

## REBUILD FLORIDA HAZARD MITIGATION GRANT MATCH PROGRAM (HMGMP) APPLICATION

### GENERAL INFORMATION

Local Government Applicant Name:	
Official Project Title:	
Unique Entity Identifier (UEI):	
Federal Employer Identification Number (FEIN):	

Application Preparer: (This is the city/town/county employee that FloridaCommerce will contact regarding any question within your submitted application.)

First and Last Name:	
Title:	
Mailing street address:	
City:	
State:	
Zip:	
Phone Number:	
Email Address:	

Local project manager/lead contact: (This is the person who will lead the project locally.)

First and Last Name:	
Title:	
Mailing street address:	
City:	
State:	
Zip:	
Phone Number:	
Email Address:	

**Location of Proposed Project**

<b>Street Address:</b>	
<b>City:</b>	
<b>State:</b>	
<b>Zip:</b>	

Please select which qualifying county this project is located in:

**HUD MIDs**

- |                                       |                                   |
|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Brevard      | <input type="checkbox"/> Manatee  |
| <input type="checkbox"/> Charlotte    | <input type="checkbox"/> Monroe   |
| <input type="checkbox"/> Collier      | <input type="checkbox"/> Osceola  |
| <input type="checkbox"/> DeSoto       | <input type="checkbox"/> Pinellas |
| <input type="checkbox"/> Hardee       | <input type="checkbox"/> Polk     |
| <input type="checkbox"/> Highlands    | <input type="checkbox"/> Seminole |
| <input type="checkbox"/> Hillsborough | <input type="checkbox"/> Putnam   |

**State MIDs**

- |                                  |                                     |
|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Flagler | <input type="checkbox"/> Lake       |
| <input type="checkbox"/> Glades  | <input type="checkbox"/> Okeechobee |
| <input type="checkbox"/> Hendry  | <input type="checkbox"/> St. Johns  |

Does the proposed project exist within a fiscally constrained county (per [S. 218.67\(1\) F.S.](#))?

- Yes       No

If "Yes," please select which fiscally constrained county:

- |   |   |
|---|---|
| <input type="checkbox"/> DeSoto (HUD)   | <input type="checkbox"/> Highlands (HUD)    |
| <input type="checkbox"/> Glades (State) | <input type="checkbox"/> Okeechobee (State) |
| <input type="checkbox"/> Hardee (HUD)   | <input type="checkbox"/> Putnam (HUD)       |
| <input type="checkbox"/> Hendry (State) |   |



## NATIONAL OBJECTIVE

Please select which National Objective the project addresses:

Low-Moderate Income (LMI)

Urgent Need (as outlined in the conditions of the HMGMP section of the Hurricane Ian Policy Manual)

Total service area population served:	
Total LMI population served:	
Total Low- Income citizens served:	
Total Moderate- Income citizens served:	
Total LMI percentage (%):	
Percentage of Total UGLG Population to be Served by this project:	

How was the LMI data obtained for this project?

Survey Data

Census Block Data

Please specify which census block groups were used in calculating your LMI service area.

Please **[Attach]** your LMI service area map.

The required LMI map should encompass the entire area benefiting from the project and depict all project sites if multiple locations exist. Applicants are to utilize HUD's Low- and Moderate-Income (LMI) Area Data to determine the project benefits LMI families in the surrounding area. Applicants can also develop an income survey of the area as an alternative to the Census Data. HUD provides a demonstration to determine the area of benefit, whereas at least 51 percent of the residents shall be LMI to qualify for CDBG-DR assistance.

Map Tutorial Link:

<https://www.hudexchange.info/programs/cdbg/cdbg-low-moderate-income-data/>

Map URL Link:

[https://experience.arcgis.com/experience/279eca0222754f8a954bbf8cf995a1a3#data\\_s=id%3AdataSou rce\\_2-LMISD\\_layers\\_9515%3A143576%2B143625](https://experience.arcgis.com/experience/279eca0222754f8a954bbf8cf995a1a3#data_s=id%3AdataSou rce_2-LMISD_layers_9515%3A143576%2B143625)

If a survey was used to determine the LMI for your project, please upload the applicable survey data.

**[Attach]**

# FLORIDA COMMERCE

## Division of Community Development Office of Long-Term Resiliency (OLTR)

If you selected the “Urgent Need” National Objective, please select the applicable criteria, and provide a written justification on how this project qualifies to participate in the HMGMP.

- The existing conditions must pose a serious and immediate threat to the health or welfare of the community.
- The existing conditions are of recent origin or recently became urgent (generally, within the past 18 months).
- The grantee is unable to finance the activity on its own.
- Other sources of funding are *not* available.

1,500 words or less.

### HISTORICALLY UNDERSERVED AREA(S)

Historically underserved, geographic areas are those comprised of 51% or more population density of primary residents that are persons of color, persons of Native or Indigenous heritage, persons 62 years or older, and/or other historically underserved communities.

Please specify the applicable demographic information for the census block group(s) associated with this project.

*All Census Block Groups provided in the previous section must be incorporated into these numbers.*

American Indian and Alaska Native:	
Asian:	
Black or African American:	
Hispanic or Latino:	
Native Hawaiian and Other Pacific Islander:	
Some Other Race:	
Two or More Races:	
Person(s) 62 years or Older:	
Other (non-specified):	
<b>Total Historically Underserved Population:</b>	

Map Link:

*Block Groups and Tracts*

[https://data.census.gov/geo/maps/products/datafinder/0100000US\\$0500000/ACS5Y2020/B19083/B19083\\_001E?layer=VT\\_2020\\_140\\_00\\_PY\\_D1&breaks=Manual\(0.5\)&loc=28.1080,-81.9707,z6.0276](https://data.census.gov/geo/maps/products/datafinder/0100000US$0500000/ACS5Y2020/B19083/B19083_001E?layer=VT_2020_140_00_PY_D1&breaks=Manual(0.5)&loc=28.1080,-81.9707,z6.0276)

*Citywide*

[https://data.census.gov/geo/maps/products/datafinder/0100000US\\$0500000/ACS5Y2020/B19083/B19083\\_001E?layer=VT\\_2020\\_160\\_00\\_PY\\_D1&breaks=Manual\(0.5\)&loc=28.3135,-83.0454,z6.9752](https://data.census.gov/geo/maps/products/datafinder/0100000US$0500000/ACS5Y2020/B19083/B19083_001E?layer=VT_2020_160_00_PY_D1&breaks=Manual(0.5)&loc=28.3135,-83.0454,z6.9752)

*Countywide*

[https://data.census.gov/geo/maps/products/datafinder/0100000US\\$0500000/ACS5Y2020/B19083/B19083\\_001E?layer=VT\\_2020\\_050\\_00\\_PY\\_D1&breaks=Manual\(0.5\)&loc=28.9935,-82.1060,z7.4897](https://data.census.gov/geo/maps/products/datafinder/0100000US$0500000/ACS5Y2020/B19083/B19083_001E?layer=VT_2020_050_00_PY_D1&breaks=Manual(0.5)&loc=28.9935,-82.1060,z7.4897)

**Please select which CDBG-DR eligible HMGMP activity that best describes your proposed program or project:**

- Acquisition or relocation of hazard-prone structures
- Aquifer storage and recovery
- Debris removal
- Elevation of flood-prone structures
- Flood diversion
- Floodplain and stream restoration
- Infrastructure protection measures
- Minor structure flood control
- Permanent generators for a critical facility (not for the general conduct of government)
- Repair and hardening of existing buildings and facilities (not for the general conduct of government)
- Community safe room construction and/or homeless shelter
- Stormwater management improvements
- Relocation of police and fire facilities (moved out of floodplain)
- Relocation of UGLG owned and operated utilities (above ground to below ground)
- Other: \_\_\_\_\_

# FLORIDA COMMERCE

## Division of Community Development Office of Long-Term Resiliency (OLTR)

### PROJECT DESCRIPTION

Write an overview/summary of the HMGMP project being proposed.

Please include the following:

1. Project purposed.
2. How the work will be completed.
3. The team responsible for completing the work.
4. Method(s) used to determine funding requested.
5. Anticipated outcomes.
6. How the project will be maintained after it is completed.

*2,500 words or less.*

### DAMAGE SUMMARY

Write an overview/summary of how Hurricane Ian's damage impacted the service area and specifically this project.

*1,500 words or less.*

### UNMET NEED

Describe how the proposed activity will address an Unmet Need tied to the impact of damage from the disaster (Note: All CDBG-DR activities must clearly address an impact of the disaster).

*1,500 words or less.*

### BUDGET, ACTIVITY WORK PLAN, DUPLICATION OF BENEFITS

**Budget, AWP, and DOB Template**

[[Attach](#)] Budget, Activity Work Plan, and Duplication of Benefits Worksheet.

# FLORIDA COMMERCE

## Division of Community Development Office of Long-Term Resiliency (OLTR)

[[Attach](#)] Quotes/Estimates used to determine funding request.

### SUPPORTING DOCUMENTS

[[Attach](#)] Map clearly showing Project Location and/or Service Area.

[[Attach](#)] Most Recent Flood Plain Map.

### PICTURES

Upload either up to ten (10) photos of the service area or any other relevant photos for the scoring team to review regarding the program or project.

Picture(s) [[Attach](#)]

### CITIZEN PARTICIPATION/PUBLIC NOTICE

All applicants must conduct a public hearing or public comment period, notifying their citizens of their intent to seek CDBG-DR funding. In order to satisfy this requirement, please provide documentation for one of the two methods below.

#### Public Hearing

Date of Hearing Notice:	
Date of 1 <sup>st</sup> Public Hearing:	

Documentation of Public Hearing Notice [[Attach](#)]

#### Documentation of 1<sup>st</sup> Public Hearing

- Public Hearing Meeting Minutes [[Attach](#)]
- Public Hearing Certification [[Attach](#)]
- Citizen Participation Plan [[Attach](#)]
- Citizen Complaint Policy [[Attach](#)]
- Citizen Complaints from Public Hearing [[Attach](#)]

#### Public Comment Period

Date of Public Notice:	
Public Comment Start Date:	
Public Comment End Date:	

**Documentation of Public Notice** [\[Attach\]](#)

- Public Notice Certification [\[Attach\]](#)
- Citizen Participation Plan [\[Attach\]](#)
- Citizen Complaint Policy [\[Attach\]](#)
- Citizen Complaints from Public Comments [\[Attach\]](#)

**CERTIFICATION AND SIGNATURE**

As authorized Executive Officer, I certify that staff, contractors, vendors, and community partners of the CDBG-DR initiative:

- A. Will comply with all HUD and Florida requirements in the administration of the proposed CDBG-DR funded activities;
- B. Will work in a cooperative manner to execute the Subrecipient Agreement that provides the pathway for successful CDBG-DR program(s) and/or project(s) and;
- C. Certify that all information submitted in this Application is true and accurate.

X SIGN HERE