

# Warning Sirens and Systems: Application

\*The following information is intended for guidance only and is not a request for information. The following template is only intended to help the reader understand FEMA Hazard Mitigation Grant Program (HMGP) application process.

## A. Applicant/Subapplicant Information

1. Applicant/Subapplicant Legal Name: \_\_\_\_\_

2. Organizational Unit: \_\_\_\_\_

3. Project Title: \_\_\_\_\_

4. Applicant/Subapplicant Type:  Local Government  State Government  
 Private Nonprofit (attach copy of Form 501c3)  Other: \_\_\_\_\_  
 Territory/Commonwealth  
 Federally Recognized Tribal Government

5. Proposed Project Total Cost: \$ \_\_\_\_\_  
Federal Share (\_\_\_\_ %): \$ \_\_\_\_\_ Local Share (\_\_\_\_ %): \$ \_\_\_\_\_

### 6. Certifications

The undersigned assures fulfillment of all requirements of the Hazard Mitigation Grant Program, as contained in the program guidelines, and affirms that all information contained herein is true and correct to the best of my knowledge. The governing body of the applicant duly authorized the document, and hereby applies for the assistance documented in this application. The applicant recognizes that the project may proceed ONLY AFTER FEMA APPROVAL is granted.

\_\_\_\_\_  
Typed Name of Authorized Representative/Applicant Agent Title Phone Number

\_\_\_\_\_  
Signature of Authorized Representative/Applicant Agent Date Signed



**7. Does your community or Tribe have a current FEMA approved hazard mitigation plan?**

Yes       No

Title of the Plan: \_\_\_\_\_ Adoption date: \_\_\_\_\_

Location of proposed project in mitigation plan strategies:    Page \_\_\_\_    Section \_\_\_\_\_

Does the project align with the State/Territorial/Tribal Hazard Mitigation Plan?

Yes      Page \_\_\_\_      Section \_\_\_\_\_

**8. Does the community participate in the National Flood Insurance Program?**  Yes     No

**9. Tax ID Number:** \_\_\_\_\_ **FIPS Code (5 digits):** \_\_\_\_\_

**Community ID Number (6 digits):** \_\_\_\_\_ **DUNS Number (9 characters):** \_\_\_\_\_

**10. U.S. Congressional District:** \_\_\_\_\_

**11. State Legislative District:** \_\_\_\_\_

**12. Primary Point of Contact**

If the project is awarded, person responsible for coordinating the implementation of this grant throughout the application process.

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address Line 1:** \_\_\_\_\_

**Address Line 2:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Office Phone:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**13. Alternate Point of Contact**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address Line 1:** \_\_\_\_\_

**Address Line 2:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Office Phone:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

### 14. Authorized Applicant/Subapplicant Agent

**MUST** be the chief executive officer, mayor, or person of comparable status who is authorized to sign contracts, authorize funding allocations or payments, etc.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## B. Project Narrative and Scope of Work

1. The \_\_\_\_\_ proposes to install \_\_\_\_\_ sirens at the following location(s). Complete the Excel table **Additional Siren Location Details**.

Enter locations for requested siren(s) and complete the Additional Siren Location Details file.

2. Provide a project narrative. Include a clear description of the project purpose. Include a description of the area and population the project will benefit and describe the natural hazards and events for which the sirens and warning systems will be providing advance warning. Include any information on past damages and the federal disaster declaration number, if applicable.

Describe the project purpose and risks to be mitigated.

3. Provide a detailed scope of work. Include information about the type of siren(s), other warning systems, signs, supporting equipment and installation process and why they were chosen. Include relevant codes, standards and best practices. Include access routes, anticipated vehicles and equipment to be used for construction, and locations for staging and storing equipment and materials. Discuss how the systems will be operated prior to and during an event.

Describe the proposed activity and tasks in detail.

4. Include the project useful life and maintenance requirements. Include maintenance activities over the project's useful life and who is responsible for maintaining the project.

Describe the project maintenance requirements.

### C. Alternatives Considered

Include details for one No Action Alternative and consequences of at least one Alternative Action. Include a description of why the selected project was chosen.

No Action Alternative and resulting consequences, and why this alternative was not selected.

Alternative Action considered but not selected, and why.

Additional Alternative Actions, if applicable.

Explain why the selected project was the best alternative.

## D. Environmental Planning and Historic Preservation Considerations

### 1. Indicate if the project requires ground disturbance activities

- Project will disturb previously disturbed ground
- Project will disturb previously undisturbed ground
- No ground disturbance

If there are ground disturbance activities, provide the excavation location, dimensions and additional details in the box below. Provide this information in a table, GIS files, map and/or aerial. Describe the existing ground surface below (paved, gravel, trees, grass). Leave blank or write Not Applicable (N/A) in the box below if no ground disturbance is expected.

Describe the existing conditions. If not applicable, write N/A.

**2. Will siren(s) be attached to existing structures?**

- Yes       No

If yes, list the structures and/or surrounding structures that would have sirens attached and any adjacent structures to the project area in the table below. Describe where the siren would be attached on the structure. For each structure, include location (in GPS coordinates or address), structure type and year constructed. Include photographs of all sides of each structure.

Structure Provide Latitude & Longitude and/or Address Provide Date Each Structure was Built
Example: School House – constructed in 2005, location (39.6490, -104.0010)

**3. Are there multiple installation locations?**

- Yes       No

If yes, describe the construction plans for the project.

Include sequencing of construction sites and special considerations for specific sites.

**4.** Has the public been notified or provided input? If so, provide dates and method of outreach. If not, describe any planned public engagement activities for the project.

Explain.

**5.** Describe any agency coordination and permits obtained for the project. Provide copies of these, if applicable.

Explain. If not applicable, write N/A.

**6.** Describe any studies that have been conducted for the project. Provide copies of these, if applicable.

Explain. If not applicable, write N/A.

**7. Describe the project activities in the floodplain, if applicable.**

Explain. If not applicable, write N/A.

**8. Describe any surface waters in or near the project area (ponds, lakes, rivers, streams, wetlands, other waterbodies). Describe any measures that would be used to avoid waterbodies or avoid impacting water (setbacks, silt fence).**

Explain. If not applicable, write N/A.

**9. Describe any known hazardous or contaminated materials at the project site, including underground tanks. Describe how underground tanks (fuel, septic) would be removed or decommissioned in place. If the project requires the use of hazardous materials (including herbicides), describe their use and best management practices to minimize environmental exposure.**

Explain. If not applicable, write N/A.

**10. Does your project involve the use of imported fill?**

Yes     No

If yes, describe the type and source of the fill material.



Explain. If not applicable, write N/A.

**11.** If the project would remove vegetation for any reason, describe the type and amount or area of vegetation (two oak trees, one-quarter acre of turf grass). Describe how vegetation would be removed, if applicable (root ball removal, flush cut, dug up, chemical weed killer). If using herbicides, describe best management practices for their use. Estimate during which season(s) or months vegetation removal would occur. Will the project replant or restore vegetation when construction is complete? Describe the plants that would be installed and the equipment and methods to be used. Would any special techniques be used to ensure survival of the plants/seeds (mulch, irrigation, protective fencing)?

Explain. If not applicable, write N/A.

**12.** List any best management practices that would be used during project construction.

Explain. If not applicable, write N/A.

## E. Estimated Work Schedule

**Enter the estimated duration for each listed activity.** Although the activities listed may not be necessarily sequential, the total grant timeline cannot exceed 36 months.

Task/Activity	Start Month	End Month	Timeline
<b>Total timeline (must not exceed 36 months):</b>			

## F. Budget Estimating

### 1. Costing Methodology

The method(s) used to estimate project costs is (provide backup documentation for method(s) used):

- Estimates obtained from contractors/consultants and similar vendors
- Historical data from previous projects/activities with an inflation factor, as needed
- RS Means, Marshall & Swift or other national cost estimating service
- Other, please explain.

Enter explanations, as needed.

### 2. Cost Estimate

The Applicant/Subapplicant must ensure that all project costs are reasonable and necessary for the activity according to 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

Common example line items are included below.

Task/Activity	Cost
Pre-Award Costs (if applicable)	\$
Equipment (sirens, poles)	\$
Installation	\$
Contract Labor	\$
Other (describe):	\$
Other (describe):	\$
Other (describe):	\$
Other (describe):	\$
Other (describe):	\$
<b>Total costs</b>	\$
<b>Total federal share</b>	\$
<b>Total nonfederal share</b>	\$

### 3. Budget Narrative

Provide a budget narrative with explanations, justifications, and line-item details of the project costs noted in the table above. Attach an additional sheet, if necessary.

Define cost line items, provide information of how they were estimated, and disclose any assumptions to justify the values used.

### G. Nonfederal Funding Share (25% of Total Project Costs)

List all sources and amounts used in the nonfederal share, including all in-kind services. In-kind services may not exceed the 25% nonfederal share. Attach letters of funding commitment for each source.

Source	Name of Source Agency	Type of Funding	Amount	Commitment Letter Attached
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

## H. Cost-Effectiveness

1. Provide a narrative description of the project’s cost-effectiveness in lieu of a standard FEMA benefit-cost analysis.

Explain.

## I. Required Documentation Attached

- Site Photographs – include photos of the sites where sirens will be installed or the buildings/structure(s) where sirens will be affixed
- Project Site Map – provide a plan view of the site that clearly identifies the project boundaries, components, construction staging and storage area, access routes and any relevant features
- Radius/Service Map – indicate sirens’ auditory capacity (if applicable) or range of service
- FIRMette with project location(s) clearly marked. FIRMettes can be accessed in the FEMA Flood Map Service Center (<https://msc.fema.gov/portal/home>)
- Environmental Planning and Historic Preservation documents, as available
  - Public outreach documentation
  - Obtained permits
  - Coordination documents with regulatory agencies
  - Environmental and historic resources studies
  - Maps that include known surface water and vegetation removal locations
  - Photographs of structure(s)

- Other documents (describe)

Fund commitment letter(s) that list(s) the sources and amounts used in the nonfederal share requirement, including all in-kind services.

Completed and signed assurances (FEMA Form 112-0-3C or 20-16c (Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements), and SF-LLL (Disclosure of Lobbying Programs) if applicable)

- FEMA Form 112-0-3C will also be accepted in place of 20-16c.

SF-424 (Application for Federal Assistance) (optional for subapplications in HMGP)

SF-424d (Construction Programs) (if required by the Grantee; contact applicant agency)

SF-424c (Budget Information for Construction Programs) (if required by the Grantee; contact applicant agency)

Detailed budget with additional budget narrative if box provided is not sufficient.

Designated Authorized Agent Documentation, designating the Chief Executive Officer or Mayor to be able to sign contracts, authorize funding allocations or payments, etc., and signed by the ruling body of the applicant

Other comments, information, or explanation:

Enter explanations, justifications, and other details, as needed.

Additional Siren Location Details

ID#	Type of Facility	Address	GPS Location Latitude, Longitude (xx.xx, -xx.xx)	Date of Building Construction MM/DD/YYYY	Is Siren Being Installed in a Historic District? Y/N	Located in SFHA? Y/N	Located in Wetlands Area? Y/N	Located in Coastal Zone? Y/N	Permits required? Y/N
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