

Hazard Mitigation Grant Program (HMGP) Watershed Planning Initiative

Notice of Proposal Form

Subapplicant			
Subapplication Title			
Subapplication Type			
Total Project Cost	\$	Federal Share	\$
If a subapplication for this planning activity for has been submitted under a previous grant cycle, please list the program, date, and disaster (if applicable)			

1.0 Contact Information

Application Prepared by:			
Name			
Title			
Agency/Organization			
Primary Phone		Type	<input type="checkbox"/> Work <input type="checkbox"/> Mobile
Secondary Phone		Type	<input type="checkbox"/> Work <input type="checkbox"/> Mobile
Email			
Address line 1			
Address line 2			
City		State	Zip
Authorized Applicant Agent – individual authorized to sign certifications (<i>proof of authorization required</i>)			
Name			
Title			
Agency/Organization			
Primary Phone		Type	<input type="checkbox"/> Work <input type="checkbox"/> Mobile
Secondary Phone		Type	<input type="checkbox"/> Work <input type="checkbox"/> Mobile
Email			
Address line 1			
Address line 2			

City		State		Zip	
Signature	<i>Kari Hansen</i>	Date			
Point of Contact (POC) – individual to be contacted for additional information					
Name					
Title					
Agency/Organization					
Primary Phone		Type	<input type="checkbox"/> Work <input type="checkbox"/> Mobile		
Secondary Phone		Type	<input type="checkbox"/> Work <input type="checkbox"/> Mobile		
Email					
Address line 1					
Address line 2					
City		State		Zip	

2. Subapplicant Information

Subapplicant			
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 (please specify)		
City/Town/Village			
County			
FIPS Code		Unique Entity ID	
State Legislative Districts		Federal Tax ID Number	

3. Local Mitigation Strategy (LMS) Compliance

Local Mitigation Strategy Information				
Does your jurisdiction have a current FEMA Approved Mitigation Plan?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Attached is a letter of endorsement for this project from the county's LMS Coordinator.				<input type="checkbox"/> Yes <input type="checkbox"/> No
Plan Approval Date		Jurisdiction Adoption Date		Plan Expiration Date

4. Project Description

Description					
Project Description		<input type="checkbox"/> Watershed Master Plan			
List the total number of persons that will be protected by the proposed project below					
Total population covered by plan		# of flood insurance policies covered by plan		# of flood insurance policies in SFHA	
1. Describe the existing problems:					

Description

2. Scope of Work:

For Phase 2, FDEM will coordinate with Sub-recipients to produce a Watershed Master Plan (WMP) for credit under the Community Rating System (CRS). In Phase 1, a pilot project was completed that consisted of research, the creation of a framework and guidance documents that ensure a consistent statewide approach to WMP development.

Sub-recipients under the Watershed Planning Initiative will use the Phase 1 guidance materials to produce a Watershed Master Plan for credit under CRS. Phase 1 materials can be found at: <https://www.floridadisaster.org/dem/mitigation/watershed-planning-initiative> or <https://www.fau.edu/engineering/research/cwr3/clearinghouse/>. The Sub-recipient will finalize the process by receiving approval from ISO/CRS that the created WMP is sufficient to receive credits under CRS 452.b. Tasks necessary to the completion of a Phase 2 include:

Task 1 – Creation of preliminary scope of work, initial flood modeling & submission of draft WMP to CRS officials for approval. The flood modeling should consider evaluations of the watershed's runoff response from design storms under current and predicted future conditions and assessments of the impacts of sea level rise and climate change. Preliminary modeling should include 10-, 25- & 100-year storm events. This initial scope of work and WMP draft should include preliminary modeling of the 10-, 25- and 100-year storm events, an inventory of the ground characteristics and data availability, existing regulations and plans in place, a description of vulnerable areas or areas of interest, a list of potential solutions, and a brief description of future actions plans.

Task 2 – Submit final WMP & CRS approval. After receiving feedback and approval on the sub-recipient's scope of work and flood modeling submission in Task 1 from FDEM and CRS officials, the sub-recipient will finalize the flood modeling process and complete their WMP. At a minimum, the modeling and WMP must include 10, 25 & 100 year storm events—or model sea level rise—to receive credit through CRS element 452.b. The sub-recipient will update their CRS plan and submit the updated prospective point total to CRS to receive points for element 452.b. The sub-recipient will submit the updated CRS plan to CRS for approval at the same time as they submit their final WMP to CRS for approval. If revisions are necessary. The sub-recipient will correct and re-submit for CRS approval.

Please describe in detail below (or on a separate page attached to this proposal) how your community plans to complete the above tasks. Please provide any details related to staffing to complete the proposed project, if you will be hiring an outside agency/firm, and what resources you have at your disposal to accomplish the project:

Description

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

5. Community Information

Answer questions A through H for the community(ies) that is participating in the Watershed Planning Initiative.

Information can be provided using this proposal form, the attached CRS Points Spreadsheet (for questions g & h) or in a separate document clearly identifying the questions and answers.

- a) Jurisdiction Name
b) Name of LMS Coordinator or Floodplain Coordinator/Manager
c) Is the community a participant in good standing with the National Flood Insurance Program (NFIP)?
d) The NFIP Community Identification Number (CID)
e) Does the community participate in the Community Rating System (NFIP CRS)?
f) What is the current CRS Class Rank?
g) What is the total # of CRS points accrued at the time of application?
h) What is the total # of CRS points you expect to receive from completing a WMP?

Table with 8 columns: Jurisdiction Name (a), LMS and/or Floodplain Coordinator (b), NFIP Participant (c), CID # (d), CRS (e), CRS Ranking (f), CRS Total Accumulated Points (g), Expected Points from WMP (h). Includes checkboxes for Y/N/NA.

Project Location

- 1. Attach a copy of a city or county scale map (large enough to show the entire WMP area)
2. Attach a map outlining the total area being modelled for your WMP

Flood Insurance Rate Map (FIRM)

- 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. 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>.
- 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	

6. Schedule of Work

Using the outline below, estimate in monthly increments how much time will be estimated for each task to complete the Plan. When developing the schedule, please use timeframes from the date of subrecipient agreement execution. Add additional tasks as necessary on a separate sheet and attach to this proposal form.

Task(s)	Number of Months to Complete
Data Collection (Task 1)	
Preliminary Flood Modelling (Task 1)	
Preliminary Scope of Work (Task 1)	
Completed WMP (Task 2)	
WMP Review (Task 2)	
CRS Revisions (Task 2)	
CRS Approval (Task 2)	
Total Months (maximum 12 months)	

Total Schedule	
Estimate the total duration of your proposed activities (in months)	12
Proposed start date (MM/DD/YYYY)	
Proposed end date (MM/DD/YYYY)	

7. Budget

Cost estimates should be consistent with scope of work items and work schedule. Presented cost estimates in the budget should have sufficient source documentation or justification. Costs must be eligible under HMGP and conform to the requirements set forth in 2 CFR 200 E.

Applicants must ensure that cost are reasonable, allowable, allocable, and necessary for the completion of a Watershed Master Plan consistent with the scope of work. Additional justifications related to the budget can be attached to your submitted proposal form.

Cost Item	Unit	Amount	Rate	Total Cost
Personnel				
Fringe Benefits				
Travel				
Equipment				
Supplies				
Contractual				
Other				
Total Project Cost				

8. Cost share

Maximum Federal Share for the project is 75 percent. Non-federal funding share is that portion of the total project costs provided by the non-federal entity in the form of in-kind contributions (professional services, labor, etc.) or cash match received from third parties or contributed by the entity. In-kind contributions must be provided and/or cash expended during the project period of performance to satisfy matching requirement. Please present the cost-share information for the proposed project below.

Federal and Non-Federal Cost Share Breakdown		
TOTAL PROJECT COSTS	\$	
Estimated Federal Share (max 75%)	\$	%
Estimated Local Share: Cash	\$	%
Estimated Local Share: In-Kind *	\$	%
Estimated Local Share: Third-Party *	\$	%
Date of local share funding availability		
*Provide narrative or description of in-kind or third-party match sources below:		

Federal and Non-Federal Cost Share Breakdown

Provide any additional comments and/or reference to applicable attachments (optional)