

Properties section

NOTE: This section is for Project subgrant applications only.

- Changed field properties
 - “Age of Structure” revised to “Year Built” is now a required field denoted by a red asterisk
 - “Base Flood” and “First Floor” are required when Property Action is Elevation
 - “Flood Zone Designation” is required when Property Action is Elevation and two selections were revised
 - C, X was revised as “C, unshaded X”
 - B, X was revised as “B, shaded X”
- Revised field
 - “Damage Category” was revised to “Is this property substantially damaged?”
 - “Pre-Event Fair Market Value” was revised as “Estimated Purchase Offer Amount”
 - “Primary Property Action” was revised to “Property Action”
- Deleted fields
 - [SHPO](#) Review
 - [SHPO](#) Reviewed Date
 - Parcel Number
 - Basement
 - Type of Residence
 - Insurance Company
 - Benefit Cost Analysis Performed
 - Benefit Cost Ratio
 - Repetitive Loss Structure
 - Property Locator Number
 - Number of Losses
 - Secondary Property Actions
 - Flood Source
 - Is the property located within:
 - Not Applicable
 - Floodway
 - Floodplain
 - Other identified high hazard area
 - Is there a Flood Insurance Rate Map (FIRM) or other Flood Maps available for your project area?
 - Is the property site marked on the map?
 - FIRM Information (Flood Maps)

Old format:

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https://fdi.eservices.fema.gov/FEMAMigration/processFemaRequest.do

FEMA.gov City of Jericho Project Application

Logged in: Kentucky Stategrantee Last login: 09-09-2011 Session expires in 30 mins

Properties

Property (Part 1 of 3)

Application 29% complete

Please provide the following information. When you are finished, click the Save and Continue button below to continue to the next property section. Or, you may select the section you would like to complete from the drop down menu below then click the Go button.

Property Information

Note: Fields marked with an * are required.

Damaged Property Address:

Address line 1	Street Number	Direction	Street Name	Street Type	Direction
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	If Other, Specify Street Type: <input type="text"/>				
Address line 2	Unit Type	Number			
	<input type="text"/>	<input type="text"/>			
	If Other, Specify Unit Type: <input type="text"/>				
City	<input type="text"/>				
County	<input type="text"/>				
State	KY				
ZIP	<input type="text"/> - <input type="text"/> (e.g. 70354-4456) Need help for ZIP+4?				

Owner Information:

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

* First Name	<input type="text"/>												
Middle Name	<input type="text"/>												
* Last Name	<input type="text"/>												
Phone	<table border="0"> <tr> <td>Home (e.g. 703-456-7890)</td> <td><input type="text"/></td> <td>Office (e.g. 703-456-7890)</td> <td><input type="text"/></td> <td>Ext.</td> <td><input type="text"/></td> </tr> <tr> <td>Cell (e.g. 703-456-7890)</td> <td><input type="text"/></td> <td>Other (e.g. 703-456-7890)</td> <td><input type="text"/></td> <td>Ext.</td> <td><input type="text"/></td> </tr> </table>	Home (e.g. 703-456-7890)	<input type="text"/>	Office (e.g. 703-456-7890)	<input type="text"/>	Ext.	<input type="text"/>	Cell (e.g. 703-456-7890)	<input type="text"/>	Other (e.g. 703-456-7890)	<input type="text"/>	Ext.	<input type="text"/>
Home (e.g. 703-456-7890)	<input type="text"/>	Office (e.g. 703-456-7890)	<input type="text"/>	Ext.	<input type="text"/>								
Cell (e.g. 703-456-7890)	<input type="text"/>	Other (e.g. 703-456-7890)	<input type="text"/>	Ext.	<input type="text"/>								

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County	<input type="text"/>
State	KY
ZIP	<input type="text"/> - <input type="text"/> (e.g. 70354-4456) Need help for ZIP+4?

Owner Information:

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

* First Name	<input type="text"/>												
Middle Name	<input type="text"/>												
* Last Name	<input type="text"/>												
Phone	<table border="0"> <tr> <td>Home (e.g. 703-456-7890)</td> <td><input type="text"/></td> <td>Office (e.g. 703-456-7890)</td> <td><input type="text"/></td> <td>Ext.</td> <td><input type="text"/></td> </tr> <tr> <td>Cell (e.g. 703-456-7890)</td> <td><input type="text"/></td> <td>Other (e.g. 703-456-7890)</td> <td><input type="text"/></td> <td>Ext.</td> <td><input type="text"/></td> </tr> </table>	Home (e.g. 703-456-7890)	<input type="text"/>	Office (e.g. 703-456-7890)	<input type="text"/>	Ext.	<input type="text"/>	Cell (e.g. 703-456-7890)	<input type="text"/>	Other (e.g. 703-456-7890)	<input type="text"/>	Ext.	<input type="text"/>
Home (e.g. 703-456-7890)	<input type="text"/>	Office (e.g. 703-456-7890)	<input type="text"/>	Ext.	<input type="text"/>								
Cell (e.g. 703-456-7890)	<input type="text"/>	Other (e.g. 703-456-7890)	<input type="text"/>	Ext.	<input type="text"/>								

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

Address line 1	Street Number	Direction	Street Name	Street Type	Direction
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	If Other, Specify Street Type: <input type="text"/>				
Address line 2	Unit Type	Number			
	<input type="text"/>	<input type="text"/>			
	If Other, Specify Unit Type: <input type="text"/>				
Other (PO Box, Route, etc)	<input type="text"/>				
City	<input type="text"/>				
State	Select a State <input type="text"/>				
ZIP	<input type="text"/> - <input type="text"/> (e.g. 70354-4456) Need help for ZIP+4?				
* Does this property have other co-owners or holders of recorded interest?	<input type="radio"/> Yes <input type="radio"/> No				

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Properties

1. Application Status
2. Applicant Information
3. Contact Information
4. Community Information
5. Mitigation Plan Information
6. Mitigation Activity Information
7. Hazard Information
8. Scope of Work
9. Properties
10. Decision Making Process
11. Cost Estimate
12. Match Sources
13. Cost Effectiveness Information
14. Environmental/Historic Preservation Information
15. Maintenance Schedule
16. Evaluation Information
17. Comments and Attachments
18. Assurances and Certifications
19. Review and Submit Application

Property (Part 2 of 3)

Application **33%** complete

Please provide the following information. When you are finished, click the *Save and Continue* button below to continue to the next property section.
Or, you may select the section you would like to complete from the drop down menu below then click the *Go* button.

Property Owner Information

Note: Fields marked with an * are required.

Property Information	
Age of structure (year built)	<input type="text"/> (YYYY e.g. 2001)
SHPO Review	<input type="text"/> Help
SHPO Reviewed Date	<input type="text"/> (MM-DD-YYYY e.g. 02-05-2003)
Structure Type	<input type="text"/>
If Other Structure Type, please specify	<input type="text"/>

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Structure Type	<input type="text"/>
If Other Structure Type, please specify	<input type="text"/>
Foundation Type	<input type="text"/>
If Other Foundation Type, please specify	<input type="text"/>
Basement	<input type="text"/>
Type of Residence	<input type="text"/>
If Other Type of Residence, please specify	<input type="text"/>
Parcel Number	<input type="text"/>
Property Tax Identification Number	<input type="text"/>
Latitude	<input type="text"/> (e.g. 80.43014 Should be between -90 to +90) Help
Longitude	<input type="text"/> (e.g. 179.43014 Should be between -180 to +180) Help
Does this property have a NFIP Policy Number? <small>(Note: For FEMA, SFL and PFC events, a positive response to this question is required.)</small>	<input type="radio"/> Yes <input type="radio"/> No

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Done

start

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

Yes No

If Yes, then provide policy Number [Help](#)

Insurance Company

Select hazards to be mitigated:
(control-click for multiple selections):
Biological
Chemical
Civil Unrest
Coastal Storm

If other hazards, please specify

Damage Category

Pre-Event Fair Market Value \$ [Help](#)

Benefit Cost Analysis Performed [Help](#)

Benefit Cost Ratio

Repetitive Loss Structure

You may click on [www.NFIPBureau.FEMA.gov](#) and then select Request an account under MY PROFILE on the left menu bar in order to check for Repetitive Loss Property data.

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Pre-Event Fair Market Value \$ [Help](#)

Benefit Cost Analysis Performed [Help](#)

Benefit Cost Ratio

Repetitive Loss Structure

You may click on [www.NFIPBureau.FEMA.gov](#) and then select Request an account under MY PROFILE on the left menu bar in order to check for Repetitive Loss Property data.

If yes, [Property Locator Number](#) [Help](#)

If yes, Number of Claims

Legal Description
(Maximum 4000 characters)

Go Back | Save | Save and Continue

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19 Review and Submit Application

Property (Part 3 of 3)

Application 33% complete

Please provide the following information. When you are finished, click the *Save and Continue* button below. Or, you may select the section you would like to complete from the drop down menu below then click the Go button.

Note: Fields marked with an * are required.

Property Owner Information

Property Information II:	
* Primary Property Action <small>Note: Participation in open space property acquisition or relocation by a property owner is voluntary. Consistent with the 44 CFR Part 80.13(a)(4), documentation of voluntary interest must be signed by each property owner.</small>	Acquisition/Demolition
If Other Primary Action, please specify	<input type="text"/>
Secondary Property Actions	Acquisition of Vacant Land Acquisition/Demolition Acquisition/Relocation Elevation

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Done

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Secondary Property Actions	Acquisition/Relocation Elevation Floodproofed
If Other Secondary Property Action, please specify	<input type="text"/>
Flood Hazard	
Base Flood Elevation <small>(only applicable when Property Action is Elevation)</small>	<input type="text"/> feet (e.g. 10.3)
First Floor Elevation <small>(only applicable when Property Action is Elevation)</small>	<input type="text"/> feet (e.g. 10.5) Help
Number of feet the lowest floor elevation of the structure is being raised above Base Flood Elevation <small>(only applicable when Property Action is Elevation)</small>	<input type="text"/> feet (e.g. 10)
Flood Source	Select Flood Source
If Other Flood Source, please specify	<input type="text"/>
Is the property located within	Select location
If Other Location, please specify	<input type="text"/>
* Is there a Flood Insurance Rate Map (FIRM) or other Flood Maps available for your project area?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown

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https://eservices.fema.gov/FEMAMitigation/fma_help/bottom/faq.html

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- 15. Maintenance Schedule
- 16. Evaluation Information
- 17. Comments and Attachments
- 18. Assurances and Certifications
- 19. Review and Submit Application

Is there a Flood Insurance Rate Map (FIRM) or other Flood Maps available for your project area?

Yes No Unknown

Is the property site marked on the map?
[Link to create FIRMette for inclusion with application](#)

Yes, map attached
 No, hard copy of map will be provided
 Not Applicable

Select Flood Zone Designation (only applicable when Property Action is Elevation)

(control-click for multiple selections):

C, X
 B, X
 N
 AR
 A99

If Other Flood Zone Designation, please specify

Enter FIRM Information (or other Flood Maps)

Community Name	CID Number	FIRM Panel Number	Effective Date	Action
Add FIRM Information				
(You will be able to add FIRM info once you complete Community Information section)				

If you would like to make any comments, please enter them below.
 (Maximum 4000 characters)

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NEW FORMAT:

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test

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Properties (Page 1 of 4)

Application 28% complete

This section will enable you to add properties to be mitigated. To add a property, click the **Add Property** button below. To update or delete a property already added to your project, click the appropriate link under the **Action** column. Depending on the activity you selected from the **Scope Of Work** section, some activities may require additional information and some may not. If you do not want to add additional property information for an activity that has the option to, check the **Property Information Not Applicable** checkbox. When you are finished, click the **Save and Continue** button below.

Note: Fields marked with an * are required. Properties marked with an ** are incomplete.

Public Awareness and Education (Brochures, Workshops, Videos, etc.) (100.1) Property Information Not Applicable

Property Owner's Name	Address of Property to be Mitigated	City	State	ZIP	Action
Add Property Import Property					

Feasibility, Engineering and Design Studies (103.1) Property Information Not Applicable

Property Owner's Name	Address of Property to be Mitigated	City	State	ZIP	Action
Add Property Import Property					

Go Back Save Save and Continue

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Properties **Properties (Page 2 of 4)** Application 71% complete

Please provide the following information. When you are finished, click the **Save and Continue** button below to continue to the next property section. Or, you may select the section you would like to complete from the drop down menu below then click the **Go** button.

Note: Fields marked with an * are required.

Property Information

Address of Property to be Mitigated:

* Street Number Direction Street Name Street Type Direction

123 Branch

If Other, Specify Street Type:

Unit Type If Other, Specify Unit Type Number

* City County State Zip

Jackson Hickman KY 12345 (e.g. 70354-4456) [Need help for ZIP+4?](#)

Owner Information:

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

* First Name Middle Name * Last Name

Mary Jones

Home Phone (e.g. 703-456-7890) Cell Phone (e.g. 703-456-7890) Office Phone Ext.

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

Street Number Direction Street Name Street Type Direction

Unit Type If Other, Specify Unit Type Number

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Properties **Properties (Page 3 of 4)** Application 64% complete

Please provide the following information. When you are finished, click the **Save and Continue** button below to continue to the next property section. Or, you may select the section you would like to complete from the drop down menu below then click the **Go** button.

Note: Fields marked with an * are required.

Property Owner Information

Property Information

* Latitude (e.g. 80.43014 Should be between -90 to +90) [Help](#)

* Longitude (e.g. 179.43014 Should be between -180 to +180) [Help](#)

* Year Built

* Structure Type

If Other Structure Type, please specify

Property Tax Identification Number

Legal Description

Does this property have a **NFIP Policy Number?**

(Note: For Flood grants, a response to this question is required)

Yes No

If Yes, then provide policy number [Help](#)

* Identify hazard(s) to be mitigated:

(control-click for multiple selections):

Biological
Chemical
Civil Unrest
Coastal Storm

If other hazards, please specify

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Properties

Note: Fields marked with an * are required.

Property Owner Information [Go]

Property Information

* Latitude	[10] (e.g. 80.43014 Should be between -90 to +90) Help
* Longitude	[20] (e.g. 179.43014 Should be between -180 to +180) Help
* Year Built	[1963]
* Structure Type	Manufactured Home
If Other Structure Type, please specify	
Property Tax Identification Number	
Legal Description	
Does this property have a NFIP Policy Number? <small>(Note: For Flood grants, a response to this question is required)</small>	<input checked="" type="radio"/> Yes <input type="radio"/> No Help
If Yes, then provide policy Number	<input type="text"/> Help
* Identify hazard(s) to be mitigated:	<small>(control-click for multiple selections)</small> Biological Chemical Civil Unrest Coastal Storm
If other hazards, please specify	<input type="text"/>
* Property Action <small>Note: Participation in open space property acquisition or relocation by a property owner is voluntary. Consistent with the 44 CFR part 60.13(a)(4), documentation of voluntary interest must be signed by each property owner.</small>	Elevation
If Other Property Action, please specify	<input type="text"/>

Go Back Save Save and Continue

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Application 64% complete

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Or, you may select the section you would like to complete from the drop down menu below then click the Go button.

Note: Fields marked with an * are required.

Property Owner Information [Go]

Property Information II:

* Is this property substantially damaged?	<input type="radio"/> Yes <input checked="" type="radio"/> No Help
Estimated Purchase Offer Amount	\$ [0.00] Help
<small>(only applicable when Property Action is Elevation)</small>	
Base Flood Elevation	[] feet (e.g. 10.3) Help
First Floor Elevation	[] feet (e.g. 10.5) Help
Number of feet the lowest floor elevation of the structure is being raised above Base Flood Elevation	[] feet (e.g. 10) Help
Foundation Type	
If Other Foundation Type, please specify	
Flood Zone Designation	<small>(control-click for multiple selections)</small> C, unshaded X B, unshaded X N AR A99 Help
If Other Flood Zone Designation, please specify	

If you would like to make any comments, please enter them below.
(Maximum 4000 characters)

[]