

## Subgrant Planning 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

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 Code	Community Name (Federal Identification Processing Standard (FIPS) Place Code)	CID Number	CRS Community	CRS Rating	State Legislative District	US Congressional District	State
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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

Local Multihazard Mitigation Plan

\* What is the type of plan?

Tribal (Local) MultiJurisdictional Multihazard Mitigation Plan

Tribal (Local) Multihazard Mitigation Plan

Tribal 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
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Please identify all previous FEMA planning grants received:

Type of Grant	Performance Period		Deliverable Activity	Amount
	Beginning Date	Ending Date		
			Total	\$0.00

\* 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
- State Mitigation Plan - Pre DMA2000
- Tribal 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):

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

\* Describe the geographic area(s) to be covered by the plan. Attach geographical/topographical maps as necessary.

**\* 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        |

\* Please select one of the following options to describe the intent of this planning application:

- Develop a new plan
- Update an existing plan

If a plan update, please describe the evaluation process of the existing plan for its strengths, weaknesses and utility.

\* Describe the process for implementing the planning activity, including the following plan development requirements: 1) participation of agencies, stakeholders and the public; 2) hazard identification and risk/vulnerability assessment; 3) mitigation strategy; 4) plan adoption; and 5) plan maintenance.

\* What are the primary sources of information and data and how it will be incorporated into existing planning mechanisms?

\* What staff and resources will be used to implement this planning activity?

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

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

\* Estimate the total duration of the proposed activity:

Cost Estimate

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

Cost Share

Activity 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 (\$)
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**Grand Total \$**

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

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 Grant Program (PDMC and LPDM).

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?

\* Describe how this planning activity will benefit your community and how the plan/data will be used to promote resiliency.

Comments:

Attachments:

Assurances and Certifications  
Forms

Status

Part I: Assurances **Non-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 \_\_\_\_\_.

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](#)