

FMA Grant Application

- * **Application Title:**
- * **Application Number:**
- * **Application Year:**
- * **Grant Type:** [FMA Grant Application](#)
- * **Address:**

Applicant Information

- * Name of Applicant
- * State
- Congressional District

- * Type of Applicant

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

If Private Non-Profit,

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, this is Tribal Identification Number.

- * What is your DUNS Number?

- * Are you the application preparer? Yes No

- * Does your organization have a Smartlink account? Yes No

- * Is the application preparer the Point of Contact? Yes No

- * Is application subject to review by Executive Order 12372 Process?

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

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

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

Explanation:

Contact Information

Point of Contact Information

Title Mr.
 Ms.
 Mrs.
 Dr.

* First Name
Middle Initial
* Last Name
Title
* Agency/Organization
* Address 1
Address 2
* City
* State
* ZIP
* Phone
Fax
* Email

Alternate Point of Contact Information

Title Mr.
 Ms.
 Mrs.
 Dr.

First Name
Middle Initial
Last Name
Title
Agency/Organization
Address 1
Address 2
City
State
ZIP
Phone
Fax
Email

Subgrant Applications

Rank	Application Number	Application Title	Name	Non-Federal Share	Federal Share	Federal Share %
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	Schedule	
Subgrant Applicant	Total Duration	Unit of Time

Title of your proposed activity

Proposed Period of Performance

Overall duration of the grant	Unit of Time
	<input type="checkbox"/> Day(s)
	<input type="checkbox"/> Week(s)
	<input type="checkbox"/> Month(s)
	<input type="checkbox"/> Year(s)

File Name	Budget	Date Attached
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Subgrant Applicant	Requested Amount
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Total	\$
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	Properties						
Property Owner's Name	Address	City	State	Zip Code	Repetitive Loss	Application Number	

Assurances and Certifications
Forms

Status

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

Incomplete/Complete

Not Applicable

Part I.B.: 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 _____.