

THIS SECTION FOR STATE USE ONLY

FEMA-____-DR-FL

- Standard HMGP
 5% Initiative Application
 Application Complete
 Initial Submission or
 Re- Submission

Support Documents

- Conforms w/ State 409 Plan
 In Declared Area
 Statewide

Eligible Applicant

- State or Local Government
 Private Non-Profit (Tax ID Received)
 Recognized Indian Tribe or Tribal Organization

Project Type(s)

- Wind
 Flood
 Other: _____

Community NFIP Status: (Check all that apply)

- Participating Community ID#: _____
 In Good Standing
 Non-Participating
 CRS

LMS Ranking: _____

County: _____

State Application ID: _____

(TIME-DATE STAMP HERE)

This application is for all Federal Emergency Management Agency (FEMA Region IV) Hazard Mitigation Grant Program (HMGP) proposals. Please complete ALL sections and provide the documents requested. If you require technical assistance, please contact the Florida Division of Emergency Management at **DEM_HazardMitigationGrantProgram@em.myflorida.com**.

Section I – Applicant

A. Applicant Instruction: Complete all sections that correspond with the type of proposed project

<u>Application Sections I-IV:</u>	<i>All Applicants must complete these sections</i>
<u>Environmental Review:</u>	<i>All Applicants must complete these sections</i>
<u>Maintenance Agreement:</u>	<i>Any Applications involving public property, public ownership, or management of property</i>
<u>Flood Control – Drainage Improvement Worksheet:</u>	<i>Acquisition, Elevation, Dry Flood proofing, Drainage Improvements, Flood Control Measures, Floodplain and Stream Restoration, and Flood Diversion – one worksheet per structure</i>
<u>Generator Worksheet:</u>	<i>Permanent, portable generators, and permanent emergency standby pumps</i>
<u>Tornado Safe Room Worksheet:</u>	<i>New Safe Room, Retrofit of existing structure, Community Safe Room, Residential Safe Room</i>
<u>Hurricane Safe Room Worksheet:</u>	<i>New Safe Room, Retrofit of existing structure</i>
<u>Wind Retrofit Worksheet:</u>	<i>Wind Retrofit projects only – one worksheet per structure</i>
<u>Wildfire Worksheet:</u>	<i>Defensible Space, Hazardous Fuels Reduction, Ignition Resistant Construction, other</i>
<u>Drought Worksheet:</u>	<i>Aquifers, other</i>
<u>Request for Public Assistance Form:</u>	<i>FEMA Form 90-49 (Request for Public Assistance): All applicants must complete, if applicable.</i>
<u>Acquisition Forms:</u>	<i>If project type is Acquisition, these forms must be completed. (Only one of the two Notice of Voluntary Interest forms is necessary.) Model Statement of Assurances for Property Acquisition Projects Declaration and Release Notice of Voluntary Interest (Town Hall Version) Notice of Voluntary Interest (Single Site Version) Statement of Voluntary Participation FEMA Model Deed Restriction Language</i>
<u>Application Completeness Guidance / Checklist :</u>	<i>All applicants are recommended to complete this checklist and utilize the guidance for completing the application.</i>

B. Applicant Information:

FEMA-____-DR-FL DISASTER NAME: _____

Title/Brief Descriptive Project Summary: Mast Arm Hardening (16 Locations - see Attachment A (Mast Arm List) and Attachment B (Mast Arm Map))

1. Applicant (Organization): **Pinellas County Government**
2. Applicant Type: State or Local Government Native American Tribe Private Non-Profit Special District
3. County: **Pinellas**
4. State Legislative Senate District(s): _____; State Legislative House District(s): _____; Congressional House District(s): **FL-013** House
5. Federal Tax I.D. Number: **59-600800**
6. Data Universal Numbering System (DUNS): **055200216**
7. Federal Information Processing Standards (FIPS) Code*: _____ (**if your FIPS code is not known, see guidance*)
8. National Flood Insurance Program (NFIP) Community Identification Number: _____ (*this number can be obtained from the FIRM map for your area*)
9. **Point of Contact:** (Person serving as the coordinator of project)

Ms. Mr. First Name: **Alexis** Last Name: **Sergeant**
Title: **Project Coordinator, Traffic Engineering**
Address: **22211 U.S. Highway 19 N., Bldg. 1**
City: **Clearwater** State: **FL** Zip Code: **33765**
Telephone: **727-464-8076** Email: **asergeant@pinellascounty.org**

10. Application Prepared by:

Ms. Mr. First Name: **Alexis** Last Name: **Sergeant**
Title: **Project Coordinator, Traffic Engineering**
Telephone: **727-464-8076** Email: **asergeant@pinellascounty.org**

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

Ms. Mr. First Name: **Ken** Last Name: **Jacobs**
Title: **Division Director, Traffic Engineering**
Address: **22211 U.S. Highway 19 N., Bldg. 1**
City: **Clearwater** State: **FL** Zip Code: **33765**
Telephone: **727-464-8928** Email: **kjacobs@pinellascounty.org**

Signature: _____

Date: _____

12. Local Mitigation Strategy (LMS) Compliance

- a. All proposed projects must be included in the county's Local Mitigation Strategy (LMS) Project List, and on file with FDEM's Mitigation Bureau Planning Unit. Does your jurisdiction have a current FEMA Approved Mitigation Plan and this project is listed? Yes No
- b. Attached is a letter of endorsement for this project from the county's LMS Coordinator. Yes No
Ensure the LMS endorsement letter contains both the Total Estimated Projects Cost (Section IV. D.), along with the Estimated Federal Share (Section IV. E.1.) allocated to this project.
- c. The LMS project list and endorsement letter both have an estimated cost column and Federal Share amount that is within \$500.00 between the two Yes No

13. Has this project been submitted under a previous disaster event? No
 Yes, please provide the disaster number and project number (as applicable): _____

Section II – 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 Wildfire Other (*list*): **Become a more diaster resilient community.**
2. Identify the type of proposed project:
 Elevation and retrofitting of residential or non-residential structure
 Acquisition and Relocation Acquisition and Demolition
 Wind retrofit Drainage project that reduces localized flooding
 Generator Other (please explain) Structural Project
3. List the total number of persons that will be protected by the proposed project (*include immediate population affected by the project only*):
High - More than 1,000 lives per Mast Arm (see Attachment A (Mast Arm List))
4. List how many acres of "Total Impacted Area" is to be protected by the proposed project (*include immediate area affected by the project only*):

5. 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 storm event (1% chance)*)
_____ structure(s) protected against the _____ -year storm event (*10, 25, 50, 100, or 500 year storm event*)
_____ structure(s) protected against _____ mile per hour (mph) winds
6. Check **all** item(s) the project may impact:
 Wetlands Water Quality Previously Undisturbed Soil
 Floodplain Coastal Zone Toxic or Hazardous Substances
 Historic Resources Fisheries Threatened & Endangered Species
 Vegetation Removal Public Controversy Potential for Cumulative Impacts
 Health & Safety Other _____
7. **Engineered projects:** *If your project has been already designed and engineering information is available, please attach to your application ALL calculations, H&H study and design plans (e.g. Drainage Improvement, Erosion Control, or other special project types).* No Yes *If so, see Attachment #(s) _____.*

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.***

1. Describe the existing problems:
A countywide benefit: hardening of Mast Arm signals in place of span wire at 16 locations throughout the county located on hurricane evacuation routes (see Attachment A (Mast Arm List) and Attachment B (Mast Arm Map)). This will help improve the safe, efficient flow of traffic countywide in the event of an emergency event or hurricane.
2. Describe the type(s) of protection that the proposed project will provide:
Pinellas County is located on the Gulf Coast of Florida. Pinellas County is home to nearly one million residents, with an additional 15.5 million visitors (2017), including seasonal residents and tourists. The population density of Pinellas County is the highest of all counties in Florida at 3,347 persons per square mile.
The structural project of the Mast Arm Upgrades helps Pinellas County become a more disaster resilient community.
3. Scope of Work (describe in detail what you are planning to do):
Hardening of Mast Arm signals in place of span wire at 16 locations throughout the county located on hurricane evacuation routes (see Attachment A (Mast Arm List) and Attachment B (Mast Arm Map)).

4. Describe any other on-going or proposed projects in the area that may impact, positively or negatively, the proposed HMGP Project:

N/A

5. Describe the purpose and need for the proposed project:

During Hurricane Irma in September 2017, traffic signals hung by span wire fell or became damaged from storm-force winds. The fall of span wire could result in traffic signals becoming inoperable, potentially blocking access on the roadway and creating what could be a dangerous situation; even more so when located on an evacuation route that is used by hundreds of thousands of citizens seeking safety. Mast Arm signals in place of span wire at these evacuation route locations will ensure that evacuation routes remain open and emergency personnel have access to the main roadways post-storm.

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

A. Site

- Describe the physical location of this project, including street numbers (or neighborhoods) and project site zip code(s). Provide precise longitude and latitude coordinates for the site utilizing a hand-held global positioning system (GPS) unit or the equivalent:

Location: **(see Attachment A (Mast Arm List) and Attachment B (Mast Arm Map)).**

Address(s): _____

GPS coordinates (decimal degree format): _____

Project Zip Code(s): _____

- Title Holder: _____
- Is the project site seaward of the Coastal Construction Control Line (CCCL)? Yes No
- Provide the number of each structure type (listed below) in the project area that will be affected by the project. Include **all** structures in project area.

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

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

1. <input type="checkbox"/> Attach one (1) copy of the FIRM map, a copy of the panel information from the FIRM, and, if available, the Floodway Map. 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. 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 https://msc.fema.gov/portal .								
2. 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)								
<table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> VE or V 1-30</td> <td><input type="checkbox"/> AE or A 1-30</td> </tr> <tr> <td><input type="checkbox"/> AO or AH</td> <td><input type="checkbox"/> A (no base flood elevation given)</td> </tr> <tr> <td><input type="checkbox"/> B or X (shaded)</td> <td><input type="checkbox"/> C or X (unshaded)</td> </tr> <tr> <td><input type="checkbox"/> Floodway</td> <td><input type="checkbox"/></td> </tr> </table>	<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"/>
<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"/>							
<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).								
3. <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.								
4. <input type="checkbox"/> Attach a copy of a Special Flood Hazard Area Flood Insurance Assurance(s).								

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 or elevated. Include the Tax ID numbers for each parcel, and Parcel information – including year built and foundation.
- Attach photographs (at a minimum 4 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 that affect the project site or will be affected by the project, and labeled. For each structure, please include the following angles: front, back and both sides.

Section IV – 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. Contingency Cost should be included as a line item in the budget section and justified. Recommended range is 1 to 5%. **Avoid the use of lump sum costs.***

A. Materials

<u>Item</u>	<u>Unit</u>	<u>Quantity</u>	<u>Cost per Unit</u>	<u>Cost</u>
<u>Sub-Total</u>				\$0.00

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

<u>Description</u>	<u>Hours</u>	<u>Rate</u>	<u>Cost</u>
<u>Sub-Total</u>			\$0.00

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

<u>Description of Task</u>	<u>Hours</u>	<u>Rate</u>	<u>Cost</u>
<u>Sub-Total</u>			\$0.00

D. Total Estimated Project Cost **\$ 0.00**

Note: *To be eligible for HMGP funding, pre-award costs must be identified as separate line items in the cost estimate of the application. This must be done in addition to filling out the HMGP Pre-Award Cost Request Form, submitted with application. Mark each Pre-Award cost with an **asterisk (*)**; and In-kind services with **double asterisk (**)**; All In-kind match must be identified in the Section IV.B and D – Funding Sources).*

E. Funding Sources (round figures to the nearest dollar)

The maximum FEMA share for HMGP projects is 75%. The other 25% can be made up of State and Local funds as well as in-kind services. HMGP funds may be packaged with other Federal funds, but other Federal funds (except for Federal funds that lose their Federal identity at the State level, such as CDBG, and certain tribal funds) may not be used for the Non-Federal share of the costs.

1.	Estimated Federal Share	\$3,906,317.00	65	% of Total	(Maximum 75%)
2.	Non-Federal Share				
3.	Estimated Local Share	\$2,093,683.00	35	% of Total	(Cash)
4.		_____	_____	% of Total	(In-Kind**)
5.		_____	_____	% of Total	(Global Match***)
6.	Other Agency Share <i>(Identify Non-Federal Agency and availability date)</i>	_____	_____	% of Total	
<hr/>					
7.	Total Funding sources from above	\$6,000,000.00	100.00%	Total	(Equals 100%)

** Identify proposed eligible activities directly related to project to be considered for In-Kind services in Section IV.B. Labor.

*** Separate project applications must be submitted for each Global Match project.

Global Match Project Number and Title: _____

F. Project Milestones/Schedule of Work

List the major milestones in this project by providing an estimate time-line for the critical activities not to exceed a period of 3 years of performance. *(e.g. Designing, Engineering, Permitting, etc.)*

<i>Milestone(s)</i>	<i>Number of Days to Complete</i>
Total	Days

Section V. Environmental Review and Historic Preservation Compliance

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

Because the HMGP is a federally funded program, 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.**

A. 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.

1. Detailed project description, scope of work, and budget/costs (Section II and Section IV of this application).
2. Project area maps (Section III, part B & C of this application)
3. Project area/structure photographs (Section III, part C of this application).
4. Preliminary project plans.
5. Project alternatives description and impacts (Section V of the application).
6. Please complete the applicable project worksheets.
Documentation showing dates of construction are required for all structures.
7. Environmental Justice – Attach documents regarding evaluation (required) and satisfactory resolution (if necessary) of Environmental Justice issues (Highly Disproportionate, Adverse Impact (effects) on Minority or Low Income Population). Documents can include public meeting records, media reports letters from interested persons and groups, studies on population, ethnic groups, quality of life, housing, economics, transportation, public services, schools, public health, recreation, voting, etc.
8. Provide any applicable information or documentation referenced on the *Information and Documentation Requirements by Project Type* below.

B. Executive Order 12898; Environmental Justice for Low Income and Minority Population:

1. Are there low income or minority populations in the project area or adjacent to the project area?
 No Yes; please describe any disproportionate and adverse effects to these populations:
There will be no disproportionate or adverse effects to these populations. The project will support the safety of the communities.
2. To help 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.

3. Attached materials or additional comments: Please include pdf documentation from the US Census Quick Facts and American Factfinder's website of the project area (<http://www.census.gov/>).

C. Tribal Consultation *(Information Required)*

Section 106 of the National Historic Preservation Act (NHPA) requires federal agencies to take into account the effect of their undertakings on historic properties. The NHPA requires that agencies must complete this process prior to the expenditure of any Federal funds on the undertaking. A Tribal Consultation is required for any project disturbing ground or moving soil, including but not limited to: drainage projects; demolition; construction; elevation; communication towers; tree removal; utility improvements.

1. Describe the current and future use of the project location. A land use map may be provided in lieu of a written description.

2. Provide information on any known site work or historic uses for project location.

- Attach a copy of a city or county scale map (large enough to show the entire project area) with the horizontal limits (feet) and vertical depths (square feet) of all anticipated ground disturbance of 3 inches or more.

D. Alternative Actions *(Information Required)*

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.

Traffic signals hung by span wire can fall or become damaged from storm force winds. The fall of span wire could result in traffic signals becoming inoperable, potentially blocking access on the roadway and creating what could be a dangerous situation; even more so when located on an evacuation route that is used by hundreds of thousands of citizens seeking safety. Mast Arm signals in place of span wire at the evacuation route locations will ensure that these evacuation routes remain open and emergency personnel have access to the main roadways post-storm.

2. Other Feasible Alternative

Describe a feasible alternative project that would be the next best solution if the primary alternative is not accomplished. This could be an entirely different mitigation method or a significant modification to the design of the current proposed project. Please include a Scope of Work, engineering details (if applicable), estimated budget and the impacts of this alternative. Complete *all* of parts **a-e** (below).

a. Project Description for the Alternative

Describe, in detail, the alternative project, and explain how the alternative project will solve the problem(s) and/or provide protection from the hazard(s). Also, provide pros and cons for this alternative and a reason for why it was not selected.

b. Project Location of the Alternative *(describe briefly, if different from proposed project)*

Same locations as requested.

- Attach a map or diagram showing the alternative site in relation to the proposed project site *(if different from proposed project)*

c. Scope of Work for Alternative Project

N/A

d. Impacts of Alternative Project

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.

N/A

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.

Materials:	
Labor:	
Fees:	
Total Estimated Project Cost:	\$ 0.00

HMGP ENVIRONMENTAL REVIEW
Information and Documentation Requirements by Project Type

<p><i>Retrofits to Existing Facilities/Structures</i></p> <p><i>Elevations</i></p> <p><i>Acquisitions with Demolition</i></p>
<ul style="list-style-type: none">✓ Dates of Construction✓ Ground disturbance map for projects with 3 inches or more of ground disturbance✓ Structure photographs
<p><i>Drainage Improvements</i></p>
<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">o Department of Environmental Protectiono Water Management Districto U.S. Army Corps of Engineers✓ Ground disturbance map for projects with 3 inches or more of ground disturbance.✓ 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 a 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.✓ Concurrence from your Local Floodplain Manager – if project is located in a floodplain.

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

Section VI – 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 the 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 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 Sub-recipient’s maintenance responsibilities following project award and to show the Sub-recipients acceptance of these responsibilities. It does not replace, supersede, 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.)**

HMGP Application Completeness Guidance/Checklist

This guidance/checklist contains an explanation, example and/or reference for information requested in the application. Please use this list to assure your application is complete and includes the required information for HMGP projects. The appropriate documentation must also be attached. It is important to note that this list is similar to the form that will be used during the application sufficiency review by the HMGP staff.

Project Title: _____

Applicant: _____

Application Information	Explanation of Information Required	✓
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Section I

B. Applicant Information

FEMA__-DR-FL	Type in the four digit number FEMA assigned to the disaster that this application is being submitted under. (Example: 4337, 4283)	<input type="checkbox"/>
DISASTER NAME	Type in the Disaster name. (Example: Hurricane Irma, Tropical Storm Fay)	<input type="checkbox"/>
Title/Brief Descriptive Project Summary	The project title should include: 1) Name of Applicant, 2) Name of Project, 3) Type of Project. (Example: City of Tallahassee, City Hall Building, Wind Retrofit)	<input type="checkbox"/>
1. Applicant	Name of organization applying. Must be an eligible applicant.	<input type="checkbox"/>
2. Applicant Type	State or local government, recognized Native American tribe, or private non-profit organization. If private non-profit, please attach documentation showing legal status as a 501(C). (Example: IRS letter, Tax Exempt Certificate)	<input type="checkbox"/>
3. County	Indicate county in which the project is located.	<input type="checkbox"/>
4. State Legislative and Congressional District(s)	Specify the appropriate State Senate, House and Congressional District code for the project site. For multiple sites, please list codes for each site. http://www.myfloridahouse.gov/sections/representatives/myrepresentative.aspx	<input type="checkbox"/>
5. Federal Tax I.D. Number	List the Federal Employer's Identification Number (FEIN) number, also known as Federal Tax Identification number, 9-digit code. May be obtained from your finance/accounting department.	<input type="checkbox"/>
6. DUNS Number	Include Data Universal Numbering Standard (DUNS) number in appropriate location on application. If none, please refer to HMGP FAQ's in Application Reference Material for instructions on obtaining a DUNS number. www.usaspending.gov	<input type="checkbox"/>
7. FIPS Code	List the Federal Information Processing Standard (FIPS) Code. May be obtained from your finance/accounting/grants department. If none, please submit FEMA Form 90-49.	<input type="checkbox"/>
8. NFIP ID Number	List the National Flood Insurance Program (NFIP) number. You must be a participating NFIP member to be eligible for HMGP funding. Please make sure that the number is the same as the panel number on the FIRM provided with the application.	<input type="checkbox"/>
9. Point of Contact	Please provide all pertinent information for the point of contact. This person serves as the coordinator of the project. If this information changes once the application is submitted, please contact the HMGP staff immediately.	<input type="checkbox"/>
10. Application Prepared By	Please provide the preparer information. May be different from the point of contact (line 9) and/or the applicant's agent (line 11).	<input type="checkbox"/>
11. Authorized Applicant Agent	An authorized agent must sign the application. <i>"An authorized agent is the chief elected official of a local government who has signature authority, so for a county it would be the Chairman of the Board of County Commissioners and for a municipality it would be the Mayor (the exact title sometimes varies). Any local government may delegate this authority to a subordinate official (like a City or County Manager) by resolution of the governing body (the Board of County Commissioners or Board of City Commissioners). If a local government delegates signature authority, a copy of the resolution by the governing body authorizing the signature authority for the individual signing must be provided."</i>	<input type="checkbox"/>
12. LMS Compliance	a) LMS Project List:	<input type="checkbox"/>

	<p>All proposed projects must be included in the county's Local Mitigation Strategy (LMS) Project List and must be on file with FDEM's Mitigation Bureau Planning Unit.</p> <p>b) LMS Endorsement Letter All proposed projects must include an endorsement letter from the county's Local Mitigation Strategy Coordinator. You may use 1 letter as long as it includes every proposed project.</p> <p>c) Estimated Costs & Application Costs: The LMS Project List must include an Estimated Cost column and each HMGP project application must be within \$500.00 of that Project List's estimated cost. Also ensure that the Federal Cost Share indicated on the LMS Coordinator's Endorsement Letter exactly matches the Federal Cost Share indicated within the application. Ensure the LMS endorsement letter contains both the Total Estimated Projects Cost (Section IV. D.), along with the Estimated Federal Share (Section IV. E.1.) allocated to this project.</p> <p>A letter of endorsement for the project and its priority number from the Local Mitigation Strategy must be included. Refer to Sample LMS Letter. Applications without a letter of endorsement will not be processed. (44 CFR 201.6 Local Mitigation Plans)</p>	
13. Previous Submittal	If the project has been previously submitted under another disaster, provide the disaster number, the project number, and the title of the project.	<input type="checkbox"/>

Section II - Project Description

A. Hazards to be Mitigated/Level of Protection

1. Type of Hazards	Type of Hazards the Proposed Project will Mitigate: Identify the hazard(s) that the proposed project will mitigate. More than one hazard may be selected.	<input type="checkbox"/>
2. Identify the Type of Project	Identify the Type of Proposed Project: Describe the mitigation project being proposed. (Example: drainage, wind retrofit, generator etc.)	<input type="checkbox"/>
3. Number of Persons Protected	Explain how many people will be protected by or benefit from the proposed project. (Example: A drainage project improving a residential area of 23 homes, with an average household of 2 people = 46 people)	<input type="checkbox"/>
4. Total Impacted Area	Explain how many acres will be impacted from the proposed project: Drainage/Berm/Pond/Culverts/Flood hazard projects: combination of the area to be protected and ground disturbance must not exceed 25 acres.	
5. Level of Protection	Specify the level of protection and magnitude of the event the proposed project will mitigate. Attach support documentation that verifies the stated level of protection. (Example: In a wind retrofit project, it will be the design wind speed to comply with the Florida Building Code requirements. In a drainage project, it will be the implemented design level, e.g. a 25-year FDOT design standard for culvert.)	<input type="checkbox"/>
6. Project Impact	Identify all the items the project may impact or are within the project area.	<input type="checkbox"/>
7. Engineered Projects (e.g. Drainage)	Include available engineering calculations, studies, and designs for the proposed project showing results from applied Recurrence Interval scenarios before and after mitigation. (Number of structures, building replacement value, depth of the water, structural damages, content damages, displacement, road closures, etc.)	<input type="checkbox"/>

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

1. Existing Problem	Describe the existing problem, location, source of the hazard, and the history and extent of the damage. Include newspaper articles, insurance documentation, photographs, etc. If this project is eligible for PA (406) mitigation activities, please describe the 406 activities.	<input type="checkbox"/>
2. Type of Protection	Determine how the funding will solve the existing problem and provide protection.	<input type="checkbox"/>
3. Scope of Work:	What the Project Proposes to Do: Determine the work to be done. The scope of work must meet eligibility based on HMGP regulations and guidance. Explain how the proposed problem will be solved. (NOTE: The proposed project must be a mitigation action, not maintenance.) <i>Does the proposed project solve a problem independently or constitute a functional part of a solution where there is assurance that the project as a whole will be completed (44 CFR 206.434[c][4])? Does the proposed project address a problem that has been repetitive or that poses a</i>	<input type="checkbox"/>

	<i>significant risk to public health and safety if left unresolved (44 CFR 206.434[c][5][i])?</i> Projects that merely identify or analyze hazards or problems are not eligible. See Sample Scope of Work Language in HMGP Application Reference Material. Generators should not be included in the scope of work unless said generator only powers the mitigation element or is for a critical facility.	
4. On-Going or Proposed Projects in the Area	Determine if other projects, zoning changes, etc. are planned (particularly in the same watershed if flooding is being addressed) that may negatively or positively impact the proposed project. If there is a drainage project or downstream issue elsewhere, it may eliminate the current flooding issue, erasing the need for the proposed project. Response applies to drainage and acquisition projects. N/A is appropriate in wind retrofit shutter projects only. If this project is also being considered under the Public Assistance Program (406), please describe in detail the 406 mitigation activities and/or services. Do not include project costs associated with the above referenced HMGP application.	<input type="checkbox"/>
5. Purpose / Need	Describe the purpose and need for the proposed project.	<input type="checkbox"/>

Section III - Project Location

A. Site

1. Physical Location	List the physical location of the project site(s) including the street number(s), zip code(s) and GPS coordinates (latitude/longitude, in decimal degrees). The physical address must correspond with the address locations specified on maps submitted with the application.	<input type="checkbox"/>
2. Title Holder	Provide the titleholder's name.	<input type="checkbox"/>
3. Project Seaward of the CCCL?	Determine if the project site is located seaward of the Coastal Construction Control Line. https://floridadep.gov/water/coastal-construction-control-line	<input type="checkbox"/>
4. Number and Types of Structures Affected	Specify the number and type of properties affected by the project. (Example: Drainage project that affects 100 homes, 15 businesses and 2 schools.) What does the project protect? Should have a number next to the box that is checked. (See Section II, Item A.4 – detail of these totals)	<input type="checkbox"/>

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

1. Copies of FIRM	Attach a copy (or copies) of the FIRM and clearly identify the project site. The FIRM Panel number must be included. To obtain a FIRM map, go to https://msc.fema.gov/portal . See instructions on How to make a FIRMette.	<input type="checkbox"/>
2. Flood Zone Determination	Specify the flood zone(s) of the project site(s). If project is located in a Special Flood Hazard Area, proof of flood insurance will need to be provided. Amount of coverage must be equal to or greater than the amount of Federal mitigation funding obligated to the project.	<input type="checkbox"/>
3. Flood Hazard Boundary Map (FHBM)	Not required if a copy of the FIRM is attached.	<input type="checkbox"/>

C. City or County Map with Project Site and Photographs

1. City/County Map with Project Site	The project site and staging location (if applicable) should be clearly marked on a legible City/County map. The map should be large enough to show the project site. More than one map may be required.	<input type="checkbox"/>
2. USGS TOPO with Project Site	The project site should be clearly marked on a legible USGS 1:24,000 TOPO map. To obtain a TOPO map, go to http://www.Digital-Topo-Maps.com	<input type="checkbox"/>
3. Parcel/Tax Map	A Parcel, Tax or Property Identification map is required <u>only</u> for acquisition and elevation projects. The location of the structure must be clearly identified.	<input type="checkbox"/>
4. Site Photographs	At least four photographs are required that clearly identify the project site. The photos must be representative of the project area, including any relevant streams, creeks, rivers, etc., and drainage areas that affect the project site or will be affected by the project. The front, back and both side angles are required for each structure. For acquisition and elevation projects, a photo taken away from the structure (in front toward the street, and in back toward backyard) to show the area along with photographs of specific elements of the structure affected by the project (windows for shutters or window replacements) should also be provided. Please label photographs appropriately. In addition, CDs may be submitted.	<input type="checkbox"/>

Section IV - Budget/Costs

Please make sure all calculations are correct. Provide a breakdown of materials, labor and fees paid for the proposed project. Support documentation must be attached, i.e. vendor's quote, professional estimate (from engineer, architect, local building official, etc.). The proposed budget line items should represent allowable costs associated with the scope of work. Contingency Cost should be included as a line item in the budget section, and justified. Recommended range is 1 to 5%. It is required to complete this section; it will be used for the Benefit-Cost Analysis (BCA). Costs should be accurate, complete and reasonable compared to industry standards. Make sure the total cost is correct on the entire application.

A. Materials	Describe the cost of materials. Provide breakdown.	<input type="checkbox"/>
B. Labor	Provide a breakdown of description, hours, rate, and cost or lump sum labor cost. Can use in-kind contribution as part of the 25% match. (Attach support documentation for in-kind match to detail wages and salaries charged for any in-kind contribution. No overtime wages can be used to satisfy in-kind match contributions).	<input type="checkbox"/>
C. Fees Paid	Provide a breakdown of associated fees i.e., consultants, studies, engineering, permits, and project management. Maintenance is not an allowable cost under HMGP. <i>Pre-award costs may be requested (See Pre-award Costs guidance).</i>	<input type="checkbox"/>
D. Total Estimated Project Cost	Please make sure all calculations are correct. This figure should be the same as the figure for total funding.	<input type="checkbox"/>

E. Funding Sources (round figures to the nearest dollar)

The proposed sources of non-federal matching funds must meet eligibility requirements. (Except as provided by Federal statute, a cost-sharing or matching requirement may not be met by costs borne by another Federal grant.) 44 CFR 13.24 (b)(1).

1. Estimated Federal Share	The estimated Federal share is generally 75%. If the Federal share is not 75%, assure actual amount is entered. It could be 50.1234% or 35.1234%, etc. of the total dollar amount of project depending on county LMS allocation and priority. This figure cannot exceed 75%.	<input type="checkbox"/>
2. Non-Federal Share	May include all 3 sources, i.e. cash, in-kind and global match, as long as the total is a minimum of 25%. Match cannot be derived from a federal agency except Federal funds that lose their federal identity (e.g., CDBG funding and certain tribal funding).	<input type="checkbox"/>
3. Cash	Cash- Local funding will be utilized for the non-federal share. Enter amount of cash and percentage of total that amount represents.	<input type="checkbox"/>
4. Total In-Kind	May use materials, personnel, equipment, and supplies owned, controlled and operated from within governing jurisdiction as an in-kind match. <i>Third party in-kind contributions would be volunteer services, employee services from other organizations furnished free of charge, donated supplies, and loaned equipment or space. The value placed on these resources must be at a fair market value and must be documented. If in-kind is claimed from outside the applicant jurisdiction, it must be cash only. ** Identify proposed eligible activities in Section IV B. and C. as a separate line with In-kind written as a part of the description.</i>	<input type="checkbox"/>
5. Total Project (Global) Match	Project (global) match must 1) meet all the eligibility requirements of HMGP; and 2) begin after FEMA's approval of the match project. A separate HMGP application must be submitted for global match projects. Indicate which project(s) will be matched. <i>The global match is not required to be an identical project. Projects submitted as global match for another project must meet the same period of performance time constraints as the HMGP.</i>	<input type="checkbox"/>
6. Other Agency Share	Identify Non-Federal Agency and availability date; provide the documentation from the agency. (e.g., CDBG funding, and certain tribal funding)	<input type="checkbox"/>
7. Total Funding	Total must represent (100%) of the total estimated project cost. Ensure that percentages match corresponding cost-shares and the total matches the Budget (in Section IV. D. - Total Estimated Project Costs).	<input type="checkbox"/>

F. Project Milestones/Schedule of Work

1. Milestones (Schedule)	Identify the major milestones in the proposed project and provide an estimated timeline (e.g. <i>Designing, Engineering – 3 months, Permitting – 6 months, Procurement – 30 days, Installation – 6 months, Contracting – 1 month, Delays, Project Implementation, Inspections, Closeout, etc.</i> See Typical Project Milestones for estimated time-frames) for the critical activities not to exceed a period of 3 years for performance. Milestones should not be grouped together but listed individually. Please allot for the appropriate amount of time.	<input type="checkbox"/>
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Section V - Environmental Review & Historic Preservation Compliance

A. No work can begin prior to the completion of the environmental (NEPA) review. In order for the Environmental staff to conduct the NEPA review, all sections listed below must be completed.

1. Description, SOW & Budget	Detailed Project Description, Scope of Work & Budget/Costs Complete Sections II & IV of the application.	<input type="checkbox"/>
2. Area Maps	Project area Maps - Attach a copy of the maps and clearly mark the project site, and place the specific project structure(s) on map(s). Complete Section III, part B & C of the application.	<input type="checkbox"/>
3. Project Area/Structure Photographs	Complete Section III part C of the application.	<input type="checkbox"/>
4. Preliminary Project Plans	For shutters see the scope of work and for drainage & elevation see engineering drawings.	<input type="checkbox"/>
5. Project Alternatives	Complete Section V part D. of this application.	<input type="checkbox"/>
6. Project Worksheets	Dates of construction are required for all structures. See worksheets.	<input type="checkbox"/>
7. Documentation Requirements by Project Type	Provide any of the required documentation as listed on page 10 in the Information and Documentation Requirements by Project Type that may have already been obtained.	<input type="checkbox"/>
8. Information/ Documentation Requirements by Project Type	Provide any applicable information or documentation.	<input type="checkbox"/>

B. Executive Order 12898, Environmental Justice for Low Income and Minority Population

1. Documentation of Environmental Justice	Determine the proportion of the population, in either the project zip code or city, characterized as having a minority background, and proportion of the population living below poverty level. Go to http://www.census.gov/ . If yes, complete Section V, part B.	<input type="checkbox"/>
2. Population Affected	List / describe the population affected by this project and the portion of the population adversely impacted. List the attached documentation.	<input type="checkbox"/>
3. Attached Materials	Attach all backup documentation to this application – Include a table of contents that outlines the information you are providing DEM	<input type="checkbox"/>

C. Information required for Tribal Consultation

1. Documentation for Tribal Consultation	For all projects with any ground disturbing activities of 3 inches or more, complete Section V part C.	<input type="checkbox"/>
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D. Alternative Actions

1. No Action Alternative	Please discuss the impacts on the project area if no action is taken.	<input type="checkbox"/>
2. Other Feasible Alternative Action	It is a FEMA and FDEM requirement for any Application Review. A narrative discussion of at least three project alternatives (from No Action to the most effective, practical solution) and their impacts, both beneficial and detrimental is required. It is expected that the jurisdiction has completed sufficient analysis to determine the proposed project can be constructed as submitted and it supports the goals and objectives of the FEMA approved hazard mitigation plan. Has the proposed project been determined to be the most practical, effective and environmentally sound alternative after consideration of a range of options? (44 CFR 206.434[c][5][iii])	<input type="checkbox"/>
a. Project Description	It is very important and a requirement that an Alternative project is submitted. NEPA requires that at least three alternatives must be presented to mitigate the problem. In addition to the proposed action and no action, one other feasible alternative must be provided.	<input type="checkbox"/>
b. Project Location of the Alternative	Describe the surrounding environment. Include information regarding both natural (i.e., fish, wildlife, streams, soils, plant life) and built (i.e., public services, utilities, land/shoreline use, population density) environments.	
c. Scope of Work – Alternative Project	Describe how the alternative project will solve the problem and provide protection from the hazard. Provide enough detail to describe the project for the evaluation panel to decide the best course of action for the state. Include any appropriate	

	diagrams, sketch maps, amount of materials and equipment, dimensions of project, amount of time required to complete, etc.	
d. Impacts of the Alternative Project		
e. Estimated Budget/Costs for the Alternative Project	Total cost is required.	<input type="checkbox"/>
Materials, Labor, and Fees Paid	The details line items are not required. Just enter a total amount.	<input type="checkbox"/>
Total Estimated Project Costs	Total cost is required. Vendor quote is not required. A lump sum budget may be submitted as justification to why this alternative was not chosen.	<input type="checkbox"/>

Section VI – Maintenance Agreement

1. Maintenance Agreement	Please complete, sign and date the maintenance agreement. The maintenance agreement must be signed by an individual with signature authority, preferably the authorized agent.	<input type="checkbox"/>
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Other Required Documentation

1. MAPS	All maps must be included with the application.	
2. FFATA Form	During contracting with the state, please complete, sign and date the FFATA Project File Form. Instructions are provided for your convenience in the document provided. This is not required at the time of application submittal.	<input type="checkbox"/>
3. SFHA Acknowledgement of Conditions	Required for all projects in the Special Flood Hazard Area. Read and sign the SFHA Acknowledgement of Conditions document. This form must be notarized, signed by the local jurisdiction and the property owner.	<input type="checkbox"/>
4. Pre-award Cost Form	If pre-award costs are being requested with your project, please be sure to identify all pre-award costs in the application budget per instructions. The pre-award cost form must be completed and submitted with your application.	<input type="checkbox"/>
5. Request for Public Assistance Form	Applicable if no FIPS number is assigned to applicant/recipient.	<input type="checkbox"/>
6. Model Statement of Assurances for Property Acquisition Projects	For Acquisition projects only.	<input type="checkbox"/>
7. Declaration and Release	For Acquisition projects only. Must be signed by all persons whose names are on the property deed.	<input type="checkbox"/>
8. Notice of Voluntary Interest	For Acquisition projects only. Two forms are included for your convenience. Please use the form that is most appropriate to your situation. Must be signed by all persons whose names are on the property deed.	<input type="checkbox"/>
9. Statement of Voluntary Participation for Acquisition of Property for Purpose of Open Space	For Acquisition projects only. Must be signed by all persons whose names are on the property deed.	<input type="checkbox"/>
10. Worksheets	The appropriate worksheet(s) must be completed and submitted with the application. <ul style="list-style-type: none"> a. Flood Control – Drainage Improvement b. Generator c. Tornado Safe Room d. Hurricane Safe Room e. Wind Retrofit f. Wildfire g. Drought 	<input type="checkbox"/>

*Submit **1 original (signed) and 2 full copies** of the entire application and backup documentation. Include a full copy of the submittal and all documentation on CD.