

Plan Subapplication

Table 1 Start a subapplication

| Subapplicant Section | Entry Information /Options | Complete/Comments |
|------------------------------------|----------------------------|-------------------|
| Organization you are applying for | | |
| Organization you are applying to | | |
| Subapplication title | | |
| Subapplication type | Plan | |
| Document control number (optional) | | |

Subapplicant Information

Table 2 Subapplicant Information

| Subapplicant Section | Entry Information /Options | Complete/Comments |
|---|--|-------------------|
| Name of federal agency | FEMA | |
| Type of submission | <ul style="list-style-type: none"> ▪ Pre-application ▪ Application ▪ Changed/Corrected application | |
| Type of Subapplicant | <ul style="list-style-type: none"> ▪ State Government ▪ Local Government ▪ Indian Tribal Government ▪ Special Governmental District ▪ Private Non-Profit ▪ Other | |
| Is Subapplication subject to review by Executive Order 12372 Process? | <ul style="list-style-type: none"> ▪ Yes ▪ No, program is not covered by E.O. 12372 ▪ No, program has not been selected by state for review | |
| If Yes, this preapplication/application was made available to the Executive Order 12372 Process for review on: (MM-DD-YYYY) | | |

| Subapplicant Section | Entry Information /Options | Complete/Comments |
|---|---|-------------------|
| Is the Subapplicant delinquent on any Federal debt? | <ul style="list-style-type: none"> ▪ Yes ▪ No | |
| <i>If yes, please provide an explanation:</i> | | |

Contact information

Table 3 Add a Subrecipient Authorized Representative (SAR)

| Subapplicant Section | Entry Information /Options | Complete/Comments |
|----------------------|---|-------------------|
| Title | | |
| Prefix (optional) | <ul style="list-style-type: none"> ▪ Mr. ▪ Ms. ▪ Mrs. ▪ Dr. | |
| First Name | | |
| Middle Initial | | |
| Last Name | | |
| Agency/Organization | | |
| Primary phone | | |
| Extension (optional) | | |
| Type | <ul style="list-style-type: none"> ▪ Home ▪ Work ▪ Mobile | |
| Secondary phone | | |
| Extension | | |
| Type | <ul style="list-style-type: none"> ▪ Home ▪ Work ▪ Mobile | |
| Optional phone | | |
| Fax number | | |
| Email | | |
| Address line 1 | | |

| Subapplicant Section | Entry Information /Options | Complete/Comments |
|----------------------|----------------------------|-------------------|
| Address line 2 | | |
| City | | |
| State/territory | | |
| ZIP code | | |
| ZIP extension | | |
| Phone | | |
| Fax | | |

Table 4 Add a Point(s) of Contact

| Subapplicant Section | Entry Information /Options | Complete/Comments |
|---------------------------|---|-------------------|
| Title | | |
| Prefix (optional) | <ul style="list-style-type: none"> ▪ Mr. ▪ Ms. ▪ Mrs. ▪ Dr. ▪ Hon. ▪ Exe. | |
| First Name | | |
| Middle Initial (optional) | | |
| Last Name | | |
| Primary phone | | |
| Extension (optional) | | |
| Type | <ul style="list-style-type: none"> ▪ Home ▪ Work ▪ Mobile | |
| Secondary phone | | |
| Extension (optional) | | |
| Type | <ul style="list-style-type: none"> ▪ Home ▪ Work ▪ Mobile | |
| Optional phone | | |

| Subapplicant Section | Entry Information /Options | Complete/Comments |
|---------------------------|----------------------------|-------------------|
| Fax number (optional) | | |
| Email | | |
| Address line 1 | | |
| Address line 2 (optional) | | |
| City | | |
| State/territory | | |
| ZIP code | | |
| ZIP extension (optional) | | |

Community

Please find the community(ies) that will benefit from this mitigation activity by clicking on the Find Communities button. If needed, modify the Congressional District number for each community by entering the updated number under the U.S. Congressional District column for that community. NOTE: You should also notify your State NFIP coordinator so that the updated U.S. Congressional District number can be updated in the Community Information System (CIS) database.

Table 5 Add Communities
(Complete this table for each benefitting community)

| Subapplicant Section | Entry Information /Options | Complete/Comments |
|-----------------------------|---|-------------------|
| State | | |
| Community name (optional) | | |
| County name (optional) | | |
| County code | | |
| CID number | | |
| CRS community | <ul style="list-style-type: none"> ▪ Yes ▪ No | |
| CRS rating | 1-10 | |
| U.S. Congressional District | | |

| Subapplicant Section | Entry Information /Options | Complete/Comments |
|---|----------------------------|-------------------|
| Please provide any additional comments (optional) | | |
| Attachments | | |

Mitigation Plan

Please provide your plan information.

Table 6 Mitigation Plan Information

| Subapplicant Section | Entry Information /Options | Complete/Comments |
|--|---|-------------------|
| Is the entity that will benefit from the proposed activity covered by a current FEMA approved multi-hazard mitigation plan in compliance with 44 CFR Part 201? | <ul style="list-style-type: none"> ▪ Yes ▪ No | |
| If Yes, please provide plan information: | | |
| Plan name | | |
| Plan type | <ul style="list-style-type: none"> ▪ State Multi-hazard Mitigation Plan ▪ Tribal Multi-hazard Mitigation Plan ▪ Local Multi-hazard Mitigation Plan ▪ Tribal (Local) Multi-hazard Mitigation Plan ▪ Local Multijurisdictional Multi-hazard Mitigation Plan ▪ Tribal (Local) Multijurisdictional Multi-hazard Mitigation Plan | |
| Is this plan standard or enhanced? (for Applicants only) | <ul style="list-style-type: none"> ▪ Standard ▪ Enhanced | |

| Subapplicant Section | Entry Information /Options | Complete/Comments |
|--|----------------------------|-------------------|
| Plan approval date (MM-DD-YYYY) | | |
| Proposed activity description (optional) | | |
| Please provide any additional comments (optional). | | |
| Attachments | | |

Scope of Work

The project Scope of Work (SOW) identifies the eligible activity, describes what will be accomplished and explains how the mitigation activity will be implemented. The mitigation activity must be described in sufficient detail to verify the cost estimate. All activities for which funding is requested must be identified in the SOW prior to the close of the application period. FEMA has different requirements for project, planning and management cost SOWs.

Table 7 Scope of Work

| Subapplicant Section | Entry Information /Options | Complete/Comments |
|--|--|-------------------|
| Subapplication title (include type of activity and location) | | |
| Activities | | |
| Primary activity type | <ul style="list-style-type: none"> ▪ New Plan ▪ Plan update ▪ Planning related activities ▪ Partnerships | |

| Subapplicant Section | Entry Information /Options | Complete/Comments |
|---|--|-------------------|
| Primary sub-activity type | <ul style="list-style-type: none"> ▪ State Multi-hazard Mitigation Plan ▪ Tribal Multi-hazard Mitigation Plan ▪ Local Multi-hazard Mitigation Plan ▪ Tribal (Local) Multi-hazard Mitigation Plan ▪ Local Multijurisdictional Multi-hazard Mitigation Plan ▪ Tribal (Local) Multijurisdictional Multi-hazard Mitigation Plan ▪ Tribal Flood Mitigation Plan ▪ Local Flood Mitigation Plan ▪ Tribal (Local) Flood Mitigation Plan ▪ Other Plan | |
| If Partnerships is selected as a primary activity type, these additional primary sub-activity type options are available. | <ul style="list-style-type: none"> ▪ Assess needs ▪ Conduct mitigation tabletop exercises ▪ Create informational portal ▪ Develop partnership case studies and best practices ▪ Hold forums ▪ Host meetings ▪ Host trainings or webinars ▪ Identify partnerships opportunities ▪ Research potential partners ▪ Other | |
| If Other Plans or Other are selected as the primary sub-activity type, please specify | | |
| Secondary activity type (optional) | (see Primary activity type list above) | |
| Secondary sub-activity type (optional) | (see Primary sub-activity type lists above) | |
| If Other Plans or Other are selected as the secondary sub-activity type, please specify | | |

| Subapplicant Section | Entry Information /Options | Complete/Comments |
|--|--|-------------------|
| Tertiary activity type (optional) | (see Primary activity type list above) | |
| Tertiary sub-activity type (optional) | (see Primary sub-activity type lists above) | |
| If Other Plans or Other are selected as the tertiary sub-activity type, please specify | | |
| Geographic areas description | | |
| Hazard sources | | |
| Primary hazard source | <ul style="list-style-type: none"> ▪ Biological incident ▪ Chemical incident ▪ Civil disturbance ▪ Cyber incident ▪ Dam/Levee break ▪ Disease ▪ Drought ▪ Earthquake ▪ Explosion ▪ Extreme temperature ▪ Fire ▪ Flooding ▪ Hostile action ▪ Infrastructure failure ▪ Landslide/Debris flow ▪ Nuclear explosion ▪ Radiological incident ▪ Severe Storm ▪ Solar event ▪ Space object ▪ Tornado ▪ Tropical cyclone (Hurricane/Typhoon) ▪ Tsunami ▪ Uncategorized ▪ Volcano ▪ Winter storm | |
| Secondary hazard source (optional) | (see list above) | |

| Subapplicant Section | Entry Information /Options | Complete/Comments |
|------------------------------------|----------------------------|-------------------|
| If Uncategorized, please specify | | |
| Evaluation process description | | |
| Implementation process description | | |
| Primary sources description | | |
| Staff and resources description | | |
| Additional comments (optional) | | |
| Attachments | | |

Schedule

Specify the work schedule for the mitigation activities. Add tasks to the schedule. Please include all tasks necessary to implement this mitigation activity; include descriptions and estimated time frames.

Table 8 Add a Task
(complete this table for each task)

| Subapplicant Section | Entry Information /Options | Complete/Comments |
|---------------------------|----------------------------|-------------------|
| Task name | | |
| Task description | | |
| Start month (number) | | |
| Task duration (in months) | | |

Table 9 Schedule

| Subapplicant Section | Entry Information /Options | Complete/Comments |
|--|----------------------------|-------------------|
| Estimate the total duration of your proposed activities (in months). | | |
| Proposed start date (MM/DD/YYYY) | | |
| Proposed end date (MM/DD/YYYY) | | |

Budget

*Budget cost estimate should directly link to your scope of work and work schedule. You must add at least one item greater than \$0 for your cost estimate. Once you have added item(s) for your cost estimate, you may then add the item(s) for management cost (optional). **FEMA will provide 100 percent federal funding for subrecipient management costs for BRIC program activities.** As necessary, please adjust your federal/non-federal cost shares and add the non-federal funding source(s) you are planning to use for this project.*

Cost estimate is the line item(s) budget to support the scope of work for the execution and completion of the project. Be sure to include the cost associated with revisions/formal adoption.

Table 10 Add cost estimate budget items

| Subapplicant Section | Entry Information /Options | Complete/Comments |
|--|----------------------------|-------------------|
| Cost type: | Cost estimate | |
| Add an item (complete table for each cost item) | | |
| Name of cost item | | |
| Quantity | | |

| Subapplicant Section | Entry Information /Options | Complete/Comments |
|----------------------|---|-------------------|
| Unit of measure | <ul style="list-style-type: none"> ▪ Acre ▪ Cubic foot ▪ Cubic yard ▪ Day ▪ Each ▪ Foot ▪ Hour ▪ Inch ▪ Linear foot ▪ Mile ▪ Million board feet ▪ Square foot ▪ Square yard ▪ Square foot per inch ▪ Ton | |
| Unit price | \$ | |
| Unit total | | |
| Budget class | <ul style="list-style-type: none"> ▪ Construction ▪ Contractual ▪ Equipment ▪ Fringe benefits ▪ Indirect charges ▪ Other ▪ Personnel ▪ Supplies ▪ Travel | |
| Pre-award | <ul style="list-style-type: none"> ▪ Yes ▪ No | |
| Cost estimate total | \$ | |

Management cost (optional) is the line item(s) to support the scope of work for the execution and completion of the project. Be sure to include the cost associated with managing the project/initiative/activity. The total amount of management costs cannot exceed 5% of the total Cost estimate amount.

Table 11 Add management cost budget items

| Subapplicant Section | Entry Information /Options | Complete/Comments |
|----------------------|---|-------------------|
| Cost type: | Management cost | |
| Item | <ul style="list-style-type: none"> ▪ Equipment ▪ Office Space Rental ▪ Other ▪ Salaries | |

| Subapplicant Section | Entry Information /Options | Complete/Comments |
|-----------------------|---|-------------------|
| | <ul style="list-style-type: none"> ▪ Supplies ▪ Travel | |
| Quantity | | |
| Unit of measure | <ul style="list-style-type: none"> ▪ Acre ▪ Cubic foot ▪ Cubic yard ▪ Day ▪ Each ▪ Foot ▪ Hour ▪ Inch ▪ Linear foot ▪ Mile ▪ Million board feet ▪ Square foot ▪ Square yard ▪ Square foot per inch ▪ Ton | |
| Unit price | \$ | |
| Unit total | | |
| Budget class | <ul style="list-style-type: none"> ▪ Construction ▪ Contractual ▪ Equipment ▪ Fringe benefits ▪ Indirect charges ▪ Other ▪ Personnel ▪ Supplies ▪ Travel | |
| Pre-award | <ul style="list-style-type: none"> ▪ Yes ▪ No | |
| Management cost total | \$ | |

Table 12 Grand total
(Cost estimate total + Management cost total)

| Subapplicant Section | Entry Information /Options | Complete/Comments |
|---------------------------|----------------------------|-------------------|
| Program income (optional) | \$ | |

Cost share

Cost share or matching means the portion of project costs not paid by federal funds.

Hazard mitigation assistance (HMA) funds may be used to pay up to 75% federal share of the eligible activity costs. Small impoverished communities may be eligible for up to 90% federal share for Building Resilient Infrastructure and Communities (BRIC) funding. Flood Mitigation Assistance (FMA) and severe repetitive loss (SRL) properties may be eligible for up to 100% federal share. FEMA will provide 100 percent federal funding for subrecipient management costs for BRIC program activities. Repetitive loss (RL) properties may be eligible for up to 90% federal share.

Table 13 Proposed federal vs non-federal funding shares

| Subapplicant Section | Entry Information /Options | Complete/Comments |
|---|--|-------------------|
| Is this a small impoverished community? (See Appendix for definition) This determines your federal/non-federal share ratio. | <ul style="list-style-type: none"> ▪ Yes ▪ No | |
| If Yes | <ul style="list-style-type: none"> ▪ Federal Share Percentage 90% ▪ Non-Federal Share Percentage 10% | |
| Based on total budget cost | \$ | |
| Proposed federal share | \$ | |
| Proposed non-federal share | | |
| If No | <ul style="list-style-type: none"> ▪ Federal Share Percentage 75% ▪ Non-Federal Share Percentage 25% | |
| Based on total budget cost | \$ | |
| Proposed federal share | \$ | |

Non-federal funding share is that portion of the total costs of the program provided by the non-federal entity in the form of in-kind donations or cash match received from third parties or contributed by the agency. In-kind contributions must be provided, and cash expended during the project period along with federal funds to satisfy the matching requirements.

Table 14 Add funding source
(Complete this table for each funding source)

| Subapplicant Section | Entry Information /Options | Complete/Comments |
|---|---|-------------------|
| Funding source | | |
| Name of source agency | | |
| Funding amount | \$ | |
| Percent non-federal share by source | % | |
| Funding type | <ul style="list-style-type: none"> ▪ Administration ▪ Cash ▪ Consulting fees ▪ Engineering fees ▪ Equipment operation/rental ▪ Labor ▪ Other ▪ Program income ▪ Supplies | |
| Date of availability (MM/DD/YYYY) | | |
| Fund commitment letter date (MM/DD/YYYY) | | |
| Total percent non-federal share | | |
| Please provide any addition comments (optional) | | |
| Attachments | | |

Evaluation

Table 15 Evaluation

| Subapplicant Section | Entry Information /Options | Complete/Comments |
|--|---|-------------------|
| Is the applicant participating in the Community Rating System (CRS) ? Located at https://www.fema.gov/national-flood-insurance-program-community-rating-system | <ul style="list-style-type: none"> ▪ Yes ▪ No | |
| If Yes, what is their CRS rating? | 1-10 | |

| Subapplicant Section | Entry Information /Options | Complete/Comments |
|--|---|-------------------|
| Is the applicant a Cooperating Technical Partner (CTP) ? Located at https://www.fema.gov/cooperating-technical-partners-program | <ul style="list-style-type: none"> ▪ Yes ▪ No | |
| Was this created from a previous FEMA HMA Advance assistance/Project scoping award? | <ul style="list-style-type: none"> ▪ Yes ▪ No | |
| If yes, please provide the project identifier. | | |
| Has the recipient adopted building codes consistent with the International Codes ? Located at https://www.iccsafe.org/advocacy | <ul style="list-style-type: none"> ▪ Yes ▪ No | |
| If Yes, enter year of building code. | | |
| If Yes, please provide the building code. | | |
| Have the applicant's building codes been assessed on the Building Code Effectiveness Grading Schedule (BCEGS) ? Located at http://www.isomitigation.com/bcegs | <ul style="list-style-type: none"> ▪ Yes ▪ No | |
| If Yes, what is their BCEGS rating? | 1-10 | |
| Describe involvement of partners to enhance the mitigation activity outcome. | | |
| Discuss how this planning activity benefits your community and how the plan/data will be used to promote resiliency. | | |
| Additional comments (optional) | | |
| Attachments | | |

Assurances and Certifications

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form.

Table 16 Lobbying

| Subapplicant Section | Entry Information /Options | Complete/Comments |
|--|---|-------------------|
| <p>As required by section 1352, Title 31 of the U.S. Code, and implemented at 44 CFR Part 18, for persons entering into a grant or cooperating agreement over \$ 100,000, as defined at 44 CFR Part 18, the applicant certifies that:</p> <p>(a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement.</p> <p>(b) If any other funds than Federal appropriated funds have been paid or will be paid to any other person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or an employee of Congress, or employee of a member of Congress in connection with this Federal Grant or cooperative agreement, the undersigned shall complete and submit Stand Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.</p> <p>(c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all subrecipients shall certify and disclose accordingly.</p> | <ul style="list-style-type: none"> ▪ Applicant will NOT use federal appropriated funds for lobbying purposes. ▪ Applicant will use non-appropriated funds for lobbying purposes. If so, complete Standard Form LLL "Disclosure of Lobbying Activities" below. | |

Table 17 Standard Form-LLL "Disclosure of Lobbying Activities"

| Subapplicant Section | Entry Information /Options | Complete/Comments |
|---|--|-------------------|
| This form must be attached to certification if non-appropriated funds are to be used to influence activities. | | |
| 1. Type of federal action: | <ul style="list-style-type: none"> ▪ Contract ▪ Cooperative agreement ▪ Grant ▪ Loan ▪ Loan guarantee ▪ Loan insurance | |
| 2. Status of federal action: | <ul style="list-style-type: none"> ▪ Bid/offer/application ▪ Initial award ▪ Post award | |
| 3. Report Type: | <ul style="list-style-type: none"> ▪ Initial filing ▪ Material change | |
| 4. Name and address of reporting entity: | <ul style="list-style-type: none"> ▪ Prime ▪ SubAwardee | |
| If SubAwardee, enter tier, if known: (optional) | | |
| Name | | |
| Street 1 | | |
| Street 2 (optional) | | |
| City | | |
| State (optional) | | |
| Zip (optional) | | |
| Zip extension (optional) | | |
| Congressional district, if known: (optional) | | |
| 5. If SubAwardee, enter name and address of prime below. | | |
| Name | | |
| Street 1 | | |

| Subapplicant Section | Entry Information /Options | Complete/Comments |
|---|---|-------------------|
| Street 2 (optional) | | |
| City | | |
| State (optional) | | |
| Zip (optional) | | |
| Zip extension (optional) | | |
| Congressional district, if know: (optional) | | |
| 6. Federal department/agency: | | |
| 7. Federal program name/description: | | |
| CFDA number, if applicable: (optional) | | |
| 8. Federal action number, if known: (optional) | | |
| 9. Award amount, if known: (optional) | \$ | |
| 10. Name and address of lobbying registrant: | | |
| Prefix (optional) | <ul style="list-style-type: none"> ▪ Dr. ▪ Miss ▪ Mr. ▪ Mrs. ▪ Ms. ▪ Rev. | |
| First name | | |
| Middle name (optional) | | |
| Last name | | |
| Suffix (optional) | <ul style="list-style-type: none"> ▪ Jr. ▪ MD ▪ PHD ▪ Sr. | |
| Street 1 | | |

| Subapplicant Section | Entry Information /Options | Complete/Comments |
|--|---|-------------------|
| Street 2 (optional) | | |
| City | | |
| State (optional) | | |
| Zip (optional) | | |
| Zip extension (optional) | | |
| 10b. Individual performing services: (including address if different from No. 10a) | | |
| Prefix (optional) | <ul style="list-style-type: none"> ▪ Dr. ▪ Miss ▪ Mr. ▪ Mrs. ▪ Ms. ▪ Rev. | |
| First name | | |
| Middle name (optional) | | |
| Last name | | |
| Suffix (optional) | <ul style="list-style-type: none"> ▪ Jr. ▪ MD ▪ PHD ▪ Sr. | |
| Street 1 | | |
| Street 2 (optional) | | |
| City | | |
| State (optional) | | |
| Zip (optional) | | |
| Zip extension (optional) | | |

| Subapplicant Section | Entry Information /Options | Complete/Comments |
|--|----------------------------|-------------------|
| <p>11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p> | | |

Table 18 Drug-Free Workplace
(Grantee other than individuals)

| Subapplicant Section | Entry Information /Options | Complete/Comments |
|---|----------------------------|-------------------|
| <p>As required by the Drug-Free Workplace Act of 1988, and implemented at 44 CFR Part 17, Subpart F, for grantees, as defined at 44 CFR Part 17.615 and 17.620.</p> | | |
| <p>A. The applicant certifies that it will continue to provide a drug-free workplace by;</p> | | |
| <p>(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;</p> | | |

| Subapplicant Section | Entry Information /Options | Complete/Comments |
|---|----------------------------|-------------------|
| <p>(b) Establishing an on-going drug free awareness program to inform employees about</p> <ul style="list-style-type: none"> (1) The dangers of drug abuse in the workplace; (2) The grantee's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace. | | |
| <p>(c) Making it a requirement that each employee to be engaged in the performance of the grant to be given a copy of the statement required by paragraph (a);</p> | | |
| <p>(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will-</p> <ul style="list-style-type: none"> (1) Abide by the term of the statement; and (2) Notify the employee in writing of his or her conviction for a violation of a criminal drug statute occurring ion the workplace no later than five calendar days after such convictions. | | |

| Subapplicant Section | Entry Information /Options | Complete/Comments |
|---|----------------------------|-------------------|
| <p>(e) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position, title, to the applicable FEMA awarding office, i.e., regional office or FEMA office.</p> | | |
| <p>(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is convicted-</p> <ul style="list-style-type: none"> (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation act of 1973, as amended; or (2) Requiring such an employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;(g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f). | | |
| <p>B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:</p> | | |

| Subapplicant Section | Entry Information /Options | Complete/Comments |
|---|----------------------------|-------------------|
| Place of performance (street address, city, county, state, ZIP code) (optional) | | |
| There are workplaces on file that are not identified. | Yes | |