action Alternative" (section A).

1. **No Action Alternative**

Discuss the impacts on the project area if no action is taken.

|  |
| --- |
|  |

2. **Other Feasible Alternative Project Title:**

|  |
| --- |
|  |

Discuss a feasible alternative to the proposed project. This could be an entirely different mitigation method or a significant modification to the design of the current proposed project. Please include scope of work, engineering details (if applicable), estimated budget and the impacts of this alternative.

A. **Other Feasible Project Description and Scope of Work**

Describe, in detail, the proposed alternative project. Also, Explain how the alternative project will solve the problem(s) and/or provide protection from the hazard(s).

|  |
| --- |
|  |

B. **Other Feasible Project Location**

|  |  |
| --- | --- |
|  | Attach a map or diagram showing the alternative site in relation to the proposed project site. |
|  | Photographs of alternative site. |

C. **Funding Sources** **(round figures to the nearest dollar).** The maximum Federal share for all mitigation projects is 75%. The remaining 25% (non-Federal share) is the responsibility of the applicant. HMGP funds may be packaged with other Federal funds. However, only Federal funds which lose their Federal identity at the State level may be used for the non-Federal share. Please list below the funding sources and amounts for the proposed alternative project.

|  |  |
| --- | --- |
| Proposed Project Total Cost: | **$** |
| 75% Federal Share: | **$** |
| 25% Non-Federal Match: | **$** |

D. **Impacts of Other Feasible Alternative Project**

Discuss the impact of this alternative on the project area. Include comments on these issues: Environmental Justice, Endangered Species, Wetlands, Hydrology (Upstream and Downstream Impacts), Floodplain/ Floodway, Historic Issues, Hazardous Materials.

|  |
| --- |
|  |

## Assurances

1. **Code Compliance**

The applicant assures the project will meet all national, state or local codes and standards applicable for the local jurisdiction including, but not limited to, building, construction, public notification, floodplain development, etc. Failure to fulfill any of these conditions may jeopardize receipt of federal funds pursuant to 44CFR, Section 13.43.

**2. Maintenance**

The applicant agrees that if it receives any Federal aid as a result of this application, it will accept responsibility, at its own expense if necessary, for the **routine** maintenance of any real property, structures, or facilities acquired or constructed as a result of such Federal aid**.** Routine maintenance shall include, but not be limited to, such responsibilities as keeping vacant land clear of debris, garbage, and vermin; keeping stream channels, culverts, and storm drains clear of obstructions and debris; and keeping detention ponds free of debris, trees, and woody growth.

The purpose of this agreement is to make clear the Subrecipient’s maintenance responsibilities following project award and to show the Subrecipient’s acceptance of these responsibilities. It does not replace, supercede, or add to any other maintenance responsibilities imposed by Federal, State and Local laws or regulations and which are in force on the date of project award.

3. **Signature of Agreement**

The undersigned assures fulfillment of the above requirements as contained in the program guidelines.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| *Typed Name of Authorized Representative/Applicant Agent* |  | *Title* |  | *Telephone Number* |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Signature of Authorized Representative/Applicant Agent* |  | *Date Signed* |

## IX. Other Conditions

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the Awarding Agency. Further, certain Federal assistance awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the subrecipient named above:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability including funds sufficient to pay the non-Federal share of project costs to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the assistance; and will establish a proper accounting system in accordance with generally accepted accounting standards to permit the tracing of funds to a level of expenditures adequate to establish that such funds have not been used in violation of the restrictions and prohibitions of applicable statutes.
3. Will maintain records which adequately identify the source and application of funds. This responsibility rests entirely with the subgrantee, and failure to keep and maintain proper documentation will result in disallowing reimbursement of final claimed costs at time of final inspection or audit and the refunding of funds previously reimbursed or advanced; and will retain such records for three (3) years following any final payments and project closure.
4. Will submit progress reports on a quarterly basis until project closeout. Reports will indicate the status and completion dates for each project funded. Any problems or circumstances affecting the completion dates, scope of work, or project costs which are expected to result in noncompliance with the approved grant conditions shall be described in the report.
5. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
6. Will comply with all federal statutes relating to nondiscrimination. These include, but are not limited to, the following: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of he Education Amendments of 1972, as amended (20 U.S.C.: 1681-1683 and 1685-1686) which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C.:794) which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C.: 6101-6107) which prohibits discrimination on the basis of age; (e) The Drug Abuse Office and Treatment Act of 1972 (P.L. 91-616) as amended, relating to nondiscrimination on the basis of alcohol and drug abuse patient records; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616) as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcoholand drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C.: 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for federal assistance is being made, and (j) the requirements on any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C.: 276a to 276A-7), the Copeland Act of 1973 (40 U.S.C.: 276c and 18 U.S.C.: 874), the Contract Work Hours and Safety Standards Act (40 U.S.C.: 327-333) regarding labor standards for federally assisted construction sub-agreements.
8. Will comply with federal and state environmental regulations. These include, but are not limited to, the following: (a) environmental review under the National Environmental Policy Act of 1969 (P.O. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved state management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C.: 1451 et seq.); (f) conformity of federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C.: 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); (h) protection of endangered species and habitat under the Endangered Species Act of 1973, as amended, (P.O. 93-205).
9. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C.: 470). EO 11593 (identification and preservation of historic properties), and the Archaeoloical and Historic Preservation Act of 1974 (16 U.S.C.: 469a-1 et seq.).
10. Will comply with mandatory standards and policies relating to energy efficiency which are contained in the state energy conservation plan issued in compliance with the Energy Policy and Conservation Act (P.L. 94-163).
11. Will minimize the time elapsing between the transfer of funds and their disbursement whenever possible; and will promptly, but at least quarterly, remit interest earned on advances to the state. Sub grantees may keep interest amounts up to $100 dollars per year for administrative expenses.
12. Will provide assurances to obtain reasonably available, adequate, and necessary insurance for the type or types of hazard for which the major disaster was declared.
13. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
14. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal and federal-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
15. Will comply with all applicable requirements of all other federal laws, Executive Orders, regulations and policies governing this program.
16. Has requested, through the State of New Hampshire, federal financial assistance to be used to perform eligible work approved in the subgrantee application for federal assistance. Will, after the receipt of federal financial assistance, through the State of New Hampshire, agree to do the following:
    1. The state warrant covering financial assistance will be deposited in a special and separate account, and will be used to pay only eligible costs for the project(s) described in the application;
    2. To return to the State of New Hampshire such part of the funds so reimbursed pursuant to the above numbered application which are excess to the approved, actual expenditures as accepted by final audit of the federal government or the State Controller, or both; and,
    3. In the event the approved amount of the above numbered project application is reduced, the reimbursement applicable to the amount of the reduction will be promptly refunded to the State of New Hampshire.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL* | | *TITLE* |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *APPLICANT ORGANIZATION* | | *DATE SUBMITTED* |