

STATE OF FLORIDA - JOINT HAZARD MITIGATION GRANT PROGRAM & FLOOD MITIGATION ASSISTANCE APPLICATION

THIS SECTION FOR STATE USE ONLY		
FEMA-____-DR-FL	<input type="checkbox"/> Standard HMGP <input type="checkbox"/> Standard FMA	<input type="checkbox"/> 5% Initiative Application <input type="checkbox"/> Initial Submission or <input type="checkbox"/> Application Complete <input type="checkbox"/> Re- Submission
Support Documents	Eligible Applicant	Project Type(s)
<input type="checkbox"/> Conforms w/ State 409 Plan <input type="checkbox"/> In Declared Area <input type="checkbox"/> Statewide	<input type="checkbox"/> State or Local Government <input type="checkbox"/> Private Non-Profit (Tax ID Received) <input type="checkbox"/> Recognized Indian Tribe or Tribal Organization	<input type="checkbox"/> Wind <input type="checkbox"/> Flood <input type="checkbox"/> Other: _____
Community NFIP Status: (Check all that apply) <input type="checkbox"/> Participating Community ID#: _____ <input type="checkbox"/> In Good Standing <input type="checkbox"/> Non-Participating <input type="checkbox"/> CRS	Reviewer Phone#: _____ Reviewer Fax#: _____ Reviewer E-Mail: _____ Date Application Received: _____	
State Application ID: _____ State Reviewer: _____		
Signature: _____	Date: _____	

This application is for all Federal Emergency Management Agency (FEMA Region IV) Hazard Mitigation Grant Program (HMGP) and Flood Mitigation Assistance (FMA) proposals. Please complete ALL sections and provide the documents requested. If you require technical assistance with this application, please contact your State Emergency Management Division at (850) 922-5269.

A. To Fill Out This Application: Complete all sections, which correspond with the type of proposed project

- General Application Sections:** pp.1-5: All Applicants must complete these sections
Environmental Review: pp. 6-9: All Applicants must complete these sections
Maintenance Agreement: p. 10: Any Applications involving public property, public ownership, or management of property
Acquisition Worksheet: pp.11-13: Acquisition Projects only -- one worksheet per structure
Elevation Worksheet: pp.14-18: Elevation Projects only -- one worksheet per structure
Drainage Worksheet: pp. 19-21: Drainage Projects only
Wind Retrofit Worksheet: pp. 22-24: Wind retrofit projects only (HMGP only) -- one worksheet per structure
 pp. 25-27: Wind retrofit/shelter projects only (HMGP only) -- one worksheet per structure
Attachment A: FEMA Form 90-49 (Request for Public Assistance): All Applicants must complete, if applicable.
Attachment B: HMGP/FMA Application Completeness Checklist: All applicants are recommended to complete this checklist

B. Applicant Information

FEMA-Blank-DR-FL **DISASTER NAME: Blank** *Ex., FEMA-1609-DR-FL: Hurricane Wilma*

Title / Brief Descriptive Project Summary: _____

1. Applicant (Organization): _____
2. Applicant Type:
 State or Local Government Recognized Native American Tribe Private Non-Profit
3. County: _____
4. State Legislative District: _____ Congressional District(s): _____ House: _____ Senate: _____
5. Federal Tax I.D. Number: _____
6. FIPS Code*: _____ (*if your FIPS code is not known, please fill out FEMA Form 90-49 (Attachment A) so that the Department may obtain a FIPS code for you)
7. National Flood Insurance Program (NFIP) Community Identification Number (this number can be obtained from the FIRM map for your area): _____
8. NFIP Community Rating System Class Number (FMA ONLY): _____
9. NFIP Last Community Assistance Visit Date (FMA ONLY): _____
10. Attach proof of current Flood Insurance Policy (FMA only). Flood Insurance Policy Number: _____

**STATE OF FLORIDA - JOINT HAZARD MITIGATION GRANT PROGRAM &
FLOOD MITIGATION ASSISTANCE APPLICATION**

11. Point of Contact

Ms. Mr. Mrs. First Name: _____ Last Name: _____
Title: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Fax: _____
Email Address (if available): _____

12. Application Prepared by: Ms. Mr. Mrs. First Name: _____ Last: _____
Title: _____ Telephone: _____ Fax: _____

13. Authorized Applicant Agent (proof of authorization authority required)

Ms. Mr. Mrs. First Name: _____ Last Name: _____
Title: _____ Telephone: _____ Fax: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Signature: _____ Date: _____

**14. All proposed projects should be included in the county's Local Mitigation Strategy (LMS).
Attach is a letter of endorsement for the project from the county's Local Mitigation Strategy Coordinator. Yes No**

15. Has this project been submitted under a previous disaster event? If so please provide the disaster number and project number if available. _____

Section I. Project Description

A. Hazards to be Mitigated / Level of Protection

1. Select the type of hazards the proposed project will mitigate:
 Flood Wind Storm surge Other (list): _____
2. Identify the type of proposed project:
 Elevation and retrofitting of residential or non-residential structure
 Acquisition and relocation Acquisition and demolition
 Wind retrofit Minor drainage project that reduces localized flooding
 Other (please explain) _____
3. List the total number of persons that will be protected by the proposed project: _____
4. Fill in the level of protection and the magnitude of event the proposed project will mitigate.
(e.g. 23 structures protected against the 100-year (1%) flood)

_____ structure(s) protected against the _____ -year Flood (10, 25, 50, 100, or 500 year)

_____ structure(s) protected against _____ mile per hour (mph) winds
5. **Engineered projects only** (e.g. Drainage Improvements, Erosion Control or other special project types. (Other special project types include drainage and other engineered projects. These projects are unlike acquisition, elevation or wind retrofits/shutters.)) Attach to this page **ALL** engineering calculations and design plans used to determine the above level of protection.
6. Project will provide protection against the hazard(s) above for _____ years (i.e., what is the useful life of the project)

B. Project Description, Scope of Work, and Protection Provided (Must be Completed in Detail)

Describe, in detail, the existing problem, the proposed project, and the scope of work. Explain how the proposed project will *solve* the problem(s) and provide the level(s) of protection described in Part A. Also, if available, attach a vendor’s estimate and/or a contractor’s bid for the scope of work. **Please ensure that each proposed project is mitigation and not maintenance.**

Description of the existing problems-

Describe the type(s) of protection that the proposed project will provide-

Scope of Work (describe in detail, what you are planning to do)-

Describe any other on-going or proposed projects in the area that may impact, positively or negatively the proposed HMGP or FMA project-

Section II. Project Location (Fully describe the location of the proposed project.)

A. Site

1. Describe the physical location of this project, including street numbers (or neighborhoods) and zip codes; and if available, please provide precise longitude and latitude coordinates for the site utilizing a hand-held global positioning system (GPS) unit or the equivalent:
2. Title Holder: _____
3. Is the project site seaward of the Coastal Construction Control Line (CCCL)? YES NO
4. Provide the number of each structure type (listed below) in the project area that will be affected by the project. That is, *all* structures in project area.

<input type="checkbox"/> Residential property: _____	<input type="checkbox"/> Businesses/commercial property: _____
<input type="checkbox"/> Public buildings: _____	<input type="checkbox"/> Schools/hospitals/houses of worship: _____
<input type="checkbox"/> Other: _____	

B. Flood Insurance Rate Map (FIRM) showing Project Site

<input type="checkbox"/> Attach two (2) copies of the FIRM map, a copy of the panel information from the FIRM, and, if available, the Floodway Map. <i>FIRM maps are required for this application (if published for your area). Also, all attached maps must have the project site and structures clearly marked on the map.</i> FIRMs are typically available from your local floodplain administrator who may be located in a planning, zoning, or engineering office. Maps can also be ordered from the Map Service Center at 1-800-358-9616. For more information about FIRMs, contact your local agencies or visit the FIRM site on the FEMA Web-page at http://www.fema.gov/home/MSCHardcopy.htm
Using the FIRM, determine the flood zone(s) of the project site (Check all zones in the project area).
(see FIRM legend for flood zone explanations) (A Zone must be identified)
<input type="checkbox"/> VE or V 1-30 <input type="checkbox"/> AE or A 1-30
<input type="checkbox"/> AO or AH <input type="checkbox"/> A (no base flood elevation given)
<input type="checkbox"/> B or X (shaded) <input type="checkbox"/> C or X (unshaded)
<input type="checkbox"/> Floodway
<input type="checkbox"/> Coastal Barrier Resource Act (CBRA) Zone (Federal regulations strictly limit Federal funding for projects in this Zone; please coordinate with your state agency before submitting an application for a CBRA Zone project).
<input type="checkbox"/> If the FIRM Map for your area is not published , please attach a copy of the Flood Hazard Boundary Map (FHBM) for your area, with the project site and structures clearly marked on the map.

C. City or County Map with Project Site and Photographs

- Attach a copy of a city or county scale map (large enough to show the entire project area) with the project site and structures marked on the map.
- Attach a USGS 1:24,000 TOPO map with project site *clearly* marked on the map.

- For **acquisition** or **elevation** projects, include copy of Parcel Map (Tax Map, Property Identification Map, etc.) showing each property to be acquired. The map should include the Tax ID numbers for each parcel, if possible.
- Attach photographs (at a minimum 2 photographs) for each project site per application. The photographs should be representative of the project area, including any relevant streams, creeks, rivers, etc. and drainage areas, which affect the site or will be affected by the project. For each structure, please include the following angles: front, back and both sides.

Section III. Budget/Costs

In this section, provide details of all the estimated costs of the project. As this information is used for the Benefit-Cost Analysis, reasonable cost estimates are essential. Since project administrative costs are calculated on a sliding scale, **do not** include them in the budget. Also, **do not** include contingency costs in the budget. **Avoid the use of lump sum costs.**

A. Materials

<i>Item</i>	<i>Dimension</i>	<i>Quantity</i>	<i>Cost per Unit</i>	<i>Cost</i>

B. Labor (Include equipment costs -- please indicate all "soft" or in-kind matches)

<i>Description</i>	<i>Hours</i>	<i>Rate</i>	<i>Cost</i>

C. Fees Paid Include any other costs associated with the project.

<i>Description of Task</i>	<i>Hours</i>	<i>Rate</i>	<i>Cost</i>

Total Estimated Project Cost \$ _____

Section IV. Environmental Review and Historic Preservation Compliance

(NOTE: This application cannot be processed if this section is not completed.)

Because the HMGP/FMA are federally funded programs, all projects are required to undergo an environmental and historic preservation review as part of the grant application process. Moreover, all projects must comply with the National Environmental Policy Act (NEPA) and associated Federal, State, Tribal, and Local statutes to obtain funding. **NO WORK can be done prior to the NEPA review process. If work is done on your proposed project before the NEPA review is completed, it will NOT be eligible for Federal funding.**

1. The following information is required for the Environmental and Historic Preservation review:

All projects must have adequate documentation to determine if the proposed project complies with NEPA and associated statutes. The State Environmental Staff provide comprehensive NEPA technical assistance for Applicants, with their consent, to complete the NEPA review. The type and quantity of NEPA documents required to make this determination varies depending upon the project's size, location, and complexity. However, at a minimum, please provide the applicable documentation from this section to facilitate the NEPA compliance process.

- Detailed project description, scope of work, and budget/costs (Section I (p. 2) and Section III (p. 5) of this application).
- Project area maps (Section II, part B & C of this application (pp. 3-4)).
- Project area/structure photographs (Section II, part C of this application (p. 4)).
- Preliminary project plans.
- Project alternatives description and impacts (Section IV of the application (pp. 6-8)).
- Please complete the applicable project worksheets. Dates of construction are required for all structures.
- Provide any applicable information or documentation referenced on the *Information and Documentation Requirements by Project Type* (page 9 of this application).

2. Alternative Actions

The NEPA process requires that at least two alternative actions be considered that address the same problem/issue as the proposed project. In this section, list **two feasible** alternative projects to mitigate the hazards faced in the project area. One alternative is the "No Action Alternative".

1. No Action Alternative

Discuss the impacts on the project area if no action is taken.

**Section IV. Environmental Review;
continued**

Alternative Actions,

(NOTE: This application CANNOT be processed if this section is not completed.)

2. Other Feasible Alternative

Discuss a feasible alternative to the proposed project. This could be an entirely different mitigation method or a significant modification to the design of the current proposed project. Complete *all* of parts **a-e** (below) and include engineering details (if applicable).

a. Project Description for the Alternative

Describe, in detail, the alternative project. Also, explain how the alternative project will solve the problem(s) and/or provide protection from the hazard(s).

b. Project Location of the Alternative (describe briefly)

- Attach a map or diagram showing the alternative site in relation to the proposed project site
- Photographs (2 copies) of alternative site

c. Scope of Work for Alternative Project

Section IV.

Alternative Actions, continued

d. Impacts of Alternative Project

Below, discuss the impact of this alternative on the project area. Include comments on these issues as appropriate: Environmental Justice, Endangered Species, Wetlands, Hydrology (Upstream and Downstream surface water Impacts), Floodplain/Floodway, Historic Preservation and Hazardous Materials.

e. Estimated Budget/Costs for Alternative Project

In this section, provide details of all the estimated costs of the alternative project (round figures to the nearest dollar). A lump sum budget is acceptable.

1. Materials

<u>Item</u>	<u>Dimension</u>	<u>Quantity</u>	<u>Cost per Unit</u>	<u>Cost</u>

2. Labor (Include equipment costs -- please indicate all "soft" or in-kind matches)

<u>Description</u>	<u>Hours</u>	<u>Rate</u>	<u>Cost</u>

3. Fees Paid Include any other costs associated with the project.

<i>Description of Task</i>	<i>Hours</i>	<i>Rate</i>	<i>Cost</i>

Total Estimated Project Cost \$ _ _

HMGP/FMA ENVIRONMENTAL REVIEW
Information and Documentation Requirements by Project Type

<i>Retrofits to Existing Facilities/Structures</i> <i>Elevations</i> <i>Acquisitions with Demolition</i>
<ul style="list-style-type: none">✓ Dates of Construction✓ Concurrence from State Historic Preservation Officer if structure is 50 years or older or if work to be done is outside the existing footprint.

<i>Drainage Improvements</i>
<ul style="list-style-type: none">✓ Engineering plans/drawings✓ Permit or Exemption letter to address any modifications to water bodies and wetlands<ul style="list-style-type: none">○ Department of Environmental Protection○ Water Management District○ U.S. Army Corps of Engineers✓ Letter from State Historic Preservation Office addressing archeological impacts.✓ Concurrence from U.S. Fish and Wildlife addressing any impacts to wildlife, particularly endangered and threatened species and their habitats.✓ If the project is in coastal area, attach a letter from the National Marine Fisheries Service addressing impacts to marine resources.✓ Concurrence from Natural Resource Conservation Service if project is located outside city limits and may impact prime or unique farmland.

Note: This is a general guideline for most projects. However, there will be exceptions. Consult with environmental staff on project types not listed.

Section V. Maintenance Agreement

All applicants whose proposed project involves the retrofit or modification of existing public property or whose proposed project would result in the public ownership or management of property, structures, or facilities, must first sign the following agreement prior to submitting their application to FEMA.

(NOTE: Those applicants whose project only involves the retrofitting, elevation, or other modification to private property where the ownership will remain private after project completion DO NOT have to complete this form.)

The _____ of _____, State of Florida, hereby agrees that
(City, Town, County)
if it receives any Federal aid as a result of the attached project application, it will accept responsibility, at its own expense if necessary, for the ***routine*** maintenance of any real property, structures, or facilities acquired or constructed as a result of such Federal aid. Routine maintenance shall include, but not be limited to, such responsibilities as keeping vacant land clear of debris, garbage, and vermin; keeping stream channels, culverts, and storm drains clear of obstructions and debris; and keeping detention ponds free of debris, trees, and woody growth.

The purpose of this agreement is to make clear the Subgrantee's maintenance responsibilities following project award and to show the Subgrantee's acceptance of these responsibilities. It does not replace, supercede, or add to any other maintenance responsibilities imposed by Federal law or regulation and which are in force on the date of project award.

Signed by _____ the duly authorized representative
(printed or typed name of signing official)

_____,
(title)

this _____ (day) of _____ (month), _____ (year).

Signature* _____

****Please note: The above signature must be by an individual with legal signing authority for the respective local government or county (e.g., the Chairperson, Board of County Commissioners or the County Manager, etc.)***