

THIS SECTION FOR STATE USE ONLY

FEMA-4828-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#: 120072

☐ In Good Standing ☐ Non-Participating ☐ CRS

LMS Ranking:

County:

DeSoto

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. Complete ALL sections and provide the documents requested. If you require technical assistance, 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

Application Sections I-IV:

All Applicants must complete these sections

Environmental Review:

All Applicants must complete these sections

Maintenance Agreement:

Any Applications involving public property, public ownership, or management of property

Flood Control – Drainage Improvement Worksheet:

Acquisition, Elevation, Dry Flood Proofing, Drainage Improvements, Flood Control Measures, Floodplain and Stream Restoration, and Flood Diversion – **one worksheet per structure**

Generator Worksheet:

Permanent, portable generators, and permanent emergency standby pumps

Tornado Safe Room Worksheet:

New Safe Room, Retrofit of existing structure, Community Safe Room, Residential Safe Room

Hurricane Safe Room Worksheet:

New Safe Room, Retrofit of existing structure

Wind Retrofit Worksheet:

Wind Retrofit projects only – one worksheet per structure

Wildfire Worksheet:

Defensible Space, Hazardous Fuels Reduction, Ignition Resistant Construction, other

Drought Worksheet:

Aquifers, other

Utility Mitigation Worksheet

Upgrades to sewer systems, upgrading electrical components for a utility, undergrounding electrical systems, etc.

Request for Public Assistance Form:

FEMA Form 90-49 (Request for Public Assistance): All applicants must complete, if applicable.

Acquisition Forms:

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

Application Completeness Guidance / Checklist :

All applicants are recommended to complete this checklist and utilize the guidance for completing the application.

B. Applicant Information:

FEMA-4828-DR-FL

DISASTER NAME: Hurricane Helene

Title of Project: Turner Center Generator

1. Applicant (Organization): **DeSoto County**
2. Applicant Type: ☒ State or Local Government ☐ Native American Tribe ☐ Private Non-Profit ☐ Special District
3. County: **DeSoto**
4. State Legislative Senate District(s): **27**; State Legislative House District(s): **18** ;
Congressional House District(s): **76**
5. Federal Tax I.D. Number: **59-6000579**
6. Data Universal Numbering System (DUNS): **072748981**
7. Federal Information Processing Standards (FIPS) Code*: **12027** (*if your FIPS code is not known, see guidance)
8. National Flood Insurance Program (NFIP) Community Identification Number: **120072**
(this number can be obtained from the FIRM map for your area)
9. **Point of Contact:** (Applicant staff serving as the coordinator of project)

☐ Ms. ☒ Mr. First Name: **Dennis** Last Name: **Johnson**
Title: **Grants Coordinator**
Address: **201 E Oak St.**
City: **Arcadia** State: **FL** Zip Code: **34266**
Telephone: **863-993-4800** Email: **d.johnson@desotobocc.com**

10. Application Prepared by:

☐ Ms. ☒ Mr. First Name: **Dennis** Last Name: **Johnson**
Title: **Grants Coordinator**
Address: **201 E Oak St.**
City: **Arcadia** State: **FL** Zip Code: **34266**
Telephone: **863-993-4800** Email: **d.johnson@desotobocc.com**
Organization: **DeSoto County BOCC**

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

☐ Ms. ☒ Mr. First Name: **JC** Last Name: **Deriso**
Title: **Chairman**
Address: **201 E Oak St**
City: **Arcadia** State: **FL** Zip Code: **34266**
Telephone: **863-993-4800** Email: **jc.deriso@desotobocc.com**

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. I.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, 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): **Power loss**
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 (explain) _____
3. List the total number of persons that will be protected by the proposed project (*include immediate population affected by the project only*):
Max capacity = 511
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*):
1
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)
1 structure(s) protected against the **100** -year storm event (10, 25, 50, 100, or 500 year storm event)
1 structure(s) protected against **145** mile per hour (mph) winds
6. Check **all** item(s) the project may impact:

| | | |
|---|---|---|
| <input type="checkbox"/> Wetlands | <input type="checkbox"/> Water Quality | <input type="checkbox"/> Previously Undisturbed Soil |
| <input type="checkbox"/> Floodplain | <input type="checkbox"/> Coastal Zone | <input type="checkbox"/> Toxic or Hazardous Substances |
| <input type="checkbox"/> Historic Resources | <input type="checkbox"/> Fisheries | <input type="checkbox"/> Threatened & Endangered Species |
| <input type="checkbox"/> Vegetation Removal | <input type="checkbox"/> Public Controversy | <input type="checkbox"/> Potential for Cumulative Impacts |
| <input checked="" type="checkbox"/> Health & Safety | <input type="checkbox"/> Other _____ | |
7. **Engineered projects:** If your project has been already designed and engineering information is available, 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. **Ensure that each proposed project is mitigation and not maintenance.**

1. Describe the existing problems:
The cost to repair the current generator exceeds the value of replacement.
2. Describe the type(s) of protection that the proposed project will provide:
The new generator will replace the outdated undersized generator to ensure back up power remains constant during severe storms or disasters.

3. Scope of Work (describe in detail what you are planning to do):

Scope of Work

Project Title: Replacement of 350 kW Diesel Generator – Turner Center

Location: Turner Agri-Civic Center, DeSoto County, Florida

Prepared For: DeSoto County

1. Project Overview

The Turner Agri-Civic Center serves as a critical emergency operations hub for DeSoto County. In recent years, it has been utilized as:

An Emergency Shelter for displaced residents.

A Florida Power & Light (FPL) staging area for storm response crews.

A National Guard housing facility, and

A distribution center for emergency supplies such as food, water, and medical aid.

Due to its essential role in disaster response and recovery, the facility requires a reliable backup power system. This project will replace the existing generator with a new 350 kW diesel generator to ensure continuous power during emergencies.

2. Tasks and Deliverables

A. Pre-Construction Phase

Conduct an on-site evaluation of current power infrastructure and load demands.

Coordinate project timeline with emergency management to avoid disruption of preparedness efforts.

B. Procurement

Acquire one (1) commercial-grade 350 kW diesel generator with:

Ensure generator meets Florida Building Code, NFPA 110, and EPA emission standards.

C. Shipping and Delivery

Arrange for delivery of the generator to the Turner Center.

Offload and secure the generator on site.

D. Site Preparation

Remove existing generator, associated wiring, and any outdated infrastructure.

E. Installation

Install the new generator and all associated electrical and fuel systems.

Integrate ATS and ensure compatibility with the facility's main electrical service.

F. Testing and Commissioning

Perform system startup and full-load testing.

Validate ATS operation under simulated power failure.

Deliver as-built documentation and provide on-site training for county staff.

3. Compliance and Regulations

All work must adhere to:

Florida Building Code,

National Electrical Code (NEC),

NFPA 110 (Standard for Emergency and Standby Power Systems),

Local fire safety codes,

The Jessica Lunsford Act (if applicable for access restrictions).

Contractors will coordinate site access and work hours with facility personnel to avoid conflict with sheltering or emergency operations.

4. Project Timeline

Estimated duration: 8–12 weeks from receipt of Notice to Proceed, contingent upon generator availability.

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

The current facility is being repaired from damage received from Hurricane Milton. The fence that surrounds the compound area of the generator is being replaced.

Section III – 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 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:

Site Location: Arcadia, Florida

Address(es): 2250 NE Roan St, Arcadia, FL 34266

GPS coordinates (decimal degree format): 27.227891, -81.837270

Project Zip Code(s): 34266

2. Titleholder: DeSoto County
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. Include **all** structures in project area.

| | | | |
|---|-----------|--|----------|
| <input checked="" type="checkbox"/> Residential property: | <u>12</u> | <input checked="" type="checkbox"/> Public buildings: | <u>2</u> |
| <input type="checkbox"/> Businesses/commercial property: | _____ | <input checked="" type="checkbox"/> Schools/hospitals/houses of worship: | <u>2</u> |
| <input type="checkbox"/> Other: | _____ | | |

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

| | | | | | | | | | | |
|---|--|---------------------------------------|-----------------------------------|--|--|--|-----------------------------------|--------------------------|---|--|
| <div>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. <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 https://msc.fema.gov/portal.</div> | | | | | | | | | | |
| <div>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)</div> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;"><input type="checkbox"/> VE or V 1-30</td><td style="padding: 2px;"><input type="checkbox"/> AE or A 1-30</td></tr><tr><td style="padding: 2px;"><input type="checkbox"/> AO or AH</td><td style="padding: 2px;"><input type="checkbox"/> A (no base flood elevation given)</td></tr><tr><td style="padding: 2px;"><input type="checkbox"/> B or X (shaded)</td><td style="padding: 2px;"><input type="checkbox"/> C or X (unshaded)</td></tr><tr><td style="padding: 2px;"><input type="checkbox"/> Floodway</td><td style="padding: 2px;"><input type="checkbox"/></td></tr><tr><td colspan="2" style="padding: 2px;"><input type="checkbox"/> Coastal Barrier Resource Act (CBRA) Zone (Federal regulations strictly limit Federal funding for projects in this Zone; coordinate with your state agency before submitting an application for a CBRA Zone project).</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"/> Coastal Barrier Resource Act (CBRA) Zone (Federal regulations strictly limit Federal funding for projects in this Zone; coordinate with your state agency before submitting an application for a CBRA Zone project). | |
| <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; coordinate with your state agency before submitting an application for a CBRA Zone project). | | | | | | | | | | |
| <div>3. <input type="checkbox"/> If the FIRM Map for your area is not published, attach a copy of the Flood Hazard Boundary Map (FHBM) for your area, with the project site and structures clearly marked on the map.</div> | | | | | | | | | | |
| <div>4. <input type="checkbox"/> Attach a copy of a Model Acknowledgement of Conditions for Mitigation in Special Flood Hazard Area</div> | | | | | | | | | | |

C. Maps with Project Site and Photographs

1. ☐ 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.
2. ☐ Attach a USGS 1:24,000 TOPO map with project site **clearly** marked on the map.
3. ☐ 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.
4. ☐ 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, include the following angles: front, back and both sides.

Section IV – Budget/Costs

In order to assist applicants with filling out the following Budget section, we have provided the following instructions for your convenience. For this section, we ask that you provide details of all the estimated costs of the project, as it is used for the benefit-costs analysis as well as for the feasibility and effectiveness review.

For the cost sections relating to Materials, Labor, and Fees, it is important to note,

- Lump sums without supporting documentation showing a breakdown of those costs are not acceptable. For those items that will not fit in the spaces provided, attach the appropriate documentation to your application.
- Identify your match sources in sections B and I.
- Sub-Total cells will auto sum the costs in their respective columns.
- Do not factor management costs into parts A-C. If management costs are being requested, see part G.
- Contingency Costs need to be justified and reported as a separate line item in part E of this section. From left to right in that part, enter the desired percentage (maximum 5% of Material/Labor), the amount the percentage is to be applied to, and the resulting amount. **PLEASE NOTE-** These cells will not auto-calculate across the row, but the final cell will be calculated into the Final Project Cost below it. Take care that everything is calculated correctly.
- Pre-Award Costs: costs must be identified as a separate line item, AND a completed HMGP Pre-Award Cost Request Form **MUST** be submitted with this application, detailing the items/cost and requested start date.
- Mark all In-kind (donated) services with (**); In-house (employee) services with (***), per each line item.
- All funding sources (In-kind, In-house, Global Match, and Other Agencies) must be identified (below) AND identified on the Funding Sources - Section IV I.

For project management costs, in compliance with Disaster Relief and Recovery Act of 2018 (DRRA) and the subsequent FEMA Interim Policy #104-11-1, the Florida Division of Emergency Management has included a section for applicants to request, or refuse, project management funds that are available to them. Under this new policy, HMGP projects awarded under disasters declared on or after August 1, 2017, are eligible for project management costs up to 5 percent of their total project costs.

Applicants choosing to apply for this funding must detail the specific administrative costs in Part G of this section. These costs must be eligible administrative costs, conforming to the requirements set in 2 CFR Part 200 Subpart E. Applicants must ensure that their administrative costs are reasonable, allowable, allocable, and necessary for the performance of the federal award.

The State will allot these management costs on a project-by-project basis per the amount requested by the sub-recipient, up to 5 percent of the total project cost. A sub-recipient may request less than this, but no higher. These management costs will be considered a separate pool of funding, and **WILL NOT** affect a project's benefit-cost analysis.

Management costs will be reimbursed per reimbursement request, and no more than 5 percent of any given reimbursement request amount. All management costs reimbursements will be contingent upon adequate documentation from the sub-recipient.

Management costs will be reimbursed at 100 percent of the amount of management costs requested, so far as they are adequately documented and are no more than 5 percent of the request. Any unused management costs at closeout following the final payment will be de-obligated. If the final total project cost results in an under-run, management costs will be reduced accordingly.

Applicants must make the determination to request or refuse management costs at the time of formal application submittal. The State will accept the initial determination from the applicant. There will be no recourse from the State for applicants wishing to change their initial determination after the application has been formally submitted.

A. Materials

| <u>Item</u> | <u>Unit</u> | <u>Quantity</u> | <u>Cost per Unit</u> | <u>Cost</u> |
|-------------------------|-------------|-----------------|----------------------|--------------------|
| Generator | EA | 1 | \$90,000.00 | \$90,000.00 |
| Charging kit | EA | 1 | \$325.00 | \$325.00 |
| Filter kit | EA | 2 | \$392.50 | \$785.00 |
| Heater kit | EA | 1 | \$495.00 | \$495.00 |
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| | | | | |
| <u>Sub-Total</u> | | | | \$91,605.00 |

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

| <u>Description</u> | <u>Hours</u> | <u>Rate</u> | <u>Cost</u> |
|-------------------------|--------------|-------------|--------------------|
| Installation | 80 | \$300.00 | \$24,000.00 |
| | | | |
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| | | | |
| | | | |
| <u>Sub-Total</u> | | | \$24,000.00 |

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> |
|----------------------------|--------------|-------------|---------------|
| *Pre-Award | | | |
| | | | |
| | | | |
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| | | | |
| | | | |
| <u>Sub-Total</u> | | | \$0.00 |

D. **Total Estimated Project Cost** \$115,605.00

E. Contingency Costs (maximum 5% of Material/Labor) 0%

F. **Final Project Cost** \$115,605.00

Note: To be eligible for HMGP Pre-Award costs – the costs must be identified as a separate line item in the estimate above, AND a completed HMGP Pre-Award Cost Request Form MUST be submitted with this application, detailing the items/cost requesting.

Mark all In-kind (donated) services with (**); In-house (employee) services with (***), per each line item.

All funding sources (In-kind, In-house, Global Match, and Other Agencies) must be identified (above) AND identified on the Funding Sources - Section IV I.

G. Project Management Costs

Based on the amount of total project cost being requested in Part D (above), your project is eligible for up to an additional 5% of that amount for project management costs. Indicate below whether or not you would like to request these funds and follow the directions for your selected choice.

Total Estimated Management Costs Available (5% of Total Project Costs)

\$5,780.25

Note: This number will be generated automatically after Part I is completed

- ☒ **YES**, I would like to request these funds (Fill out the itemized table below, then continue to Part I)*
- ☐ **NO**, I do not wish to request these funds. (continue to Part I)*

[illegible]

| | | |
|-----------|---|-------------------|
| H. | Total Estimated Management Costs Requested | \$3,000.00 |
|-----------|---|-------------------|

***Note:** By selecting either “yes” or “no” the applicant is acknowledging that they understand what is being offered to them as it is described in this application.

I. 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 | <u>\$86,703.75</u> | <u>75</u> % of Total | (Maximum 75%) |
| 2. | Non-Federal Shares | | | |
| 3. | Estimated Local Shares | <u>\$28,901.25</u> | <u>25</u> % of Total | (Cash) |
| 4. | | <u></u> | <u></u> % of Total | (In-Kind**) |
| 5. | | <u></u> | <u></u> % of Total | (In-House***) |
| 6. | | <u></u> | <u></u> % of Total | (Global Match****) |
| 7. | Other Agency Share (Identify Non-Federal Agency and availability date) | <u></u> | <u></u> % of Total | |
| <hr/> | | | | |
| 8. | Total Funding sources from above | <u>\$115,605.00</u> | <u>100.00%</u> Total | (Equals 100%) |

- ☐ **Identify proposed eligible activities directly related to project to be considered for In-Kind services in Section IV.C. Fees
- ☐ ***Identify proposed eligible activities directly related to project to be considered for In-House services in Section IV.C. Fees
- ☐ ****Separate project applications must be submitted for each Global Match project.

Global Match Project Number and Title: _____

| | | | | | |
|----|---|----------------------------|-------------------|-------------|---------------|
| 9. | Total Estimated Management Costs | Requested Available | <u>\$5,780.25</u> | 5% of Total | (Max Allowed) |
|----|---|----------------------------|-------------------|-------------|---------------|

J. Project Milestones/Schedule of Work

List the major milestones in this project by providing an estimated time-line for the critical activities not to exceed a period of 3 years (36-months) of performance. (e.g. **Contracting, Designing, Engineering, Permitting, Inspections, closeout, etc.**)

| Milestone(s) | Number of Months to Complete |
|---|------------------------------|
| Project Development- Engineering/ technical criteria | 4 |
| Project Development- Purchasing Department- Generation of bid documents | 2 |
| Bidding / Contracting - Bid period | 2 |
| Bidding / Contracting - Bid Evaluation / Rec of Award / Board Approval | 2 |
| Bidding / Contracting -Bonding - Schedule Construction Kick Off Meeting | 2 |
| Construction - Procurement of materials | 6 |
| Construction- Installation | 15 |
| Construction- Final Inspection / Project Closeout / Grant Reimbursement | 3 |
| | |
| | |
| | |
| | |
| | |
| | |
| Total | 36 Months |

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, 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. ☐ Complete the applicable project worksheets.
Documentation showing dates of construction are required for all structures.
7. ☐ Environmental Justice – Provide any applicable information or documentation regarding low income or minority populations in the project area. See Section V.B of this application for details.
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; describe any disproportionate and adverse effects to these populations:

2. ☐ To help evaluate the impact of the project, explain below or attach any other information that describes the population, or portion of the population, that would be either disproportionately or adversely affected. Include specific efforts to address the adverse impacts in your proposal narrative and budget.

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.

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. 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)*

- ☐ 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

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.

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

| |
|--|
| <i>Retrofits to Existing Facilities/Structures</i> <i>Elevations</i> <i>Acquisitions with Demolition</i> |
| <ul style="list-style-type: none"> ✓ Dates of Construction ✓ Ground disturbance map for projects with 3 inches or more of ground disturbance ✓ Structure photographs |
| <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"> o Department of Environmental Protection o Water Management District o 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: Not applicable to projects solely related to residential or private property.)

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-recipient's 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* _____

****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. 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 | ✓ |
|-------------------------|-------------------------------------|---|
|-------------------------|-------------------------------------|---|

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 of Project | 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, 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, 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), 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 System (DUNS) number in appropriate location on application. Typically, this number can be obtained through your finance department. If not, use the link below to look up your entity. If none, exists you can use the same link to request one. https://www.dnb.com/duns-number.html | <input type="checkbox"/> |
| 7. FIPS Code | List the Federal Information Processing Standards (FIPS) Code. May be obtained from your finance/accounting/grants department. If none, submit FEMA Form 90-49. See state website under the relevant disaster (https://floridadisaster.org/dem/mitigation/hazard-mitigation-grant-program/) | <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. 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 | 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 | 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</i> | <input type="checkbox"/> |

| | | |
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| | <p><i>resolution by the governing body authorizing the signature authority for the individual signing must be provided."</i></p> <p>For Private Non-Profit: A member of its Board of Directors or whoever has authority to authorize funding for such a project. If this task is delegated down, a copy of a resolution confirming this must be provided.</p> | |
| 12. LMS Compliance | <p>a) LMS Project List: 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. I.1.) allocated to this project.</p> <p>A letter of endorsement for the project and its priority number from the Local Mitigation Strategy Project List 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> | <input type="checkbox"/> |
| 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, 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"/> |

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| 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 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. | <input type="checkbox"/> |
| 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), describe in detail the 406 mitigation activities and/or services. Do not include project costs associated with this HMGP application. | <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. Titleholder | 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.5 – 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. 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"/> |
| 4. Model Acknowledgement of Conditions form | The Model Acknowledgement of Conditions for Mitigation in Special Flood Hazard Area form is required for those structures receiving federal funds that will also remain in the special flood hazard area by the close of the project. This form is required at application. It can be found on FEMA's website at https://www.fema.gov/media-library/assets/documents/15677 | <input type="checkbox"/> |

D. C. Maps 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 https://ngmdb.usgs.gov/topoview/ | <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, | <input type="checkbox"/> |

| | | |
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| | 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. Label photographs appropriately. In addition, CDs may be submitted. | |
|--|--|--|

Section IV - Budget/Costs

Make sure all calculations are correct. Provide a breakdown of materials, labor and fees 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 – Maximum allowed is 5%, and 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 | List materials and their associated costs. 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, in-house to detail wages and salaries charged for any contribution. No overtime wages can be used to satisfy 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 | This number includes all project costs without contingency costs included. Make sure all calculations are correct. | <input type="checkbox"/> |
| E. Contingency Cost | Per FEMA's HMA Guidance (Section VI Part D.3.4), a contingency cost is, "an allowance in the total cost estimate to cover situations that cannot be fully defined at the time the cost estimate is prepared but that will likely result in additional eligible costs. Allowances for major project scope changes, unforeseen risks, or extraordinary events may not be included as contingency costs." The applicant may request up to 5% of material/labor costs. As with other line items, the applicant must justify these contingency costs based on the nature of the project at application. If an applicant wants to include contingency costs, they will need to enter the percentage that they require as well as what amount they want that percentage to be applied to. Type the resulting calculation in the final cell on the right. These cells will NOT auto-calculate. Be sure that they are calculated correctly. | <input type="checkbox"/> |
| F. Final Project Cost | This number includes any contingency costs that were requested. The final BCA will use this number in its final calculation. | <input type="checkbox"/> |
| G. Project Management Costs | After reading the guidance provided on pg. 5, select either YES or NO to indicate your need for management costs for this project. If YES , provide a breakdown of description, hours, rate and costs for requested management costs. If NO , continue to Part I. | <input type="checkbox"/> |
| H. Total Estimated Management Costs Requested | This will auto complete based on what is entered into the cost cells above. Your request must not exceed 5 percent of the total project cost available for this project. | <input type="checkbox"/> |

I. 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.) 2 CFR Part 200.306.

| | | |
|-----------------------------------|--|--------------------------|
| 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"/> |

| | | |
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| 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 In-house | Sub-Recipient employees, equipment, etc. – internal services (must utilize the Personnel Activity Report or the Equipment Activity Report for the Request for Reimbursement) | <input type="checkbox"/> |
| 6. 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"/> |
| 7. 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"/> |
| 8. 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. F. - Total Estimated Project Cost). | <input type="checkbox"/> |
| 9. | Your requested amount must be equal to or less than 5 percent of the total project cost | <input type="checkbox"/> |

J. Project Milestones/Schedule of Work

| | | |
|---------------------------------|---|--------------------------|
| 1. Milestones (Schedule) | Identify the major milestones in the proposed project and provide an estimated time-line (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>) for the critical activities not to exceed a period of 3 years (36-months) for performance. Milestones should not be grouped together but listed individually. Allot for the appropriate amount of time for final inspection and closeout (about 3 months). | <input type="checkbox"/> |
|---------------------------------|---|--------------------------|

Section V - Environmental Review & Historic Preservation Compliance

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. Environmental Justice Documentation | See Section V.B for applicable information. | <input type="checkbox"/> |
| 8. Information/ Documentation | Provide any of the required documentation as listed at the end of Section V in the Information and Documentation Requirements by Project Type that may have already been obtained. | <input type="checkbox"/> |

| | | |
|-------------------------------------|--|--|
| Requirements by Project Type | | |
|-------------------------------------|--|--|

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

| | | |
|------------------------------------|--|--------------------------|
| 1. Disproportionate Effects | Determine if there are populations in either the project zip code or city that are characterized as having a minority background or living below the poverty level. If yes, complete the rest of Section V, part B. Describe any disproportionate effects that these populations would experience if the project were completed. | <input type="checkbox"/> |
| 2. Population Affected | Describe the population affected by this project and the portion of the population adversely impacted. Attach any documentation and list the attachments here. | <input type="checkbox"/> |

C. Information required for Tribal Consultation

| | | |
|--|--|--------------------------|
| 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"/> |
|--|--|--------------------------|

D. Alternative Actions

| | | |
|--|---|--------------------------|
| 1. No Action Alternative | Discuss the impacts on the project area if no action is taken. | <input type="checkbox"/> |
| 2. Other Feasible Alternative Action | This 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 | Detailed 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

| | | |
|------------------------------|---|--------------------------|
| Maintenance Agreement | 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"/> |
|------------------------------|---|--------------------------|

Other Required Documentation

Go to www.floridadisaster.org/dem/mitigation/hazard-mitigation-grant-program/ for additional documents

| | | |
|----------------------|--|--------------------------|
| 1. Maps | All maps must be included with the application. | <input type="checkbox"/> |
| 2. FFATA Form | During contracting with the state, 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, 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 available for your convenience. 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. 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 1 full copy** of the entire application and backup documentation. Include a full copy of the submittal and all documentation on CD or thumb drive.

Attachment Index

Use the following template to list any supporting documentation that is **included on the CD or flashdrive**. Clearly and concisely label each attachment on this form to correspond with the file name on the CD or flashdrive. In the first column list which section and item (from the HMGP application) the attachment refers to. *Example: Section 2, Item 1. If any required documentation is not included on the CD or flashdrive, the application will be considered incomplete and will not be considered for possible funding.*

| Section # & Item | | Attached Document Name |
|------------------|--|------------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
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| 10 | | |
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