



## VOLUNTARY MITIGATION GRANT PARTICIPATION & WAIVER Structural Elevation

I/We, \_\_\_\_\_, are the current property owner(s) of  
(print name)

\_\_\_\_\_, \_\_\_\_\_,  
(address) (Tax Lot ID)

and have elected to participate in a mitigation grant application for the elevation of my/our property as submitted by our jurisdiction to the New York State Division of Homeland Security and Emergency Services (DHSES) for mitigation grant funding consideration. I/We understand that:

- DHSES will use the cost estimate as provided in application to perform a Benefit-Cost analysis (BCA) to determine if we are eligible for the program. I/We also understand that if the actual cost differs (increase) from the estimated cost, DHSES must conduct a second BCA and funding may be denied if DHSES cannot document cost-effectiveness.

As part of this mitigation grant participation, a waiver is provided to the Federal Emergency Management Agency (FEMA) to provide Duplication of Benefit Information to DHSES and/or the subrecipient (jurisdiction) to assist in determination of the cost effectiveness of my participation.

Though I/we have voluntarily expressed our wish to participate in this mitigation grant, it is understood that I/we have the right to change this decision and may withdraw participation in this mitigation grant project.

The following necessary information is requested to assist the subrecipient in including this homeowner's participation in the mitigation grant application:

### National Flood Insurance Information – NFIP (select one only):

- I /we **do not** have an NFIP on the structure identified;  
(NOTE: NFIP insurance is not a requirement for the Hazard Mitigation Grant Program)
- I/we have an NFIP policy on the structure identified and are providing the requested information as an attachment to this waiver:
  - NFIP Insurance Company & Policy Number
  - Agents Name & Telephone Number
  - Elevation Certificate (attach if available)
  - Date of Initial Continuous NFIP Coverage

Additional Information requested to be provided (Check only those that are appropriate):

- The structure has been certified as being “substantially damaged” by the Local Flood Plain Administrator – copy attached
- Increased Cost of Compliance coverage is included under my/our NFIP policy;
- The following payments from which NFIP claims were made by event;

<u>Date</u>	<u>Building Payment</u>	<u>Contents Payment</u>	<u>Total Payment</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- I/We do not participate in NFIP, but estimated damage is/are being provided above;
- The structure identified in this waiver is a primary residence
- The structure identified in this waiver is a secondary residence  
Primary residence is located at \_\_\_\_\_
- Additional Information is attached to supplement information being requested.

Did you apply for Individual Assistance (IA). Y                      N

If so, what is your Registration# \_\_\_\_\_

The aforementioned (and attached) information being provided is accurate to the best of my/our knowledge and reflects our interest in participating in a FEMA mitigation grant. (Note: all persons listed on property deed are required to sign)

\_\_\_\_\_  
(Homeowner Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Homeowner Signature)

\_\_\_\_\_  
(Date)

#### General Information

- Structure certified as substantially damaged by Local Flood Plain Administrator must be brought into compliance regardless of whether funding is provided through a mitigation grant.
- The subrecipient will prioritize an individual participation in mitigation grants in general categories (with final determinations to be made by cost effectiveness within those categories by DHSES/FEMA). Subrecipient will be provided an analysis on those individuals wishing to participate where insufficient federal funding may temporarily exist.
- Should this application be received by FEMA, actions will be taken to initiate a Public Notice, and consultations with appropriate federal and State agencies.