



## DR-4615-NY Hazard Mitigation Grant Program (HMGP) Planning Subapplication

<b>Subapplicant</b>	Atlantic County Office of Emergency Services		
<b>Subapplication Title</b>	Atlantic County Multi-jurisdictional Hazard Mitigation Plan 2024 Update		
<b>Subapplication Type</b>	<input checked="" type="checkbox"/> Formal Hazard Mitigation Plan or Plan Update (HMP) <input type="checkbox"/> Hazard Mitigation Planning-Related Activities (HMP-A) <input type="checkbox"/> Hazard Mitigation Planning-Plan Enhancements (HMP-E)		
<i>Each of the following subsections indicates applicability to HMP and/or HMP-A (Subapplication Type). Complete all subsections for which your Subapplication Type is listed.</i>			
<b>Total Project Cost</b>	\$150,000	<b>Federal Share</b>	\$135,000
<b>Management Costs (up to 5% of the total project)</b>	\$7,500		
<b>If a subapplication for this planning activity for has been submitted under a previous mitigation grant cycle, please list the program, date, and disaster (if applicable)</b>			

### Contact Information (HMP, HMP-A, and HMP-E)

Subrecipient Authorized Representative (SAR) – individual authorized to sign certifications					
<b>Name</b>	Jane Doe				
<b>Title</b>	Chief Financial Officer				
<b>Agency/Organization</b>	Atlantic County Office of Emergency Services				
<b>Primary Phone</b>	555-555-5555	<b>Type</b>	<input type="checkbox"/> Home <input checked="" type="checkbox"/> Work <input type="checkbox"/> Mobile		
<b>Secondary Phone</b>		<b>Type</b>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		
<b>Email</b>	jane@atlanticcoes.gov				
<b>Address line 1</b>	1 Atlantic Avenue				
<b>Address line 2</b>					
<b>City</b>	Atlantic City	<b>State</b>	NY	<b>Zip</b>	00000

Point of Contact (POC) – individual to be contacted for additional information					
<b>Name</b>	John Smith				
<b>Title</b>	Director				
<b>Agency/Organization</b>	Atlantic County Office of Emergency Services				
<b>Primary Phone</b>	555-555-5555	<b>Type</b>	<input type="checkbox"/> Home <input checked="" type="checkbox"/> Work <input type="checkbox"/> Mobile		
<b>Secondary Phone</b>		<b>Type</b>	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		
<b>Email</b>	john@atlanticcoes.gov				

Point of Contact (POC) – individual to be contacted for additional information					
<b>Address line 1</b>	1 Atlantic Avenue				
<b>Address line 2</b>					
<b>City</b>	Atlantic City	<b>State</b>	NY	<b>Zip</b>	00000

### Subapplicant Information (HMP, HMP-A, and HMP-E)

Subapplicant			
<b>Type of Subapplicant</b>	<input type="checkbox"/> State Government <input checked="" 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)		
<b>City/Town/Village</b>	Atlantic City		
<b>County</b>	Atlantic		
<b>FIPS Code</b>	12345	<b>DUNS Number</b>	123456789
<b>US Congressional District(s)</b>	20	<b>Federal Tax ID Number</b>	12-1234567
<b>Is Subapplication subject to review by Executive Order 12372 Process? For more information, visit <a href="http://www.epa.gov">www.epa.gov</a></b>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, program is not covered by E.O. 12372 <input type="checkbox"/> No, program has not been selected by state for review			
<b>If Yes, date application was made available to the E.O. 12372 Process.</b>			
<b>Is the Subapplicant delinquent on any Federal debt?</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>If yes, please explain:</b>			

### Current Mitigation Plan (HMP, HMP-A, and HMP-E)

Mitigation plan information	
<b>Is the subapplicant covered by a current FEMA approved multi-hazard mitigation plan in compliance with 44 CFR Part 201?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes, please provide plan information:</b>	
<b>Plan Name</b>	Atlantic County 2019 Multi-jurisdictional Hazard Mitigation Plan
<b>Plan Type</b>	<input type="checkbox"/> State Hazard Mitigation Plan <input type="checkbox"/> Local Hazard Mitigation Plan <input checked="" type="checkbox"/> Local Multijurisdictional Hazard Mitigation Plan <input type="checkbox"/> Tribal Hazard Mitigation Plan <input type="checkbox"/> Tribal (Local) Hazard Mitigation Plan <input type="checkbox"/> Tribal (Local) Multijurisdictional Hazard Mitigation Plan

Mitigation plan information					
<b>Plan Approval Date</b>	12/12/2019	<b>Plan Adoption Date</b>	12/12/2019	<b>Plan Expiration Date</b>	12/11/2024
<b>Provide link to the plan with reference to or attachment of the location in the plan where this project is identified and description of consistency with goals and objectives of the plan</b>					
www.atlanticcountyhmp-fake.com					

## For Hazard Mitigation Plan Development and Plan Updates (HMP) ONLY:

NYS Division of Homeland Security and Emergency Services (DHSES) will consider funding requests to develop or update multi-jurisdictional hazard mitigation plans, or to help counties without a plan develop one. Subapplicants are encouraged to carefully review the FEMA March 2013 publication titled *Local Mitigation Planning Handbook* ([https://www.fema.gov/sites/default/files/2020-06/fema-local-mitigation-planning-handbook\\_03-2013.pdf](https://www.fema.gov/sites/default/files/2020-06/fema-local-mitigation-planning-handbook_03-2013.pdf)); and DHSES documents -- *2017 NYS Hazard Mitigation Planning Standards and Guide* (<http://www.dhSES.ny.gov/recovery/mitigation/planning.cfm>).

The State ***will not fund*** formal mitigation plans that evaluate risk to a single jurisdiction within a county, or risk to a County's assets without including those of all participating jurisdictions.

## Scope of Work (HMP, HMP-A, and HMP-E)

Proposed Activity	
<b>Primary Activity</b>	<input type="checkbox"/> New Formal Hazard Mitigation Plan <input checked="" type="checkbox"/> Formal Hazard Mitigation Plan Update <input type="checkbox"/> Hazard Mitigation Planning-Related activities <input type="checkbox"/> Hazard Mitigation Planning-Plan Enhancements
<b>HMP-A: select a Sub-activity</b>	
<a href="https://www.fema.gov/sites/default/files/documents/fema_hma-planning-related-activities_factsheet.pdf">https://www.fema.gov/sites/default/files/documents/fema_hma-planning-related-activities_factsheet.pdf</a>	
<input type="checkbox"/> Building capability through delivery of technical assistance and training <input type="checkbox"/> Evaluating the adoption/implementation of codes and ordinances that reduce risk and/or increase resilience to future hazards <input type="checkbox"/> Other	

Proposed Activity

**HMP-E: select a Sub-activity**

[https://www.fema.gov/sites/default/files/documents/fema\\_hma-planning-related-activities\\_factsheet.pdf](https://www.fema.gov/sites/default/files/documents/fema_hma-planning-related-activities_factsheet.pdf)

- Updating or enhancing sections of the current FEMA-approved mitigation plan
- Integrating information from mitigation plans, specifically risk assessment or mitigation strategies, with other planning efforts, including public health planning
- Other

**HMP, HMP-A, and HMP-E: please provide below or in a separate attachment a detailed description of the proposed scope of work.**

**HMP:** please see **HMGP HMP App - Appendix A SOW SAMPLE.**

**HMP-A/HMP-E:** the scope of work must include a detailed description of the deliverable for the proposed activity.

Please see attached detailed scope of work.

## Community (HMP, HMP-A, and HMP-E)

Answer questions A through F for each jurisdiction (including the county) that is expected to participate in the mitigation planning activity. Details relevant to completing the questions below may be available in your community's Hazard Mitigation Plan.

Information can be provided using this Subapplication (add lines as needed), the attached spreadsheet or in a separate document clearly identifying the questions and answers.

- a) Jurisdiction Name (for all participating and including the County)
- b) Population to be covered by the plan
- c) Name of Hazard Mitigation Coordinator (County) or Floodplain Coordinator/Manager (municipal)
- d) Is the community a participant in good standing with the National Flood Insurance Program (NFIP)?
- e) CID Number of Community (<https://www.fema.gov/cis/NY.pdf>)
- f) Does the community participate in the Community Rating System (NFIP CRS)?

Communities (complete for each benefitting/participating community; add more rows as needed)							
	Jurisdiction Name (a)	Population (b)	HM and/or Floodplain Coordinator (c)	NFIP Participant (d)	CID # (e)	CRS (f)	If Yes, CRS Rating
1	Atlantic Town	8,000	John Doe	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	36#	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
2	Atlantic City	150,000	Jane Smith	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	CID#	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
3	Atlantic Village	3,500	Michael Jones	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	CID#	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
4	Atlantic Town 2	20,000	Anne Johnson	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	CID#	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	8
5	Atlantic Town 3	25,000	Steve Stevens	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	CID#	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
6	Atlantic City 2	80,000	Joe Jennings	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	CID#	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	5
7				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA		<input type="checkbox"/> Y <input type="checkbox"/> N	
8				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA		<input type="checkbox"/> Y <input type="checkbox"/> N	
9				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA		<input type="checkbox"/> Y <input type="checkbox"/> N	
10				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA		<input type="checkbox"/> Y <input type="checkbox"/> N	
11				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA		<input type="checkbox"/> Y <input type="checkbox"/> N	
12				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA		<input type="checkbox"/> Y <input type="checkbox"/> N	
13				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA		<input type="checkbox"/> Y <input type="checkbox"/> N	
14				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA		<input type="checkbox"/> Y <input type="checkbox"/> N	
15				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA		<input type="checkbox"/> Y <input type="checkbox"/> N	

16				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA		<input type="checkbox"/> Y <input type="checkbox"/> N	
17				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA		<input type="checkbox"/> Y <input type="checkbox"/> N	
18				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA		<input type="checkbox"/> Y <input type="checkbox"/> N	
19				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA		<input type="checkbox"/> Y <input type="checkbox"/> N	
20				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA		<input type="checkbox"/> Y <input type="checkbox"/> N	
<b>Provide any additional comments and/or reference to applicable attachments (optional)</b>							

### Hazard History (HMP Only)

Identify the County’s assessment of the following 18 Hazards. The NYS Hazard Mitigation Plan <https://mitigateny.availabs.org/> may be used as a reference (not compatible with Internet Explorer web-browser). Please add additional hazards as appropriate.

Hazard	Impacts County?	Hazard of Concern?	Included in last HMP?	Intended to be included in HMP update?
Avalanche	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Coastal Hazards	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Cold Wave	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drought	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Earthquake	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Flooding	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Hail	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Heat Wave	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Hurricane	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Ice Storm	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Landslide	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Lightning	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Snowstorm	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Tornado	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Tsunami/Seiche	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Wildfire	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Wind	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other: Infectious Disease	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Timeline/Schedule (HMP, HMP-A, and HMP-E)

Using the outline below, estimate in monthly increments how much time will be allotted for each task after grant award notification. Due to a possible overlap in the time allotted for each task, include an estimate for each task’s duration and the total schedule. Because the exact FEMA award date cannot be determined, please use a number-based schedule starting with month zero.

**Note: Scope of Work, Timeline and Budget should be aligned by Task**

	Task (add lines for each task)	Start Month	Task Duration (in months)
0	Management Tasks (if Management Costs are requested)	1	18
	Procurement	1	3
	Grant Administration (Reporting, Reimbursements, etc.)	1	18
1	Organize the Planning Effort	2	2
2	Profile the Community & Existing Conditions	4	2
3	Select, Profile and Evaluate Impacts of Hazards of Concern	4	3
4	Assess Capabilities and Integrate Resources	4	4
5	Develop the Mitigation Strategy	7	3
6	Establish the Plan Maintenance Process	12	1
7	Draft and Submit the Plan	9	4
	Draft Plan	9	2
	Submit Plan to DHSES	11	2
	Submit Plan to FEMA, after DHSES approval	13	2
8	Adopt the Plan (County + all participating jurisdictions)	15	3

Total Schedule	
<b>Estimate the total duration of your proposed activities (in months)</b>	18 months
<b>Proposed start date (MM/DD/YYYY)</b>	Date
<b>Proposed end date (MM/DD/YYYY)</b>	Start Date + 18 months

## Budget (HMP, HMP-A, and HMP-E)

Cost estimates should directly link to the scope of work and work schedule.

*Management costs are any indirect cost, any direct administrative cost and any other administrative expense associated with the administration of an HMGP grant. The total amount of management costs cannot exceed 5% of the total cost estimate amount. **FEMA will provide 100 percent federal funding for subrecipient management costs.***

A completed FEMA 20-20 *Non-Construction Budget Form* (included with this subapplication package) must be attached to your subapplication.

### Budget Summary

The budget summary below is typically how FEMA will allocate costs to be included in your contract. This may not cover important details (e.g., details of anticipated hourly labor costs, volunteer time, specific technical needs, etc.), from which the summary is derived.

In addition to the budget summary, please use the Excel spreadsheet, **HMGP Detailed Budget** to outline budget details and/or use another format to provide similarly detailed estimates. A sample alternative detailed budget template is provided: **HMGP HMP App - Appendix B Budget Detail SAMPLE**.

	Cost Item	Federal Share (90%)	Non-Fed Share (10%)	Sub-recipient 5% Management Costs	Total Cost
0	Management Costs			<b>\$7,500</b>	<b>\$7,500</b>
	Procurement			\$3,000	-
	Grant Administration (Reporting, Reimbursements, etc.)			\$4,500	-
1	Organize the Planning Effort	<b>\$5,400</b>	<b>\$600</b>	0	<b>\$6,000</b>
2	Profile the Community & Existing Conditions	<b>\$33,300</b>	<b>\$3,700</b>	0	<b>\$37,000</b>
3	Select, Profile and Evaluate Impacts of Hazards of Concern	<b>\$33,300</b>	<b>\$3,700</b>	0	<b>\$37,000</b>
4	Assess Capabilities and Integrate Resources	<b>\$12,600</b>	<b>\$1,400</b>	0	<b>\$14,000</b>
5	Develop the Mitigation Strategy	<b>\$33,300</b>	<b>\$3,700</b>	0	<b>\$37,000</b>
6	Establish the Plan Maintenance Process	<b>\$7,200</b>	<b>\$800</b>	0	<b>\$8,000</b>
7	Draft and Submit the Plan	<b>\$8,100</b>	<b>\$900</b>	0	<b>\$9,000</b>
8	Adopt the Plan (County + all participating jurisdictions)	<b>\$1,800</b>	<b>\$200</b>	0	<b>\$2,000</b>
	<b>Total Project Cost</b>	<b>\$135,000</b>	<b>\$15,000</b>	0	<b>\$150,000</b>
	<b>Total Management Costs</b>			<b>\$7,500</b>	<b>\$7,500</b>
	<b>Grand Total</b>	<b>\$135,000</b>	<b>\$15,000</b>	<b>\$7,500</b>	<b>\$157,500</b>

### Cost share (HMP, HMP-A, and HMP-E)

Cost share, or non-federal matching funds, are the portion of project costs not paid by federal funds. Hazard mitigation assistance (HMA) funds may be used to pay up to 90% federal share of the eligible activity costs.

Proposed federal vs. non-federal funding shares		
<b>Total Budget</b>	<b>\$157,500</b>	
<b>Proposed federal share</b>	<b>\$135,000</b>	<b>90%</b>
<b>Proposed non-federal share</b>	<b>\$15,000</b>	<b>10%</b>
<b>Proposed Management Costs</b>	<b>\$7,500</b>	<b>100 %</b>

*Non-federal funding share is that portion of the total costs of the program provided by the non-federal entity. It can come in the form of in-kind or donated resources, such as labor or equipment time. Or it can be cash match received from third parties or contributed by the applicant agency. Or it can be combination of the two. Whether in-kind, or cash match, it must be expended during the project period of performance to satisfy the matching requirements*



Non-federal funding source (complete this table for each funding source)			
<b>Non-federal Match Type</b>	<input type="checkbox"/> Cash Match <input checked="" type="checkbox"/> In-kind or donated resources		
<b>Funding source</b>	Municipal personnel labor hours		
<b>Name of source agency</b>	Atlantic County Office of Emergency Services		
<b>Funding amount</b>	<b>\$15,000</b>	<b>Percent non-federal share by source</b>	10%
<b>Funding type</b>	<input type="checkbox"/> Administration <input type="checkbox"/> Cash <input type="checkbox"/> Supplies <input checked="" type="checkbox"/> Labor <input type="checkbox"/> Consulting fees <input type="checkbox"/> Engineering fees <input type="checkbox"/> Program income <input type="checkbox"/> Equipment operation/rental <input type="checkbox"/> Other		
<b>Date of availability</b>	4/1/22	<b>Fund commitment letter</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Please provide any addition comments (optional)</b>	FTE hours including fringe benefit rate. Volunteer match hours at \$33.17 per volunteer hour		
<b>Attachments</b>			

## Social Vulnerability Benefit

Social Vulnerability Index Determination (see: <a href="https://svi.cdc.gov/map.html">https://svi.cdc.gov/map.html</a> )	
<b>Which census tract(s) will be addressed through this planning effort?</b>	
<p>All census tracts in Atlantic County will be addressed through the HMP update though not all census tracts within the County are socially vulnerable. The tracts listed below meet the thresholds for social vulnerability according to the CDC's Social Vulnerability Index.</p>	
<b>Please list all that apply</b>	Tracts 1111, 1112, 1113, 1114
<b>Does the tract(s) have an Overall SVI score &gt; .5 (darkest 2 shades)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>If no, does the tract(s) have a Theme Ranking(s) &gt; .5 (darkest 2 shades)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is the community an economically disadvantaged rural community, also known as small impoverished community? *</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>If no, please describe other factors or indicators that may categorize the project area as a socially vulnerable/disadvantaged community</b>	
<b>If the community is Socially Vulnerable, as identified above, please describe what elements of the planning effort are designed to specifically address the needs of the</b>	

Social Vulnerability Index Determination (see: <https://svi.cdc.gov/map.html>)

**vulnerable area.**

For the proposed 2024 HMP update, the stakeholder and public outreach efforts will focus on engaging people who live, work and/or attend school in socially vulnerable communities as determined by the CDC's SVI to document and assess how they are impacted by the increasing number of hazard events and disasters in the County, a trend that is expected to continue based on climate change projects. Socially vulnerable community members are disproportionately impacted by hazard and climate-related impacts. In Atlantic County, lower-income populations and communities of color are more often concentrated in areas that expose them to climate-related health threats and inequities, as evidenced by the CDC SVI data and FEMA's National Risk Index hazard data for these census tracts. The updated mitigation strategy will aim to address specific and measurable inequities via targeted policies and actions that reduce long term risk due to hazard and climate-related events to people and property in the census tracts listed above.

## How to Apply

- Completed applications must be submitted to DHSES electronically or in hard copy:
  - Electronic Submission: Send to [HazardMitigation@dhses.ny.gov](mailto:HazardMitigation@dhses.ny.gov) by June 1, 2022
  - Hard Copy Submission: Send to the address below post-marked (or time stamped if using 3<sup>rd</sup> party services such as FedEx) by June 1, 2022
    - NYS Division of Homeland Security & Emergency Services  
1220 Washington Avenue, Building 7A  
Attn. Mitigation Section – 3rd Floor  
Albany, New York 12242