

# Project Subapplication

Start a subapplication	
Organization you are applying for	
Organization you are applying to	
Subapplication title	
Subapplication type	Project
Document control number (optional)	

## Subapplicant information

Subapplicant information	
Name of federal agency	FEMA
Type of submission	<input type="checkbox"/> Pre-application <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected application
Type of Subapplicant	<input type="checkbox"/> State Government <input type="checkbox"/> Local Government <input type="checkbox"/> Indian Tribal Government <input type="checkbox"/> Special Governmental District <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Other
Is Subapplication subject to review by Executive Order 12372 Process?	<input type="checkbox"/> Yes <input type="checkbox"/> No, program is not covered by E.O. 12372 <input type="checkbox"/> 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 information	
Is the Subapplicant delinquent on any Federal debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please provide an explanation:</i>	

## Contact information

Add a Subrecipient Authorized Representative (SAR)	
Title	
Prefix (optional)	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.
First Name	
Middle Initial	
Last Name	
Agency/Organization	
Primary phone	
Extension (optional)	
Type	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile
Secondary phone	
Extension	
Type	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile
Optional phone	
Fax number	

**Add a Subrecipient Authorized Representative (SAR)**

Email	
Address line 1	
Address line 2	
City	
State/territory	
ZIP code	
ZIP extension	
Phone	
Fax	

**Add a Point(s) of Contact**

Title	
Prefix (optional)	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Hon. <input type="checkbox"/> Exe.
First Name	
Middle Initial (optional)	
Last Name	
Primary phone	
Extension (optional)	
Type	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile
Secondary phone	
Extension (optional)	

Add a Point(s) of Contact	
Type	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile
Optional phone	
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.

Add Communities (complete this table for each benefitting community)	
State	
Community name (optional)	
County name (optional)	
County code	
CID number	
CRS community	<input type="checkbox"/> Yes <input type="checkbox"/> No
CRS rating	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10

Add Communities (complete this table for each benefitting community)	
U.S. Congressional District	
Please provide any additional comments (optional)	
Attachments	

## Mitigation Plan

*Please provide your plan information.*

Mitigation plan information	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide plan information:	
Plan name	
Plan type	<input type="checkbox"/> State Multi-hazard Mitigation Plan <input type="checkbox"/> Tribal Multi-hazard Mitigation Plan <input type="checkbox"/> Local Multi-hazard Mitigation Plan <input type="checkbox"/> Tribal (Local) Multi-hazard Mitigation Plan <input type="checkbox"/> Local Multijurisdictional Multi-hazard Mitigation Plan <input type="checkbox"/> Tribal (Local) Multijurisdictional Multi-hazard Mitigation Plan
Is this plan standard or enhanced? (for Applicants only)	<input type="checkbox"/> Standard <input type="checkbox"/> Enhanced
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.*

Scope of work	
Subapplication title (include type of activity and location)	
Activities	
Primary activity type	<input type="checkbox"/> Acquisition <input type="checkbox"/> Elevation <input type="checkbox"/> Relocation <input type="checkbox"/> Mitigation reconstruction <input type="checkbox"/> Retrofit <input type="checkbox"/> Floodproofing <input type="checkbox"/> Saferoom/shelter <input type="checkbox"/> Stabilization and restoration <input type="checkbox"/> Utility and infrastructure protection <input type="checkbox"/> Flood control <input type="checkbox"/> Codes and standards <input type="checkbox"/> Warning systems <input type="checkbox"/> Wildfire management <input type="checkbox"/> Education and awareness <input type="checkbox"/> Feasibility, engineering and design studies <input type="checkbox"/> Management costs <input type="checkbox"/> Generator <input type="checkbox"/> Planning related activities <input type="checkbox"/> Partnerships <input type="checkbox"/> Other
If Other, please specify	
Secondary activity type (optional)	(see Primary activity type list above)
If Other, please specify	
Tertiary activity type (optional)	(see Primary activity type list above)
If Other, please specify	
Geographic areas description	

Scope of work	
<b>Community lifelines</b>	
<b>Primary community lifeline</b>	<input type="checkbox"/> Safety and security <input type="checkbox"/> Food, water, shelter <input type="checkbox"/> Health and medical <input type="checkbox"/> Energy <input type="checkbox"/> Communications <input type="checkbox"/> Transportation <input type="checkbox"/> Hazardous material
If Safety and security is selected as a primary community lifeline, these additional primary sub-community lifeline options are available.	<input type="checkbox"/> Law enforcement/security <input type="checkbox"/> Fire service <input type="checkbox"/> Search and rescue <input type="checkbox"/> Government service <input type="checkbox"/> Community safety
If Food, water, shelter is selected as a primary community lifeline, these additional primary sub-community lifeline options are available.	<input type="checkbox"/> Food <input type="checkbox"/> Water <input type="checkbox"/> Shelter <input type="checkbox"/> Agriculture
If Health and medical is selected as a primary community lifeline, these additional primary sub-community lifeline options are available.	<input type="checkbox"/> Medical care <input type="checkbox"/> Public health <input type="checkbox"/> Patient movement <input type="checkbox"/> Medical supply chain <input type="checkbox"/> Fatality management
If Energy is selected as a primary community lifeline, these additional primary sub-community lifeline options are available.	<input type="checkbox"/> Power grid <input type="checkbox"/> Fuel
If Communications is selected as a primary community lifeline, these additional primary sub-community lifeline options are available.	<input type="checkbox"/> Infrastructure <input type="checkbox"/> Responder communications <input type="checkbox"/> Alerts, warnings, and messages <input type="checkbox"/> Finance <input type="checkbox"/> 911 and dispatch
If Transportation is selected as a primary community lifeline, these additional primary sub-community lifeline options are available.	<input type="checkbox"/> Highway/roadway/motor vehicle <input type="checkbox"/> Mass transit <input type="checkbox"/> Railway <input type="checkbox"/> Aviation <input type="checkbox"/> Maritime
If Hazardous material is selected as a primary community lifeline, these additional primary sub-community lifeline options are available.	<input type="checkbox"/> Facilities <input type="checkbox"/> HAZMAT, pollutants, contaminants
<b>Secondary community lifeline (optional)</b>	(see Primary community lifeline list above)



Scope of work	
Secondary sub-community lifeline	(see Primary sub-community lifeline lists above)
Tertiary community lifeline (optional)	(see Primary community lifeline list above)
Tertiary sub-community lifeline	(see Primary sub-community lifeline lists above)
Hazard sources	
Primary hazard source	<input type="checkbox"/> Biological incident <input type="checkbox"/> Chemical incident <input type="checkbox"/> Civil disturbance <input type="checkbox"/> Cyber incident <input type="checkbox"/> Dam/Levee break <input type="checkbox"/> Disease <input type="checkbox"/> Drought <input type="checkbox"/> Earthquake <input type="checkbox"/> Explosion <input type="checkbox"/> Extreme temperature <input type="checkbox"/> Fire <input type="checkbox"/> Flooding <input type="checkbox"/> Hostile action <input type="checkbox"/> Infrastructure failure <input type="checkbox"/> Landslide/Debris flow <input type="checkbox"/> Nuclear explosion <input type="checkbox"/> Radiological incident <input type="checkbox"/> Severe Storm <input type="checkbox"/> Solar event <input type="checkbox"/> Space object <input type="checkbox"/> Tornado <input type="checkbox"/> Tropical cyclone (Hurricane/Typhoon) <input type="checkbox"/> Tsunami <input type="checkbox"/> Uncategorized <input type="checkbox"/> Volcano <input type="checkbox"/> Winter storm
Secondary hazard source (optional)	(see Primary hazard source list above)
Tertiary hazard source (optional)	(see Primary hazard source list above)

Scope of work	
If Uncategorized, please specify:	
Is this a phased project? <i>If you select 'Yes' to phased project question. You must select Phase 1 or Phase 2 on Budget lines.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you doing construction in this project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Population affected	%
Detail/description of stated percentage	
Provide a clear and detailed description of your proposed activity	
How will the mitigation activity be implemented?	
Describe how the project is technically feasible and will be effective in reducing the risk by reducing or eliminating damage to property and/or loss of life in the project area. Please include engineering design parameters and references to the following: preliminary schematic or engineering drawings/design; applicable building codes; engineering practices and/or best practices; level of protection (e.g., life safety, 100-yr flood protection with freeboard, 100-yr wind design, etc.):	
Who will manage and complete the mitigation activity?	
Will the project address the hazards identified and what risks will remain from all hazards after project implementation (residual risk)?	

Scope of work	
When will the mitigation activity take place?	
Explain why this project is the best alternative. What alternatives were considered to address the risk and why was the proposed activity considered the best alternative?	
Please identify the entity that will perform any long-term maintenance and provide a maintenance schedule and cost information. The subapplicant or owner of the area to be mitigated is responsible for maintenance (including costs of long-term care) after the project is completed?	
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.*

Add a Task (complete this table for each task)	
Task name	
Task description	
Start month (number)	
Task duration (in months)	

Schedule	
Estimate the total duration of your proposed activities (in months).	
Proposed start date (MM/DD/YYYY)	

## Schedule

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 share, and add the non-federal funding source(s) you are planning to use for this project.*

## Add Cost estimate budget item(s)

Cost type:	Cost estimate
<b>Add an item (complete table for each cost item)</b>	
Name of cost item	
Quantity	
Unit of measure	<input type="checkbox"/> Acre <input type="checkbox"/> Cubic foot <input type="checkbox"/> Cubic yard <input type="checkbox"/> Day <input type="checkbox"/> Each <input type="checkbox"/> Foot <input type="checkbox"/> Hour <input type="checkbox"/> Inch <input type="checkbox"/> Linear foot <input type="checkbox"/> Mile <input type="checkbox"/> Million board feet <input type="checkbox"/> Square foot <input type="checkbox"/> Square yard <input type="checkbox"/> Square foot per inch <input type="checkbox"/> Ton
Unit price	\$
Unit total	

Add Cost estimate budget item(s)	
Budget class	<input type="checkbox"/> Administrative and legal expenses <input type="checkbox"/> Architectural and engineering fees <input type="checkbox"/> Construction <input type="checkbox"/> Contingencies <input type="checkbox"/> Demolition and removal <input type="checkbox"/> Equipment rental <input type="checkbox"/> Equipment purchase <input type="checkbox"/> Land, structures, rights-of-way, appraisals, etc. <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Other architectural and engineering fees <input type="checkbox"/> Project inspection fees <input type="checkbox"/> Relocation expenses and payments <input type="checkbox"/> Site work
Pre-award	<input type="checkbox"/> Yes <input type="checkbox"/> No
Project phase	<input type="checkbox"/> Phase 1 <input type="checkbox"/> Phase 2 <input type="checkbox"/> Not applicable
Total budget cost	\$

**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.**

Add Management cost budget item(s)	
Cost type:	Management cost
Item	<input type="checkbox"/> Equipment <input type="checkbox"/> Office Space Rental <input type="checkbox"/> Other <input type="checkbox"/> Salaries <input type="checkbox"/> Supplies <input type="checkbox"/> Travel
Quantity	

Add Management cost budget item(s)	
Unit of measure	<input type="checkbox"/> Acre <input type="checkbox"/> Cubic foot <input type="checkbox"/> Cubic yard <input type="checkbox"/> Day <input type="checkbox"/> Each <input type="checkbox"/> Foot <input type="checkbox"/> Hour <input type="checkbox"/> Inch <input type="checkbox"/> Linear foot <input type="checkbox"/> Mile <input type="checkbox"/> Million board feet <input type="checkbox"/> Square foot <input type="checkbox"/> Square yard <input type="checkbox"/> Square foot per inch <input type="checkbox"/> Ton
Unit price	\$
Unit total	
Budget class	<input type="checkbox"/> Construction <input type="checkbox"/> Contractual <input type="checkbox"/> Equipment <input type="checkbox"/> Fringe benefits <input type="checkbox"/> Indirect charges <input type="checkbox"/> Other <input type="checkbox"/> Personnel <input type="checkbox"/> Supplies <input type="checkbox"/> Travel
Pre-award	<input type="checkbox"/> Yes <input type="checkbox"/> No
Project phase	<input type="checkbox"/> Phase 1 <input type="checkbox"/> Phase 2 <input type="checkbox"/> Not applicable
Management cost total	\$
Grand total (Cost estimate total + Management cost total)	\$
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. Repetitive loss (RL) properties may be eligible for up to 90% federal share.

Proposed federal vs. non-federal funding shares	
Is this a small impoverished community? (See Appendix for definition)  This determines your federal/non-federal share ratio.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes</b>	<ul style="list-style-type: none"> <li>▪ Federal Share Percentage 90%</li> <li>▪ Non-Federal Share Percentage 10%</li> </ul>
Based on total budget cost	\$
Proposed federal share	\$
Proposed non-federal share	
<b>If No</b>	<ul style="list-style-type: none"> <li>▪ Federal Share Percentage 75%</li> <li>▪ Non-Federal Share Percentage 25%</li> </ul>
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.

Add funding source (complete this table for each funding source)	
Funding source	
Name of source agency	
Funding amount	\$

Add funding source (complete this table for each funding source)	
Percent non-federal share by source	%
Funding type	<input type="checkbox"/> Administration <input type="checkbox"/> Cash <input type="checkbox"/> Consulting fees <input type="checkbox"/> Engineering fees <input type="checkbox"/> Equipment operation/rental <input type="checkbox"/> Labor <input type="checkbox"/> Other <input type="checkbox"/> Program income <input type="checkbox"/> 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	

## Cost-Effectiveness

Cost-Effectiveness	
How was cost-effectiveness determined for this project?	<input type="checkbox"/> BCA completed in FEMA's BCA toolkit (Must attach the export file, zip file, pdf file, and other supporting documentation) <input type="checkbox"/> Pre-calculated benefits <input type="checkbox"/> Substantial Damage in Special Flood Hazard Area <input type="checkbox"/> Other BCA methodology approved by FEMA in writing <input type="checkbox"/> Not applicable
If Not applicable, explain why this project is not applicable	
Pre-calculated benefits selections	<input type="checkbox"/> Acquisitions in the special flood hazard area <input type="checkbox"/> Elevations in the special flood hazard area <input type="checkbox"/> Mitigation reconstruction in the special flood hazard area <input type="checkbox"/> Individual tornado safe rooms <input type="checkbox"/> Residential hurricane wind retrofits <input type="checkbox"/> Non-residential hurricane wind retrofits



Cost-Effectiveness	
	<input type="checkbox"/> Post-wildfire mitigation
What are the total project benefits?	\$
What is the total project cost?	\$
What is the benefit cost ratio (BCR) for the entire project?	
Was sea level rise incorporated into the flood elevations in the BCA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were environmental benefits added to the project benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were social benefits added to the project benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the mitigation measure incorporate nature-based solutions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide any additional comments.	
Attachments	

## Environmental/Historic Preservation (EHP) Review Information

An environmental/historic preservation review is required for all activities for which FEMA funds are being requested. FEMA will complete this review with the assistance of both the state or tribal government and the local applicant. It is important that you provide accurate information. If you are having problems completing this section, please contact your application point of contact.

A. National Historic Preservation Act - Historic Buildings and Structures	
1. Does your project affect or is it in close proximity to any buildings or structures 50 years or more in age?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known

**A. National Historic Preservation Act - Historic Buildings and Structures**

If Yes, you must confirm that you have provided the following:

- ☐ The property address and original date of construction for each property affected (unless this information is already noted in the Properties section)
- ☐ A minimum of two color photographs showing at least three sides of each structure (Please label the photos accordingly)
- ☐ A diagram or USGS 1:24,000 scale quadrangle map displaying the relationship of the property(s) to the project area

If Yes, to help FEMA evaluate the impact of the project, please indicate any other information you are providing.

- ☐ Information gathered about potential historic properties in the project area, including any evidence indicating the age of the building or structure and presence of buildings or structures that are listed or eligible for listing on the National Register of Historic Places or within or near a National Register listed or eligible historic district. Sources for this information may include the State Historic Preservation Officer, and/or the Tribal Historic Preservation Officer (SHPO/THPO), your local planning office, historic preservation organization, or historical society.
- ☐ Consideration of how the project design will minimize adverse effects on known or potential historic buildings or structures, and any alternatives considered or implemented to avoid or minimize effects on historic buildings or structures. Please address and note associated costs in your project budget.
- ☐ For acquisition/demolition projects affecting historic buildings or structures, any data regarding the consideration and feasibility of elevation, relocation, or flood proofing as alternatives to demolition.
- ☐ Attached materials or additional comments.

**A. National Historic Preservation Act - Historic Buildings and Structures**

If Yes or Not Known, please provide an explanation and any information about this project that could assist FEMA in its review. (optional)

Attachments

**B. National Historic Preservation Act - Archeological Resources**

<b>1. Does your project involve disturbance of ground?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
<p>If Yes, please confirm that you have provided the information below by selecting each checkbox.</p> <p>(If you have not provided these documents in any other section of the application, please attach the required documents below.)</p>	<input type="checkbox"/> A description of the ground disturbance by giving the dimensions (area, volume, depth, etc.) and location.  <input type="checkbox"/> The past use of the area to be disturbed, noting the extent of previously disturbed ground.  <input type="checkbox"/> A USGS 1:24,000 scale or other site map showing the location and extent of ground disturbance.
<p>If Yes, to help FEMA evaluate the impact of the project, please indicate below any other information you are providing. (optional)</p>	<input type="checkbox"/> Any information about potential historic properties, including archeological sites, in the project area. Sources of this information may include SHPO/THPO, and/or the Tribe's cultural resources contact if no THPO is designated. Include, if possible, a map showing the relation of any identified historic properties to the project area.  <input type="checkbox"/> Attached materials or additional comments.
<p>If Yes or Not Known, please provide an explanation and any information about this project that could assist FEMA in its review. (optional)</p>	
<p>Attachments</p>	

**C. Endangered Species Act and Fish and Wildlife Coordination Act**

<b>1. Are Federally listed threatened or endangered species or their critical habitat present in the area affected by the project?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
<p>If Yes, please confirm that you have provided the information below by selecting each checkbox.</p> <p>(If you have not provided these documents in any other section of the application, please attach the required documents below.)</p>	<input type="checkbox"/> Information you obtained to identify species in or near the project area. Provide the source and date of the information cited.

C. Endangered Species Act and Fish and Wildlife Coordination Act	
If Yes, to help FEMA evaluate the impact of the project, please indicate below any other information you are providing. (optional)	<input type="checkbox"/> Any request for information and associated response from the USFWS, the National Marine Fisheries Service (NMFS) (for affected ocean-going fish), or your State Wildlife Agency, regarding potential listed species present and potential of the project to impact those species.  <input type="checkbox"/> Attached materials or additional comments.
If Yes or Not Known, please provide an explanation and any information about this project that could assist FEMA in its review. (optional)	
2. Does your project remove or affect vegetation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
If Yes, please confirm that you have provided the information below by selecting each checkbox.  (If you have not provided these documents in any other section of the application, please attach the required documents below.)	<input type="checkbox"/> Description of the amount (area) and type of vegetation to be removed or affected. <input type="checkbox"/> A site map showing the project area and the extent of vegetation affected. <input type="checkbox"/> Photographs or digital images that show both the vegetation affected and the vegetation in context of its surroundings.
If Yes, to help FEMA evaluate the impact of the project, please indicate below any other information you are providing. (optional)	<input type="checkbox"/> Attached materials or additional comments.
If Yes or Not Known, please provide an explanation and any information about this project that could assist FEMA in its review. (optional)	
3. Is your project in, near (within 200 feet), or likely to affect any type of waterway or body of water?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known

**C. Endangered Species Act and Fish and Wildlife Coordination Act**

If Yes, and project is not within an existing building, you must confirm that you have provided the following:

(If you have not provided these documents in any other section of the application, please attach the required documents below.)

- ☐ A USGS 1:24,000 scale quadrangle map showing the project activities in relation to all nearby water bodies (within 200 feet).
- ☐ Any information about the type of water body nearby including: its dimensions, the proximity of the project activity to the water body, and the expected and possible changes to the water body, if any. Identify all water bodies regardless whether you think there may be an effect
- ☐ A photograph or digital image of the site showing both the body of water and the project area.

If Yes, to help FEMA evaluate the impact of the project, please indicate below any other information you are providing. (optional)

- ☐ Evidence of any discussions with the US Fish and Wildlife Service (USFWS), and/or your State Wildlife Agency concerning any potential impacts if there is the potential for the project to affect any water body.
- ☐ Attached materials or additional comments.

If Yes or Not Known, please provide an explanation and any information about this project that could assist FEMA in its review. (optional)

Attachments

**D. Clean Water Act, Rivers and Harbors Act, and Executive Order 11990 (Protection of Wetlands)**

1. Will the project involve dredging or disposal of dredged material, excavation, adding fill material or result in any modification to water bodies or wetlands designated as "waters of the U.S" as identified by the US Army Corps of Engineers or on the National Wetland Inventory?

- ☐ Yes
- ☐ No
- ☐ Not known

**D. Clean Water Act, Rivers and Harbors Act,  
and Executive Order 11990 (Protection of  
Wetlands)**

If Yes, please confirm that you have provided the information below by selecting each checkbox.

(If you have not provided these documents in any other section of the application, please attach the required documents below.)

☐ Documentation of the project location on a USGS 1:24,000 scale topographic map or image and a copy of a National Wetlands Inventory map or other available wetlands mapping information.

☐ A copy of a National Wetlands Inventory map or other available wetlands mapping information.

If Yes, to help FEMA evaluate the impact of the project, please indicate below any other information you are providing. (optional)

☐ Request for information and response letter from the US Army Corps of Engineers and/or State resource agencies regarding the potential for wetlands, and applicability of permitting requirements.

☐ Evidence of alternatives considered to eliminate or minimize impacts to wetlands.

☐ Attached materials or additional comments.

If Yes or Not Known, please provide an explanation and any information about this project that could assist FEMA in its review. (optional)

Attachments

**E. Executive Order 11988 (Floodplain  
Management)**

1. Does a Flood Insurance Rate Map (FIRM), Flood Hazard Boundary Map (FHBM), hydrologic study, or some other source indicate that the project is located in or will affect a 100 year floodplain, a 500 year floodplain if a critical facility, an identified regulatory floodway, or an area prone to flooding?

☐ Yes  
☐ No  
☐ Not known

If Yes, please indicate and/or provide any documentation to identify the means or the alternatives considered to eliminate or minimize impacts to floodplains (See the 8 step process found in 44 CFR Part 9.6.) to help FEMA evaluate the impact of the project.

**E. Executive Order 11988 (Floodplain Management)**

If Yes or Not Known, please provide an explanation and any information about this project that could assist FEMA in its review. (optional)	
2. Does the project alter a watercourse, water flow patterns, or a drainage way, regardless of its floodplain designation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
If Yes, please indicate any other information you are providing to help FEMA evaluate the impact of the project.	<input type="checkbox"/> Hydrologic/hydraulic information from a qualified engineer to demonstrate how drainage and flood flow patterns will be changed and to identify down and upstream effects.  <input type="checkbox"/> Request for information and response letter from the State water resource agency, if applicable, with jurisdiction over modification of waterways.  <input type="checkbox"/> Attached materials or additional comments.
If Yes or Not Known, please provide an explanation and any information about this project that could assist FEMA in its review. (optional)	
Attachments	

**F. Coastal Zone Management Act**

1. Is the project located in the State's designated coastal zone?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
If Yes, please indicate any other information you are providing to help FEMA evaluate the impact of the project.	<input type="checkbox"/> Information resulting from contact with the appropriate State agency that implements the coastal zone management program regarding the likelihood of the project's consistency with the State's coastal zone plan and any potential requirements affecting the cost or design of the proposed activity.  <input type="checkbox"/> Attached materials or additional comments.



**F. Coastal Zone Management Act**

If Yes or Not Known, please provide an explanation and any information about this project that could assist FEMA in its review. (optional)

Attachments

**G. Farmland Protection Policy Act**

1. Will the project convert more than 5 acres of "prime or unique" farmland outside city limits to a non-agricultural use?

- ☐ Yes  
☐ No  
☐ Not known

If Yes or Not Known, please provide an explanation and any information about this project that could assist FEMA in its review. (optional)

Attachments

**H. Resource Conservation and Recovery Act (RCRA) and Comprehensive Environmental Response Compensation and Liability Act (CERCLA) (Hazardous and Toxic Materials)**

1. Is there a reason to suspect there are contaminants from a current or past use on the property associated with the proposed project?

- ☐ Yes  
☐ No  
☐ Not known

If Yes, please indicate any other information you are providing to help FEMA evaluate the impact of the project.

- ☐ Comments and any relevant documentation.  
☐ Results of any consultations with State or local agency to obtain permit with requirements for handling, disposing of or addressing the effects of hazardous or toxic materials related to project implementation.  
☐ Attached materials or additional comments.

If Yes or Not Known, please provide an explanation and any information about this project that could assist FEMA in its review. (optional)

H. Resource Conservation and Recovery Act (RCRA) and Comprehensive Environmental Response Compensation and Liability Act (CERCLA) (Hazardous and Toxic Materials)	
2. Are there any studies, investigations, or enforcement actions related to the property associated with the proposed project?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
If Yes, please indicate any other information you are providing to help FEMA evaluate the impact of the project.	<input type="checkbox"/> Comments and any relevant documentation. <input type="checkbox"/> Results of any consultations with State or local agency to obtain permit with requirements for handling, disposing of or addressing the effects of hazardous or toxic materials related to project implementation. <input type="checkbox"/> Attached materials or additional comments.
If Yes or Not Known, please provide an explanation and any information about this project that could assist FEMA in its review. (optional)	
3. Does any project construction or operation activities involve the use of hazardous or toxic materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
If Yes, please indicate any other information you are providing to help FEMA evaluate the impact of the project.	<input type="checkbox"/> Comments and any relevant documentation. <input type="checkbox"/> Results of any consultations with State or local agency to obtain permit with requirements for handling, disposing of, or addressing the effects of hazardous or toxic materials related to project implementation. <input type="checkbox"/> Attached materials or additional comments.
If Yes or Not Known, please provide an explanation and any information about this project that could assist FEMA in its review. (optional)	
4. Do you know if any of the current or past land-uses of the property affected by the proposed project or of the adjacent properties are associated with hazardous or toxic materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known

**H. Resource Conservation and Recovery Act (RCRA) and Comprehensive Environmental Response Compensation and Liability Act (CERCLA) (Hazardous and Toxic Materials)**

If Yes, please indicate below any other information you are providing to help FEMA evaluate the impact of the project.

- ☐ Comments and any relevant documentation.
- ☐ Results of any consultations with State or local agency to obtain permit with requirements for handling, disposing of or addressing the effects of hazardous or toxic materials related to project implementation.
- ☐ Attached materials or additional comments.

If Yes or Not Known, please provide an explanation and any information about this project that could assist FEMA in its review.

Attachments

**I. Executive Order 12898, Environmental Justice for Low Income and Minority Populations**

1. Are there low income or minority populations in the project's area of effect or adjacent to the project area?

- ☐ Yes
- ☐ No
- ☐ Not known

If Yes, you must confirm that you have provided the following:

- ☐ Description of any disproportionate and adverse effects to these populations.

To help FEMA evaluate the impact of the project, please indicate below any other information you are providing:

- ☐ Description of the population affected and the portion of the population that would be disproportionately and adversely affected. Please include specific efforts to address the adverse impacts in your proposal narrative and budget.
- ☐ Attached materials or additional comments.

If Yes or Not Known, please provide an explanation and any information about this project that could assist FEMA in its review.

Attachments

**J. Other Environmental/Historic Preservation Laws or Issues**

1. Are there other environmental/historic preservation requirements associated with this project that you are aware of?

☐ Yes  
☐ No

If Yes, please indicate a description of the requirements, issues, or public involvement effort.

2. Are there controversial issues associated with this project?

☐ Yes  
☐ No  
☐ Not known

If Yes, please indicate a description of the requirements, issues, or public involvement effort.

If Yes or Not Known, please indicate why in the text box below and any information about this project that could assist FEMA in its review.

3. Have you conducted any public meeting or solicited public input or comments on your specific proposed mitigation project?

☐ Yes  
☐ No

If Yes, please indicate a description of the requirements, issues, or public involvement effort.

Attachments

**K. Summary and Cost of Potential Impacts**

1. Having answered the questions in parts A. through J., have you identified any aspects of your proposed project that have the potential to impact environmental resources or historic properties?

☐ Yes  
☐ No

**K. Summary and Cost of Potential Impacts**

If Yes, you must confirm that you have provided the following:

(If you have not provided these documents in any other section of the application, please attach the required documents below.)

- ☐ Evaluated these potential effects and provided the materials required in Parts A through J that identify the nature and extent of potential impacts to environmental resources and/or historic properties.
- ☐ Consulted with appropriate parties to identify any measures needed to avoid or minimize these impacts.
- ☐ Considered alternatives that could minimize both the impacts and the cost of the project.
- ☐ Made certain that the costs of any measures to treat adverse effects are realistically reflected in the project budget estimate.

If Yes, please enter your comments. (optional)  
(Please indicate why and any information about this project that could assist FEMA in its review.)

Attachments

**Evaluation****Evaluation**

Is the applicant participating in the [Community Rating System \(CRS\)](https://www.fema.gov/national-flood-insurance-program-community-rating-system)?  
<https://www.fema.gov/national-flood-insurance-program-community-rating-system>

- ☐ Yes
- ☐ No

If Yes, what is their CRS rating?

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
- ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Is the applicant a [Cooperating Technical Partner \(CTP\)](https://www.fema.gov/cooperating-technical-partners-program)?  
<https://www.fema.gov/cooperating-technical-partners-program>

- ☐ Yes
- ☐ No

Was this created from a previous FEMA HMA Advance assistance/Project scoping award?

- ☐ Yes
- ☐ No

If yes, please provide the project identifier.

Has the recipient adopted building codes consistent with the [International Codes](https://www.iccsafe.org/advocacy)?  
<https://www.iccsafe.org/advocacy>

- ☐ Yes
- ☐ No

Evaluation	
If Yes, enter year of building code.	
If Yes, please provide the building code.	
Have the applicant's building codes been assessed on the <a href="#">Building Code Effectiveness Grading Schedule (BCEGS)</a> ? <a href="http://www.isomitigation.com/bcegs">http://www.isomitigation.com/bcegs</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, what is their BCEGS rating?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
Describe involvement of partners to enhance the mitigation activity outcome.	
Discuss how anticipated future conditions are addressed by this project.	
Additional comments (optional)	
Attachments	

## Location

Project Location	
Provide a detailed description of the proposed project's location.	
Latitude (e.g. -80.430101, should be between -90 to +90, but not 0)	
Longitude (e.g. 100.430101, should be between -180 to +180, but not 0)	
Attachments	

Project Benefiting Area	
Provide a detailed description of the proposed project's benefiting area	
Attachments	

Project Impact Area	
Provide a detailed description of the proposed project's impact area	
Attachments	

Project Site Inventory	
<p>Does this project subapplication propose to mitigate a property/structure(s)?</p> <p>(Examples: residential home, commercial building, bridge, fire station, levee, pumping station, wastewater treatment plant, telephone pole, electric line, etc.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If Yes, do you know the location of the structure?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If Yes, enter the details of the property into the <a href="https://www.fema.gov/media-library-data/1591110757471-ecd329024debffd2dd5e2367938e90b2/FEMAHMALocationTemplate.xlsx">HMA Location Template</a> spreadsheet, located at <a href="https://www.fema.gov/media-library-data/1591110757471-ecd329024debffd2dd5e2367938e90b2/FEMAHMALocationTemplate.xlsx">https://www.fema.gov/media-library-data/1591110757471-ecd329024debffd2dd5e2367938e90b2/FEMAHMALocationTemplate.xlsx</a></p>	

## 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.

**Lobbying**

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:

(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.

(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.

(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.

☐ 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.

**Standard Form-LLL "Disclosure of Lobbying Activities"**

This form must be attached to certification if non-appropriated funds are to be used to influence activities.

**1. Type of federal action:**

- ☐ Contract
- ☐ Cooperative agreement
- ☐ Grant
- ☐ Loan
- ☐ Loan guarantee
- ☐ Loan insurance



Standard Form-LLL "Disclosure of Lobbying Activities"	
2. Status of federal action:	<input type="checkbox"/> Bid/offer/application <input type="checkbox"/> Initial award <input type="checkbox"/> Post award
3. Report Type:	<input type="checkbox"/> Initial filing <input type="checkbox"/> Material change
4. Name and address of reporting entity:	<input type="checkbox"/> Prime <input type="checkbox"/> 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	
Street 2 (optional)	
City	
State (optional)	

Standard Form-LLL "Disclosure of Lobbying Activities"	
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)	<input type="checkbox"/> Dr. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Rev.
First name	
Middle name (optional)	
Last name	
Suffix (optional)	<input type="checkbox"/> Jr. <input type="checkbox"/> MD <input type="checkbox"/> PHD <input type="checkbox"/> Sr.
Street 1	
Street 2 (optional)	
City	

Standard Form-LLL "Disclosure of Lobbying Activities"	
State (optional)	
Zip (optional)	
Zip extension (optional)	
10b. Individual performing services: (including address if different from No. 10a)	
Prefix (optional)	<input type="checkbox"/> Dr. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Rev.
First name	
Middle name (optional)	
Last name	
Suffix (optional)	<input type="checkbox"/> Jr. <input type="checkbox"/> MD <input type="checkbox"/> PHD <input type="checkbox"/> Sr.
Street 1	
Street 2 (optional)	
City	
State (optional)	
Zip (optional)	
Zip extension (optional)	

**Standard Form-LLL “Disclosure of Lobbying Activities”**

**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.

**3. Drug-Free Workplace (Grantee other than individuals)**

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.

**A.** The applicant certifies that it will continue to provide a drug-free workplace by;

- (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;

<b>3. Drug-Free Workplace (Grantee other than individuals)</b>	
<p>(b) Establishing an on-going drug free awareness program to inform employees about</p> <ol style="list-style-type: none"> <li>(1) The dangers of drug abuse in the workplace;</li> <li>(2) The grantee's policy of maintaining a drug-free workplace;</li> <li>(3) Any available drug counseling, rehabilitation, and employee assistance programs; and</li> <li>(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.</li> </ol>	
<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> <ol style="list-style-type: none"> <li>(1) Abide by the term of the statement; and</li> <li>(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.</li> </ol>	
<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>	

**3. Drug-Free Workplace (Grantee other than individuals)**

<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> <p>(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</p> <p>(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>	
<p><b>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:</b></p>	
<p>Place of performance (street address, city, county, state, ZIP code) (optional)</p>	
<p>There are workplaces on file that are not identified.</p>	<input type="checkbox"/> Yes