

Subgrant Project Application

- * Application Title:
- * Subgrant Applicant:
- * Application Number:
- * Application Year:
- * Grant Type:
- * Address:

Subapplicant

- * Name of Subapplicant
- * State

- * Type of Subapplicant

- State Government
- Local Government
- Indian Tribal Government
- Special Governmental District
- Private Non-Profit
- Other

If Private, Non-Profit,
Describe the legal status,
function, and facilities owned:

State Tax Number: (e.g. 11-111111)

Federal Tax Number: (e.g. 11-
111111)

If Other, please specify:

- * Federal Employer Identification Number (EIN)
- * (If Indian Tribe selected above) Tribal ID
Number:
- * What is your DUNS Number?
- * Is Subapplication subject to review by Executive Order
12372 Process?

Yes. This preapplication/application was made available to the Executive Order 12372 Process for review
on:

(MM-DD-YYYY e.g. 02-05-2003)

No. Program is not covered by E.O. 12372
 Or program has not been selected by state for review

- * Is the Subapplicant delinquent on any Federal debt? Yes No

If yes, type explanation:

- * Select community

Contact

Authorized Subgrant Agent

Title

Mr.

Ms.

Mrs.

Dr.

* First Name

Middle Initial

* Last Name

Title

* Agency/Organization

* Address 1

Address 2

* City

* State

* ZIP

* Phone

Fax

* Email

Point of Contact

Title

Mr.

Ms.

Mrs.

Dr.

* First Name

Middle Initial

* Last Name

Title

* Agency/Organization

* Address 1

Address 2

* City

* State

* ZIP

* Phone

Fax

* Email

Community

County	Community Name	CID	CRS	CRS	State	US
--------	----------------	-----	-----	-----	-------	----

Code	(Federal Identification Processing Standard (FIPS) Place Code)	Number	Community	Rating	Legislative District	Congressional District	State
------	--	--------	-----------	--------	----------------------	------------------------	-------

If you would like to make any comments, please enter them below

Attachments

Mitigation Plan

* Is the entity that will benefit from the proposed activity covered by a current FEMA-approved multihazard mitigation plan in compliance with 44 CFR Part 201? Yes No Not Known

If yes, please answer the following:

* What is the name of the plan?

Local MultiJurisdictional Multihazard Mitigation Plan

* What is the type of plan?

Local Multihazard Mitigation Plan

Tribal (Local) MultiJurisdictional Multihazard Mitigation Plan

Tribal (Local) Multihazard Mitigation Plan

* When was the current multihazard mitigation plan approved by FEMA?

* Describe how the proposed activity relates to or is consistent with the FEMA-approved mitigation plan.

If no or not known, please answer the following:

* Does the entity have any other mitigation plans adopted? Yes No Not Known

If yes, please provide the following information.

Plan Name	Plan Type	Date Adopted	Attachment
-----------	-----------	--------------	------------

* Does the State/Tribe in which the entity is located have a current FEMA-approved mitigation plan in compliance with 44 CFR Part 201? Yes No

If yes, please answer the following:

* What is the name of the plan?

- Enhanced State Multi-hazard Mitigation Plan
- Enhanced Tribal Multi-hazard Mitigation Plan
- Standard State Multi-hazard Mitigation Plan
- Standard Tribal Multi-hazard Mitigation Plan

* What is the type of plan?

* When was the current mitigation plan approved by FEMA?

* Describe how the proposed activity relates to or is consistent with the State/Tribe's FEMA-approved mitigation plan.

If you would like to make any comments, please enter them below.

Attachments:

Scope of Work

* Title of your proposed activity(should include the type of activity and location):

- | | | | |
|--|--|---|--|
| * Identify Hazards(s) to be Mitigated | <input type="checkbox"/> Biological | <input type="checkbox"/> Flood | <input type="checkbox"/> Snow |
| | <input type="checkbox"/> Chemical | <input type="checkbox"/> Freezing | <input type="checkbox"/> Special Events |
| | <input type="checkbox"/> Civil Unrest | <input type="checkbox"/> Human Cause | <input type="checkbox"/> Terrorist |
| | <input type="checkbox"/> Coastal Storm | <input type="checkbox"/> Hurricane | <input type="checkbox"/> Tornado |
| | <input type="checkbox"/> Crop Losses | <input type="checkbox"/> Land Subsidence | <input type="checkbox"/> Toxic Substances |
| | <input type="checkbox"/> Dam/Levee Break | <input type="checkbox"/> Mud/Landslide | <input type="checkbox"/> Tropical Cyclones |
| | <input type="checkbox"/> Drought | <input type="checkbox"/> Nuclear | <input type="checkbox"/> Tsunami |
| | <input type="checkbox"/> Earthquake | <input type="checkbox"/> Other | <input type="checkbox"/> Typhoon |
| | <input type="checkbox"/> Fire | <input type="checkbox"/> Severe Ice Storm | <input type="checkbox"/> Volcano |
| | <input type="checkbox"/> Fishing Losses | <input type="checkbox"/> Severe Storm(s) | <input type="checkbox"/> Windstorms |

* What type of mitigation activity(ies) are you proposing? (Please choose activities from Appendix A below)

If you selected Other or Miscellaneous, above, please specify:

*** Provide a clear and detailed description of your proposed activity**

* Are you doing construction in this project?

Yes No

* Provide a detailed description of the proposed project's location (e.g. municipality, street address, major intersecting streets and other important landmarks). Please attach supporting documentation such as maps that clearly identify the location and critical features to the project such as topography, waterways, adjacent community boundaries, etc. and mark your project site on the FIRM/DFIRM/FHBM (even if it is out of the floodplain).

Enter the Latitude and Longitude coordinates for the project area.

* Latitude:

* Longitude:

* Briefly describe the need for this activity. Why should this mitigation activity be completed?

* Who will the mitigation activity benefit and/or impact?

* How will the mitigation activity be implemented?

* Describe how the project is technically feasible and will be effective in reducing the risk by reducing or eliminating damages to property and/or loss of life in the project area. Please include engineering design parameters and references to the following: preliminary schematic or engineering drawings/design; applicable building codes, engineering practices and/or best practices; level of protection (e.g., life safety, 100-yr floor protection with freeboard, 100-yr wind design, etc.).

* Who will manage and complete the mitigation activity?

* Will the project address the hazards identified and what risks will remain from all hazards after project implementation (residual risk)?

* When will the mitigation activity take place?

* Explain why this project is the best alternative. What alternatives were considered to address the Risk and why was the proposed activity considered the best alternative?

* Please identify the entity that will perform any long-term maintenance and provide a maintenance schedule and cost information. The subapplicant or owner of the area to be mitigated is responsible for maintenance (including costs of long-term care) after the project is completed.

If you would like to make any comments, please enter them below.

Attachments:

Properties

Property Owner's Name	Address of Property to be Mitigated	City	Zip	NFIP	Policy #	FMA Repetitive Loss	FMA Severe Repetitive Loss	Property Locator #
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Yes No

Yes No

Yes No

Address of Property to be Mitigated:

*** Street Number**

Direction

- East
- North
- North East
- North West
- South
- South East
- South West
- West

***Street Name**

***Street Type**

- | | | |
|-------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Avenue | <input type="checkbox"/> Highway | <input type="checkbox"/> Ridge |
| <input type="checkbox"/> Boulevard | <input type="checkbox"/> Island | <input type="checkbox"/> Road |
| <input type="checkbox"/> Branch | <input type="checkbox"/> Isle | <input type="checkbox"/> Route |
| <input type="checkbox"/> Causeway | <input type="checkbox"/> Junction | <input type="checkbox"/> Square |
| <input type="checkbox"/> Center | <input type="checkbox"/> Lake | <input type="checkbox"/> Street |
| <input type="checkbox"/> Circle | <input type="checkbox"/> Land | <input type="checkbox"/> Terrace |
| <input type="checkbox"/> Common | <input type="checkbox"/> Mall | <input type="checkbox"/> Trace |
| <input type="checkbox"/> Corner | <input type="checkbox"/> Motorway | <input type="checkbox"/> Trail |
| <input type="checkbox"/> Course | <input type="checkbox"/> Other | <input type="checkbox"/> Turnpike |
| <input type="checkbox"/> Court | <input type="checkbox"/> Parkway | <input type="checkbox"/> Valley |
| <input type="checkbox"/> Crescent | <input type="checkbox"/> Pike | <input type="checkbox"/> View |
| <input type="checkbox"/> Drive | <input type="checkbox"/> Place | <input type="checkbox"/> Village |
| <input type="checkbox"/> Expressway | <input type="checkbox"/> Plains | <input type="checkbox"/> Ville |
| <input type="checkbox"/> Freeway | <input type="checkbox"/> Plaza | <input type="checkbox"/> Walk |
| | <input type="checkbox"/> Point | <input type="checkbox"/> Way |
| <input type="checkbox"/> Grove | | |

If Other, Specify Street Type

Direction

- East
- North
- North East
- North West
- South
- South East
- South West
- West

- | | | |
|-------------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Lobby | <input type="checkbox"/> Side |
| <input type="checkbox"/> Basement | <input type="checkbox"/> Lot | <input type="checkbox"/> Slip |
| <input type="checkbox"/> Building | <input type="checkbox"/> Lower | <input type="checkbox"/> Space |
| <input type="checkbox"/> Department | <input type="checkbox"/> Office | <input type="checkbox"/> Stop |

Unit Type

- Floor
- Front
- Hanger
- Key
- Lobby
- Other
- Penthouse
- Pier
- Rear
- Room
- Suite
- Trailer
- Unit
- Upper

If Other, Specify Unit Type

Number

***City**

***County**

***State**

***Zip**

Owner Information:

If the owner is an organization, then split this information in the First and Last Name.

***First Name**

Middle Name

***Last Name**

Home Phone

Cell Phone

Work Phone

Owner's Mailing Address (check if this address is the same as Property Address above):

*** Street Number**

Direction

- East
- North
- North East
- North West
- South
- South East
- South West
- West

***Street Name**

- Avenue
- Boulevard
- Branch
- Causeway
- Highway
- Island
- Isle
- Junction
- Ridge
- Road
- Route
- Square

***Street Type**

- Lake
- Street
- Terrace
- Center
- Circle
- Common
- Corner
- Course
- Land
- Mall
- Motorway
- Other
- Trace
- Trail
- Turnpike
- Valley

- Court
- Crescent
- Drive
- Expressway
- Freeway
- Grove
- Parkway
- Pike
- Place
- Plains
- Plaza
- Point
- View
- Village
- Ville
- Walk
- Way

If Other, Specify Street Type

Direction

- East
- North
- North East
- North West
- South
- South East
- South West
- West

Unit Type

- Apartment
- Basement
- Building
- Department
- Floor
- Front
- Hanger
- Key
- Lobby
- Lobby
- Lot
- Lower
- Office
- Other
- Penthouse
- Pier
- Rear
- Room
- Side
- Slip
- Space
- Stop
- Suite
- Trailer
- Unit
- Upper

If Other, Specify Unit Type

Number

***City**

***County**

***State**

***Zip**

*** Does this property have other co-owners or holders of recorded interest?**

- Yes
- No

If Yes, Enter Co-owner or Owner of Property Interest Information:

If the co-owner is an organization, then split this information in the First and Last Name.

***First Name**

Middle Name

***Last Name**

Home Phone

Cell Phone

Work Phone

Co-owner's Mailing Address:

- Owner's Mailing Address
- Property Address
- None

*** Street Number**

Direction

- East
- North
- North East
- North West
- South
- South East
- South West
- West

***Street Name**

***Street Type**

- Avenue
- Boulevard
- Branch
- Causeway
- Center
- Circle
- Common
- Corner
- Course
- Court
- Crescent
- Drive
- Expressway
- Freeway
- Grove
- Highway
- Island
- Isle
- Junction
- Lake
- Land
- Mall
- Motorway
- Other
- Parkway
- Pike
- Place
- Plains
- Plaza
- Point
- Ridge
- Road
- Route
- Square
- Street
- Terrace
- Trace
- Trail
- Turnpike
- Valley
- View
- Village
- Ville
- Walk
- Way

If Other, Specify Street Type

Direction

- East
- North
- North East
- North West
- South
- South East
- South West
- West

Unit Type

- Apartment
- Basement
- Building
- Department
- Floor
- Lobby
- Lot
- Lower
- Office
- Other
- Side
- Slip
- Space
- Stop
- Suite

- Front
- Hanger
- Key
- Lobby
- Penthouse
- Pier
- Rear
- Room
- Trailer
- Unit
- Upper

If Other, Specify Unit Type

Number

***City**

***County**

***State**

***Zip**

Comments

Attachments:

Property Information:

*** Latitude:**

*** Longitude:**

***Year Built**

*** Structure Type**

- 2-4 Family
- Manufactured Home
- Multi-Family Dwelling - 5 or More Units
- Non-residential - Private
- Non-residential - Public
- Other (Specify in Comments)
- Single Family
- Vacant Land

If Other Structure Type, please specify

Property Tax Identification Number

Legal Description

Does this property have a [NFIP Policy Number](#)?
(Note: For SRL grants, a response to this question is required.)

- Yes
- No

If Yes, then provide policy Number

Required for Grantee FMA Repetitive Loss
(Note: If Yes, then the property must be identified on FEMA's FMA RL list)

Yes No

Required for Grantee FMA Severe Repetitive Loss
(Note: If Yes, then the property must be identified on FEMA's FMA RL list)

Yes No

Property Locator Number

* Identify hazard(s) to be mitigated:

- Biological
- Chemical
- Civil Unrest
- Coastal Storm
- Crop Losses
- Dam/Levee Break
- Drought
- Earthquake
- Fire
- Fishing Losses
- Flood
- Freezing
- Human Cause
- Hurricane
- Land Subsidence
- Mud/Landslide
- Nuclear
- Other
- Severe Ice Storm
- Severe Storm(s)
- Snow
- Special Events
- Terrorist
- Tornado
- Toxic Substances
- Tropical Cyclones
- Tsunami
- Typhoon
- Volcano
- Windstorms

If other hazards, please specify

* Property Action

- Acquisition of Vacant Land
- Acquisition/Demolition
- Acquisition/Relocation
- Elevation
- Floodproofed
- Mitigation Reconstruction
- Other (Specify in Comments)
- Safe Room/Wind Shelter
- Seismic Retrofit
- Wildfire Retrofit
- Wind Retrofit
- Wind Retrofit Advanced (A-P804)
- Wind Retrofit Basic (B-P804)
- Wind Retrofit Estimated (ES-P804)
- Wind Retrofit Intermediate (I-P804)

If Other Property Action, please specify

* Is this property substantially damaged?

Yes No

Estimated Purchase Offer Amount

(only applicable when Property Action is Elevation)

[Base Flood Elevation](#) feet

[First Floor Elevation](#) feet

Number of feet the lowest floor elevation of the structure is being raised above Base Flood Elevation feet
(only applicable when Property Action is Elevation)

Foundation Type

- Basement
- Crawl Space
- Elevated on Piers, Piles, Posts or Columns
- Other (Specify in Comments)
- Slab on Grade
- Vacant Land

If Other Foundation Type, please specify

Flood Zone Designation

- C, X
- B, X
- N
- AR
- A99
- A1-30, AE
- A
- A0
- V0
- AH
- V1-30, VE
- V
- E
- M
- D
- P

If Other Flood Zone Designation, please specify

(only applicable when Property Action is Acquisition or Elevation)

How was cost-effectiveness determined for this property?

- FEMA's Benefit Cost analysis (BCA) Tool
- Greatest Savings to the Fund (GSTF)
- Pre-calculated Benefits
- Substantial Damage in Special Flood Hazard Area (SFHA) - for acquisition only
- Other

If Other cost-effectiveness, please specify

Comments

Attachments:

Schedule

Enter Work Schedule

Please include all tasks necessary to implement this mitigation activity, the estimated timeframe for each task, and who will complete it.

Description Of Task	Starting Point	Unit Of Time	Duration	Unit Of Time	Work Complete By
---------------------	----------------	--------------	----------	--------------	------------------

- Day(s)
- Week(s)
- Month(s)
- Year(s)

* Estimate the total duration of the proposed activity:

Cost Estimate

Item Name	Cost Classification	Grant Budget Class	Subgrant Budget Class	Unit Quantity	Unit of Measure	Unit Cost (\$)	Cost Estimate (\$)
-----------	---------------------	--------------------	-----------------------	---------------	-----------------	----------------	--------------------

* Total Cost Estimate \$

Cost Share

Total Cost Estimate

Federal Share Percentage

Non-Federal Share Percentage

	Dollars	Percentage
* Proposed Federal Share	\$	%
* Proposed Non-Federal Share	\$	%

* Non-Federal Funds

Source Agency	Name of Source Agency	Funding Type	Amount (\$)
----------------------	------------------------------	---------------------	--------------------

Grand Total \$

If you would like to make any comments, please enter them below.

Attachments:

Cost Effectiveness

* Attach the Benefit Cost Analysis (BCA), if completed for this project

* Net Present Value of Project Benefits (A)

* Total Project Cost Estimate (B)

* What is the Benefit Cost Ratio for the entire project (A/B)?

If you would like to make any comments, please enter them below.

Attachments:

A. National Historic Preservation Act - Historic Buildings and Structures

* 1. Does your project affect or is it in close proximity to any buildings or structures 50 years or more in age? Yes No Not known

If Yes, you must confirm that you have provided the following:

- The property address and original date of construction for each property affected (unless this information is already noted in the Properties section),
- A minimum of two color photographs showing at least three sides of each structure (Please label the photos accordingly),

- A diagram or USGS 1:24,000 scale quadrangle map displaying the relationship of the property(s) to the project area.

To help FEMA evaluate the impact of the project, please indicate below any other information you are providing:

- Information gathered about potential historic properties in the project area, including any evidence indicating the age of the building or structure and presence of buildings or structures that are listed or eligible for listing on the National Register of Historic Places or within or near a National Register listed or eligible historic district. Sources for this information may include the State Historic Preservation Officer, and/or the Tribal Historic Preservation Officer (SHPO/THPO), your local planning office, historic preservation organization, or historical society.
- Consideration of how the project design will minimize adverse effects on known or potential historic buildings or structures, and any alternatives considered or implemented to avoid or minimize effects on historic buildings or structures. Please address and note associated costs in your project budget.
- For acquisition/demolition projects affecting historic buildings or structures, any data regarding the consideration and feasibility of elevation, relocation, or flood proofing as alternatives to demolition.
- Attached materials or additional comments.

Please enter your comments below (If you selected Yes or Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review.):

Attachments:

B. National Historic Preservation Act - Archeological Resources

- * 1. Does your project involve disturbance of ground? Yes No Not Known

If Yes, you must confirm that you have provided the following:

- A description of the ground disturbance by giving the dimensions (area, volume, depth, etc.) and location
- The past use of the area to be disturbed, noting the extent of previously disturbed ground.
- A USGS 1:24,000 scale or other site map showing the location and extent of ground disturbance.

To help FEMA evaluate the impact of the project, please indicate below any other information you are providing:

- Any information about potential historic properties, including archeological sites, in the project area.

Sources of this information may include SHPO/THPO, and/or the Tribe's cultural resources contact if no THPO is designated. Include, if possible, a map showing the relation of any identified historic properties to the project area.

Attached materials or additional comments.

Please enter your comments below (If you selected Yes or Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review.):

Attachments:

C. Endangered Species Act and Fish and Wildlife Coordination Act

* 1. Are Federally listed threatened or endangered species or their critical habitat present in the area affected by the project? Yes No Not Known

If Yes, you must confirm that you have provided the following:

Information you obtained to identify species in or near the project area. Provide the source and date of the information cited.

To help FEMA evaluate the impact of the project, please indicate below any other information you are providing:

Any request for information and associated response from the USFWS, the National Marine Fisheries Service (NMFS) (for affected ocean-going fish), or your State Wildlife Agency, regarding potential listed species present and potential of the project to impact those species.

Attached materials or additional comments.

Please enter your comments below (If you selected Yes or Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review.):

* 2. Does your project remove or affect vegetation? Yes No Not Known

If Yes, you must confirm that you have provided the following:

Description of the amount (area) and type of vegetation to be removed or affected.

A site map showing the project area and the extent of vegetation affected.

- Photographs or digital images that show both the vegetation affected and the vegetation in context of it surroundings.

To help FEMA evaluate the impact of the project, please indicate below any other information you are providing:

- Attached materials or additional comments.

Please enter your comments below (If you selected Yes or Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review.):

- * 3. Is your project in, near (within 200 feet), or likely to affect any type of waterway or body of water? Yes No Not Known

If Yes, and project is not within an existing building, you must confirm that you have provided the following:

- A USGS 1:24,000 scale quadrangle map showing the project activities in relation to all nearby water bodies (within 200 feet).
- Any information about the type of water body nearby including: its dimensions, the proximity of the project activity to the water body, and the expected and possible changes to the water body, if any. Identify all water bodies regardless whether you think there may be an effect
- A photograph or digital image of the site showing both the body of water and the project area.

To help FEMA evaluate the impact of the project, please indicate below any other information you are providing:

- Evidence of any discussions with the US Fish and Wildlife Service (USFWS), and/or your State Wildlife Agency concerning any potential impacts if there is the potential for the project to affect any water body.
- Attached materials or additional comments.

Please enter your comments below (If you selected Yes or Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review.):

Attachments:

D. Clean Water Act, Rivers and Harbors Act, and Executive Order 11990 (Protection of Wetlands)

- * 1. Will the project involve dredging or disposal of dredged material, excavation, adding fill material or result in any modification to water bodies or wetlands designated as "waters of the U.S" as identified by the US Army Corps of Engineers or on the National Wetland Inventory? Yes No Not Known

If Yes, you must confirm that you have provided the following:

- Documentation of the project location on a USGS 1:24,000 scale topographic map or image and a copy of a National Wetlands Inventory map or other available wetlands mapping information.

To help FEMA evaluate the impact of the project, please indicate below any other information you are providing:

- Request for information and response letter from the US Army Corps of Engineers and/or State resource agencies regarding the potential for wetlands, and applicability of permitting requirements.
- Evidence of alternatives considered to eliminate or minimize impacts to wetlands.
- Attached materials or additional comments.

Please enter your comments below (If you selected Yes or Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review.):

Attachments:

E. Executive Order 11988 (Floodplain Management)

- * 1. Does a Flood Insurance Rate Map (FIRM), Flood Hazard Boundary Map (FHBM), hydrologic study, or some other source indicate that the project is located in or will affect a 100 year floodplain, a 500 year floodplain if a critical facility, an identified regulatory floodway, or an area prone to flooding? Yes No Not Known

If Yes, please indicate in the text box below any documentation to identify the means or the alternatives considered to eliminate or minimize impacts to floodplains (See the 8 step process found in 44 CFR Part 9.6.) to help FEMA evaluate the impact of the project (If you selected Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review.):

- * 2. Does the project alter a watercourse, water flow patterns, or a drainage way, regardless of its floodplain designation? Yes No Not Known

If Yes, please indicate below any other information you are providing to help FEMA evaluate the impact of the project:

- Hydrologic/hydraulic information from a qualified engineer to demonstrate how drainage and flood flow patterns will be changed and to identify down and upstream effects.
- Evidence of any consultation with US Army Corps of Engineers (may be included under Part D of the Environmental Information).
- Request for information and response letter from the State water resource agency, if applicable, with jurisdiction over modification of waterways.
- Attached materials or additional comments.

Please enter your comments below (If you selected Yes or Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review.):

Attachments:

F. Coastal Zone Management Act

- * 1. Is the project located in the State's designated coastal zone? Yes No Not Known

If Yes, please indicate below any other information you are providing to help FEMA evaluate the impact of the project:

- Information resulting from contact with the appropriate State agency that implements the coastal zone management program regarding the likelihood of the project's consistency with the State's coastal zone plan and any potential requirements affecting the cost or design of the proposed activity.
- Attached materials or additional comments.

Please enter your comments below (If you selected Yes or Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review.):

Attachments:

G. Farmland Protection Policy Act

- * 1. Will the project convert more than 5 acres of "prime or unique" farmland outside city limits to a non- agricultural use? Yes No Not Known

Please enter your comments below (If you selected Yes or Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review.):

Attachments:

H. RCRA and CERCLA (Hazardous and Toxic Materials)

- * 1. Is there a reason to suspect there are contaminants from a current or past use on the property associated with the proposed project? Yes No Not Known

If Yes, please indicate below any other information you are providing to help FEMA evaluate the impact of the project:

- Comments and any relevant documentation.
- Results of any consultations with State or local agency to obtain permit with requirements for handling, disposing of or addressing the effects of hazardous or toxic materials related to project implementation.
- Attached materials or additional comments.

Please enter your comments below (If you selected Yes or Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review.):

- * 2. Are there any studies, investigations, or enforcement actions related to the property associated with the proposed project? Yes No Not Known

If Yes, please indicate below any other information you are providing to help FEMA evaluate the impact of the project:

- Comments and any relevant documentation.

- Results of any consultations with State or local agency to obtain permit with requirements for handling, disposing of or addressing the effects of hazardous or toxic materials related to project implementation.
- Attached materials or additional comments.

Please enter your comments below (If you selected Yes or Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review.):

- * 3. Does any project construction or operation activities involve the use of hazardous or toxic materials? Yes No Not Known

If Yes, please indicate below any other information you are providing to help FEMA evaluate the impact of the project:

- Comments and any relevant documentation.
- Results of any consultations with State or local agency to obtain permit with requirements for handling, disposing of or addressing the effects of hazardous or toxic materials related to project implementation.
- Attached materials or additional comments.

Please enter your comments below (If you selected Yes or Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review.):

- * 4. Do you know if any of the current or past land-uses of the property affected by the proposed project or of the adjacent properties are associated with hazardous or toxic materials? Yes No Not Known

If Yes, please indicate below any other information you are providing to help FEMA evaluate the impact of the project:

- Comments and any relevant documentation.
- Results of any consultations with State or local agency to obtain permit with requirements for handling, disposing of or addressing the effects of hazardous or toxic materials related to project implementation.
- Attached materials or additional comments.

Please enter your comments below (If you selected Yes or Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review.):

Attachments:

I. Executive Order 12898, Environmental Justice for Low Income and Minority Populations

- * 1. Are there low income or minority populations in the project's area of effect or adjacent to the project area? Yes No Not Known

If Yes, you must confirm that you have provided the following:

- Description of any disproportionate and adverse effects to these populations.

To help FEMA evaluate the impact of the project, please indicate below any other information you are providing:

- Description of the population affected and the portion of the population that would be disproportionately and adversely affected. Please include specific efforts to address the adverse impacts in your proposal narrative and budget.
- Attached materials or additional comments.

Please enter your comments below (If you selected Yes or Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review.):

Attachments:

J. Other Environmental/Historic Preservation Laws or Issues

- * 1. Are there other environmental/historic preservation requirements associated with this project that you are aware of? Yes No

If Yes, please indicate in the text box below a description of the requirements, issues or public involvement effort.

- * 2. Are there controversial issues associated with this project? Yes No Not Known

If Yes, please indicate in the text box below a description of the requirements, issues or public involvement effort (If you selected Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review.):

- * 3. Have you conducted any public meeting or solicited public input or comments on your specific proposed mitigation project? Yes No

If Yes, please indicate in the text box below a description of the requirements, issues or public involvement effort.

Attachments:

K. Summary and Cost of Potential Impacts

- * 1. Having answered the questions in parts A. through J., have you identified any aspects of your proposed project that have the potential to impact environmental resources or historic properties? Yes No

If Yes, you must confirm that you have:

- Evaluated these potential effects and provided the materials required in Parts A through J that identify the nature and extent of potential impacts to environmental resources and/or historic properties.
- Consulted with appropriate parties to identify any measures needed to avoid or minimize these impacts.
- Considered alternatives that could minimize both the impacts and the cost of the project.
- Made certain that the costs of any measures to treat adverse effects are realistically reflected in the project budget estimate.

Please enter your comments below (If you selected Yes above, please indicate why in the text box below and any information about this project that could assist FEMA in its review.):

Attachments:

Evaluation

By checking the *Not Applicable* box and not providing the information in this section, I understand that this application may not be selected for the Pre-Disaster Mitigation - Competitive Grant Program.

Incomplete/Complete

Not applicable

* Is the recipient participating in the [Community Rating System \(CRS\)](#)?

Yes No

If yes, what is their [CRS rating](#)?

1 2 3 4
 5 6 7 8
 9 10

* Is the recipient a [Cooperating Technical Partner \(CTP\)](#)?

Yes No

* Is the recipient a [Firewise Community](#)?

Yes No

If yes, please provide their [Firewise Community](#) number.

* Has the recipient adopted building codes consistent with the [International Codes](#)?

Yes No

* Has the recipient adopted the [National Fire Protection Association \(NFPA\) 5000 Code](#)?

Yes No

* Have the recipient's building codes been assessed on the [Building Code Effectiveness Grading Schedule \(BCEGS\)](#)?

Yes No

If yes, what is their [BCEGS](#) rating?

1 2 3 4
 5 6 7 8
 9 10

* Is this a small, impoverished community?

Yes No

* How will this mitigation activity leverage involvement of partners to enhance its outcome?

* How will this mitigation activity offer long-term financial and social benefits or promote resiliency for the community?

* Please provide the percent of the population benefiting from this mitigation activity. %

* Please explain your response to the above question.

* Does this mitigation activity protect a critical facility? Yes No

If yes, please select the type of critical facilities to be protected

- Hazardous Materials Facilities
- Emergency Operation Centers
- Power Facilities
- Water Facilities
- Sewer and wastewater treatment Facilities
- Communications Facilities
- Emergency Medical Care Facilities
- Fire Protection
- Emergency Facilities

If you would like to make any comments, please enter them below.

Attachments:

Assurances and Certifications

Forms

Status

Part I: Assurances **Non-Construction** Programs / Assurances **Construction** Programs.

Incomplete/Complete

Not Applicable

Part II: Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibilities Matters; and Drug-Free Workplace Requirements.

Incomplete/Complete

Part III: Disclosure of Lobbying Activities (**Complete only if applying for a grant of more than \$100,000 and have lobbying activities using Non-Federal funds.**)

Incomplete/Complete

Not Applicable

Assurances-Non-Construction Programs

Attachments

I, _____, hereby sign this form as of _____.

Assurances-Construction Programs

Attachments

I, _____, hereby sign this form as of _____.

Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibilities Matters; and Drug-Free Workplace Requirements.

Attachments

Section 17.630 of the regulations provide that a grantee that is a State may elect to make one certification in each Federal fiscal year. A copy of which should be included with each application for FEMA funding. States and State agencies may elect to use a Statewide certification.

I, _____, hereby sign this form as of _____.

Disclosure of Lobbying Activities

Attachments

I, _____, hereby sign this form as of _____.

[Appendix A](#)