

Community Safe Room: Application

*The following information is intended for guidance only and is not a request for information. The following template is only intended to help the reader understand the FEMA Hazard Mitigation Grant Program (HMGP) application process.

A. Applicant/Subapplicant Information

1. Applicant/Subapplicant Legal Name: _____

2. Organizational Unit: _____

3. Project Title: _____

4. Applicant/Subapplicant Type:

Local Government State Government

Private Nonprofit (attach copy of Form 501c3) Other: _____

Territory/Commonwealth

Federally Recognized Tribal Government

5. Proposed Project Total Cost: \$ _____

Federal Share (_____ %): \$ _____ Local Share (_____ %): \$ _____

6. Certifications

The undersigned assures fulfillment of all requirements of the Hazard Mitigation Grant Program, as contained in the program guidelines, and affirms that all information contained herein is true and correct to the best of my knowledge. The governing body of the applicant duly authorized the document, and hereby applies for the assistance documented in this application. The applicant recognizes that the project may proceed ONLY AFTER FEMA APPROVAL is granted.

Typed Name of Authorized
Representative/Applicant Agent

Title

Phone Number

Signature of Authorized Representative/Applicant Agent

Date Signed



7. Does your community or Tribe have a current FEMA approved hazard mitigation plan?

Yes No

Title of the Plan: _____ Adoption date: _____

Location of proposed project in mitigation plan strategies: Page ____ Section _____

Does the project align with the State/Territorial/Tribal Hazard Mitigation Plan?

Yes Page ____ Section _____

8. Does the community participate in the National Flood Insurance Program (NFIP)? Yes No

9. Tax ID Number: _____ FIPS Code (5 digits): _____
Community ID Number (6 digits): _____ DUNS Number (9 characters): _____

10. U.S. Congressional District: _____

11. State Legislative District: _____

12. Primary Point of Contact

If the project is awarded, person responsible for coordinating the implementation of this grant throughout the application process.

First Name: _____ Last Name: _____

Title: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Mobile Phone: _____ Fax Number: _____

Email Address: _____

13. Alternate Point of Contact

First Name: _____ Last Name: _____

Title: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Mobile Phone: _____ Fax Number: _____

Email Address: _____

14. Authorized Applicant/Subapplicant Agent

MUST be the chief executive officer, mayor, or person of comparable status who is authorized to sign contracts, authorize funding allocations or payments, etc.

First Name: _____ Last Name: _____

Title: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Mobile Phone: _____ Fax Number: _____

Email Address: _____

B. Project Narrative and Scope of Work

1. The _____ proposes to construct a multi-use/single-use community safe room at the following locations:

Enter location(s) (address, latitude/longitude to six decimal places of approximate location where safe room will be installed). Specify multi-use or single-use for each.

2. For each proposed safe room, identify the following: ground level (above or below), prefabricated or site constructed, stand-alone or internal, and location of access routes and staging areas.

Identify the four criteria listed above for each proposed location.

3. For each proposed safe room, indicate if the safe room will be a retrofit of an existing structure or new construction. For each retrofit safe room, describe the existing conditions of the structure and provide photos of structure and any adjacent structures. Provide a brief description of the site and explain why this particular site was chosen.

Describe the existing condition of the structure.

4. For each proposed safe room, identify the protected population, the maximum number of occupants, and the gross and useable area of the safe room. State whether the safe room will be open to the public or designed to protect evacuees originating from a specific building or campus of buildings.

Describe the occupant population, maximum number of occupants and the public access status.

5. Briefly describe the most recent disaster event that demonstrates the need for a community safe room. Please include the federal disaster declaration number, if applicable/available.

Describe the most recent disaster event.

C. Safe Room Purpose(s)

- Extreme wind (combined tornado and hurricane) community safe room
- Tornado community safe room
- Hurricane community safe room

Safe room will allow for accessibility of persons with disabilities (required for public safe rooms). Yes No

D. Alternatives Considered

Include details for one *no-action alternative and consequences* and at least one *alternative action*. Include a description of why the selected project was chosen.

No action alternative and resulting consequences, why this alternative was not selected.

Alternative action considered but not selected, and why.

E. Impacted Population and Travel Limitations

If a **hurricane safe room**, the impacted population is (select one from below):

- Category 1 (first responders, critical/essential services personnel, and facility occupants)
- Category 2 (individuals that cannot evacuate)
- Category 3 (islands, states, or territories)
- Category 4 (people living in an excavation zone)

Explain why the selected project was the best alternative.

Describe the rationale for including each group designated as a disproportionately impacted population.

The impacted population will reach the safe room by:

Describe how the proposed occupants will get to the safe room. Indicate travel time and distance. Or attach a map with the travel route.

Proposed occupants will know how to locate the safe room because:

Describe the warnings, capabilities, logistics and operations components that will be in place.

F. Access Roads

1. Are safe room occupants expected to drive to the safe room in the event of a tornado? Yes No

If yes, answer the below questions in this application section:

Is a traffic study available? Yes No

Obstruction on the path to the safe room: _____ of cars traveling in _____ (time period) on side streets.

Are there highways or railroad crossings along the primary travel path to the safe room? Yes No

2. Will access roads and parking lots be installed to service the safe room? Yes No

Provide details in the box below. If it was performed, attached the traffic study as part of the subapplication.

Describe access roads and any site/construction obstructions that would affect access to the community safe room. Describe available parking areas/lots to be used by safe room occupants.

G. Period of Protection

The impacted population will be provided _____ hours of protection by the shelter.

- For **tornado community safe rooms**, the minimum period of protection is 2 hours.
- For **hurricane community safe rooms**, the minimum period of protection is 24 hours.

H. Wind Speed Zone and Internal Pressure Coefficient

The wind speed zone for the proposed safe room is:

130 mph 160 mph 200 mph 250 mph

Design wind speed: _____ mph

Internal Pressure Coefficient (GCpi): _____ (Value)

I. Proposed Occupancy and Required Usable Area

1. Indicate the safe room occupancy: _____ people
2. Is the safe room occupancy greater than or equal to 50 occupants? Yes No
3. Will a peer review be performed? (required for community safe rooms designed for 50 or more occupants)
 Yes No

Tornado Safe Room			
Safe Room Occupant Type	Minimum Required Usable Floor Area per Safe Room Occupant (square feet)	Proposed Persons Protected	Total Square Footage Needed per Type (multiply column 2 x 3)
Standing or seated	5		
Wheelchair user (safe room design should assume 1 per every 200 persons protected or portion thereof)	10		
Bedridden	30		
Required Usable Area			

Hurricane Safe Room			
Safe Room Occupant Type	Minimum Required Usable Floor Area per Safe Room Occupant (square feet)	Proposed Persons Protected	Total Square Footage Needed per Type (multiply column 2 x 3)
Standing or seated	20		
Wheelchair user (safe room design should assume 1 per every 200 persons protected or portion thereof)	20		
Bedridden	40		
Required Usable Area			

If community safe room is a hurricane safe room, the jurisdiction will also ensure the safe room is operated in a manner consistent with all local and state emergency evacuation plans and requirements.

Describe how the hurricane community safe room meets all local and state emergency evacuation plans/requirements.

J. Usable Floor Area

Safe Room gross area: _____ square feet

Area of ineligible floor space: _____ square feet

Method 1: Remove ineligible floor area from gross area, then reduce remaining floor area by using a multiplier based on type of furnishings.

Select one item from those available below that best describe the usable floor area in the proposed/designed community safe room. Do not include areas for bathrooms, mechanical, electrical or storage rooms.

- Concentrated furnishings or fixed seating – reduce 50% (multiplier = 0.5)
- Unconcentrated furnishings and without fixed seating – reduce 35% (multiplier = 0.65)
- Open plan furnishings and without fixed seating – reduce 15% (multiplier = 0.85)

Total gross square footage _____ - Area of ineligible floor space _____ = _____ square feet

Reduced area _____ x “multiplier” _____ = _____ square feet of allowable usable area

Method 2: Subtract unusable area from the gross area, then apply a 15% reduction as best practice for egress adjustment.

Indicate the total area of obstructions in the safe room: _____ square feet

Total gross square footage _____ - Area of ineligible floor space _____ = _____ square feet

Reduced area _____ - Area of obstructions _____ = _____ square feet

Unobstructed area _____ x 0.85 egress adjustment = _____ square feet of allowable usable area

K. Feasibility and Effectiveness

1. Indicate the current level of design for the safe room. Conceptual Detailed

2. Describe the design standards and editions of the standards used for the design of the safe room.

List design standards and editions used in safe room design. Provide a floor plan, if available.

3. Compliance requirement:

By checking this box, applicant/subapplicant acknowledges that upon project completion, a certification letter (to be included in the closeout documentation) must indicate that the safe room, and all items that contribute to the operation of the safe room, were constructed to meet or exceed FEMA P-36 requirements.

Provide statement that upon completion, a certification letter will be provided.

L. Opening Protection

Indicate the design standards, including wind-borne debris missile-impact criteria, that the opening protection will meet.

Describe opening protection systems, testing standards, and performance criteria.

M. Emergency Power System

Provide details about the emergency power system. Indicate type, design duration, fuel type (if applicable), level of protection and location.

Describe the emergency power system for the safe room.

N. Utilities

Will new above ground or below ground utilities be installed? Yes No

If yes, Utilities will be placed **above** ground

Utilities will be placed **below** ground

Provide additional details necessary for utility construction.

O. Sanitation Facilities

The community safe room must include sanitation facilities, in accordance with ICC 500 Table 702.3 for tornado safe rooms or Table 703.3 for hurricane safe rooms. Indicate the number of water closets and lavatories provided in the safe room.

Number of water closets: _____

Number of lavatories: _____

P. Potable Water Storage

ICC 500 Section 703.4 specifies requirements of potable water supply and wastewater storage for hurricane storm shelters designed to accommodate more than 50 occupants.

Describe the potable water storage system (e.g., type, size). Describe how the water supply will be distributed to the safe room.

Q. Environmental Planning and Historic Preservation Considerations

1. Has the public been notified or provided input? If so, provide dates and method of outreach. If not, describe any planned public engagement activities for the project.

Explain public outreach input or planned activities.

2. Describe any agency coordination and permits obtained for the project. Provide copies of these, if applicable.

Describe. If not applicable, write N/A.

3. Describe any studies that have been conducted for the project. Provide copies of these, if applicable.

Describe. If not applicable, write N/A.

4. Describe the project activities in the floodplain, if applicable.

Describe. If not applicable, write N/A.

5. Describe any surface waters in or near the project area (e.g., ponds, lakes, rivers, streams, wetlands, other waterbodies). Describe any measures that would be used to avoid waterbodies or avoid impacting water (e.g., setbacks, silt fence).

Describe. If not applicable, write N/A.

6. Describe any known hazardous or contaminated materials at the project site including underground tanks. Describe how the underground tanks (e.g., fuel, septic) would be removed or decommissioned in place. If the project requires the use of hazardous materials (including herbicides), describe their use and best management practices to minimize environmental exposure.

Describe. If not applicable, write N/A.

7. Does your project involve the use of imported fill? Yes No

If yes, describe the type and source of the fill material. If not applicable, write N/A.

8. If the project would remove vegetation for any reason, describe the type and amount or area of vegetation (e.g., two oak trees, one-quarter acre of turf grass). Describe how vegetation would be removed, if applicable (e.g., root ball removal, flush cut, dug up, chemical weed killer). If using herbicides, describe best management practices for their use. Estimate during which season(s) or months vegetation removal would occur. Will the project replant or restore vegetation when construction is complete? Describe the plants that would be installed and the equipment and methods to be used. Would any special techniques be used to ensure survival of the plants/ seeds (e.g., mulch, irrigation, protective fencing)?

Describe. If not applicable, write N/A.

9. List any best management practices that would be used during project construction.

Describe. If not applicable, write N/A.

10. Describe the physical characteristics of ground disturbance.

Describe.

11. What are the approximate dimensions for ground disturbance for the safe room?

	Value	Unit of Measure
Width		
Length		
Depth		
Volume of Ground Disturbance (L x W x D)		

12. What are the approximate dimensions for ground disturbance for any new utilities?

Direction	Value	Unit of Measure
Width		
Length		
Depth		
Volume of Ground Disturbance (L x W x D)		

13. What are the approximate dimensions for ground disturbance for any new roads or driveways to service the safe room?

Direction	Value	Unit of Measure
Width		
Length		
Depth		
Volume of Ground Disturbance (L x W x D)		

14. Total Ground Disturbance.

Category	Calculated Volume	Unit of Measure
Safe Room		
Utilities		
Roads/Driveways		
Volume of Ground Disturbance (Safe Room + Utilities + Roads/Driveways)		

R. Operations and Maintenance Plan

Jurisdiction will provide a final Operations and Maintenance (O&M) Plan prior to project closeout per HMA Guidance Addendum C.5.1, and:

- Attached draft O&M Plan
- Descriptive statement of an O&M Plan, including assurance that the O&M Plan will be developed and completed before project closeout

S. Estimated Work Schedule

Enter the estimated duration for each listed activity. Although the activities listed may not be necessarily sequential, the total grant timeline cannot exceed 36 months.

Task/Activity	Start Month	End Month	Timeline

Task/Activity	Start Month	End Month	Timeline
Total timeline (must not exceed 36 months):			

T. Budget Estimating

1. Costing Methodology

The method(s) used to estimate project costs is (provide backup documentation for method(s) used):

- Estimates obtained from construction contractors and similar vendors
- Historical data from previous projects/activities with an inflation factor, as needed
- Public Works personnel or other qualified staff from local jurisdiction provided estimates based on experience or field associate experience
- RS Means, Marshall & Swift or other national cost estimating service
- Other, please explain.

Enter explanations, as needed.

2. Cost Estimate

The Applicant/Subapplicant must ensure that all project costs are reasonable and necessary for the activity according to Title 2 Code of Federal Regulations Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Budgets should include various cost-item categories, such as personnel (labor) and fringe benefits, travel, equipment, supplies (materials), contractual, construction, pre-award costs, contingencies, program income, and indirect costs.

The costs included in this project are below, as applicable, and detailed in the justification box below.

Line Item	Unit Quantity	Unit Measure	Unit Cost	Line-Item Cost
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
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			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
Total Project Cost				\$
Federal Share (____%)				\$
Nonfederal Share (____%)				\$

3. Budget Narrative

Provide a budget narrative with explanations, justifications, and line-item details of the project costs noted in the table above. Attach an additional sheet if necessary.

Define cost line items, provide information of how they were estimated, and disclose any assumptions to justify the values used.

U. Nonfederal Funding Share (25% of Total Project Costs)

List all sources and amounts used in the nonfederal share, including all in-kind services. In-kind services may not exceed the 25% nonfederal share. Attach letters of funding commitment for each source.

Source	Name of Source Agency	Type of Funding	Amount	Commitment Letter Attached
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

V. Cost-Effectiveness

- Benefit-Cost Analysis (BCA) Toolkit: Cost-effectiveness for this project was calculated using the FEMA-approved BCA software. The benefit-cost ratio was determined to be _____.

An export of the BCA tool and pdf of the BCA is to be included with this application as required documentation. It is recommended that the application includes a BCA narrative describing the methodology, assumptions, and justifications for all inputs to the subapplication documentation.

- If the FEMA standard project useful life (PUL) was not used, was documentation provided to justify usage of a different value? (The PUL value cannot be higher than the highest acceptable limits as indicated in the PUL table in the BCA Toolkit Help Menu.)

Yes No, the FEMA standard PUL was used.

- Maintenance Costs: Maintenance costs for the safe room should include maintenance for the safe room and all items that contribute to the operation of the safe room.

Attach an assurance letter from the signature authority that indicates the annual maintenance costs, what position or department will be responsible for maintenance, and how often it will be performed. The maintenance cost should cover the necessary maintenance for the retrofit to remain functional for the entire PUL.

The jurisdiction will be responsible for O&M of the resulting safe room, valued at \$_____ per year.

- Wind Speeds: For hurricane safe rooms, describe how the wind speeds were determined. Provide supporting document, such as information from the ATC Hazards website (<https://hazards.atcouncil.org/>).

Explain how wind speeds were determined.

5. Predominant Structure Type(s): Describe how the structure type(s) and percentage(s) of total occupancy coming from each structure type were determined.

Explain how type and percentages were determined.

W. Required Documentation Attached

- Site Photos – Include photos of the sites. If a warning system(s) is/are provided, identify where equipment or structures will be installed or the buildings/structure(s) where siren(s) will be affixed.
- Structure photographs including ingress and egress from the safe room
- Project Site Map – Provide a plan view of the site that clearly identifies the project boundaries, components, construction staging and storage area, and any relevant feature.
- FIRMette with project location(s) clearly marked. FIRMettes can be accessed in the FEMA Flood Map Service Center.
- Documentation to support determination of 100-year (0.1%) or 500-year (0.2%) flood elevations (if proposed safe room will be located in a flood prone area).
- Impacted Population and Travel Limitations - Provide supporting documentation for the number of safe room occupants.
- Maps with travel routes to the safe room - Indicate travel path to the safe room.
- Access Roads - If applicable, provide the traffic study.
- Usable Floor Area - Provide usable floor area calculation.

- Floor plan, if available.
- Compliance documentation with any applicable local planning, zoning, and other applicable codes.
- Draft O&M plan or descriptive statement of the O&M plan, including assurance that the O&M plan will be developed and completed before project closeout.
- Consultation Documentation (HMA Guidance Addendum, A.6.6)
 - **USACE** – the jurisdiction must demonstrate that it has consulted with USACE regarding each subject property’s potential use for the construction of a flood levee system (including berms, floodwalls, and dikes).
 - **Department of Transportation** – the jurisdiction must demonstrate that it has consulted with the relevant state Department of Transportation to ensure that plans do not contain any improvements or enhancements to federal aid systems or other state transportation projects that would affect the proposed project area under consideration.
 - **Other Federal Agency** – the jurisdiction must demonstrate that it has consulted with other federal agencies as appropriate, regarding other program requirements and/or activities, and have identified the relationship between them to FEMA mitigation grant activities and funding.
- Environmental Planning and Historic Preservation documents:
 - Public outreach documentation
 - Obtained permits
 - Documents of coordination with regulatory agencies
 - Environmental and historic resource studies
 - Maps that include known surface water and vegetation removal locations
 - Photographs of structure(s)
 - Other documents, if applicable
- State Historic Preservation Office Consultation**

State Historic Preservation Office response needed if:
(1) structure is or will be 45 years or older at the time of FEMA application review
(2) new ground is being disturbed
(3) project is located in a Historic District.
This applies to all properties including alternates.
- BCA export and pdf
- BCA narrative (recommended)
- Fund commitment letter(s) that list(s) the sources and amounts used in the nonfederal share requirement, including all in-kind services.
- Completed and signed assurances (FEMA Form 112-0-3C or 20-16c (Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements), and SF-LLL

(Disclosure of Lobbying Programs) if applicable)

- FEMA Form 112-0-3C will also be accepted in place of 20-16c.
- SF-424 (Application for Federal Assistance) (optional for subapplications in HMGP)
- SF-424d (Construction Programs) (if required by the Grantee; contact applicant agency)
- SF-424c (Budget Information for Construction Programs) (if required by the Grantee; contact applicant agency)
- Detailed budget with budget narrative and documentation to support all costs, including:
 - Estimates or quotes from construction contractors and similar vendors
 - Historical data from previous projects/activities
 - Estimates from public works personnel or personnel with experience on similar projects
 - Copies of information from national cost estimating services or guides
- Documentation to support management costs, including job titles, number of hours, and price per hour
- Designated Authorized Agent documentation: designating authority for the signatory to sign contracts, authorize funding allocations or payments, or apply for grant funding that is signed by the ruling body of the applicant.
- Detailed schedules (if necessary) to support scope of work
- Documentation from a qualified professional to support completion of peer review, if applicable and available. Verification that a peer review (if applicable) was conducted must be provided at closeout.
- Documentation to support predominant structure type(s) and corresponding percentages of occupancy
- Supporting data for wind speeds (hurricane safe rooms), such as information from the ATC Hazards website
- Design Certification Statement (Provide statement that, upon project completion, a licensed architect or professional engineer will confirm that the safe room and all items that contribute to the operation of the safe room were constructed to meet or exceed FEMA P-361.

Other comments, information, or explanation:

Enter explanations, justifications, and other details, as needed.

SAMPLE