

Subgrant Management Cost 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:
- * 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, please explain:

* 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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Comments:

Attachments:

Scope of Work

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

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

- * Briefly describe how and where you plan to implement this activity.

* What staff and resources will be used to implement this activity and who will manage it?

Comments

Attachments

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 Completed 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 (\$)
					* 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 \$

Comments

Attachments:

Assurances and Certifications
Forms

Status

Complete

Incomplete

Not Applicable

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

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

Not Applicable

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

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](#)