**Hazard Mitigation Grant Program (HMGP)**

**Project Scoping/Advance Assistance Subapplication**

| **Subapplicant Name** |  | | |
| --- | --- | --- | --- |
| **Subapplication Title** |  | | |
| **Total Project Cost** | $ | **Federal Share** | $ |
| **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)** | | | |
|  | | | |

Contact Information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Subrecipient Authorized Representative (SAR) – individual authorized to sign certifications | | | | | | |
| **Name** |  | | | | | |
| **Title** |  | | | | | |
| **Agency/Organization** |  | | | | | |
| **Primary Phone** |  | **Type** | Home  Work  Mobile | | | |
| **Secondary Phone** |  | **Type** | Home  Work  Mobile | | | |
| **Email** |  | | | | | |
| **Address line 1** |  | | | | | |
| **Address line 2** |  | | | | | |
| **City** |  | **State** | |  | **Zip** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Point of Contact (POC) – individual to be contacted for additional information | | | | | | | |
| **Name** |  | | | | | | |
| **Title** |  | | | | | | |
| **Agency/Organization** |  | | | | | | |
| **Primary Phone** |  | **Type** | | Home  Work  Mobile | | | |
| **Secondary Phone** |  | **Type** | | Home  Work  Mobile | | | |
| **Email** |  | | | | | | |
| **Address line 1** |  | | | | | | |
| **Address line 2** |  | | | | | | |
| **City** |  | | **State** | |  | **Zip** |  |

Subapplicant Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Subapplicant |  | | | |
| **Type of Subapplicant** | State Government  Local Government  Indian Tribal Government  Special Governmental District  Private Non-Profit  Other (please specify) | | | |
| **City/Town/Village** |  | | | |
| **County** |  | | | |
| **FIPS Code** |  | **DUNS Number** | |  |
| **US Congressional District(s)** |  | **Federal Tax ID Number** | |  |
| **Is Subapplication subject to review by Executive Order 12372 Process? For more information, visit** [**www.epa.gov**](http://www.epa.gov) | | | | |
| Yes  No, program is not covered by E.O. 12372  No, program has not been selected by state for review | | | | |
| **If Yes, date application was made available to the E.O. 12372 Process.** | | |  | |
| **Is the Subapplicant delinquent on any Federal debt?** | | | Yes  No | |
| ***If yes, please explain:*** |  | | | |

Current Mitigation Plan

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Mitigation plan information | | | | | | | |
| **Is the subapplicant covered by a current FEMA approved multi-hazard mitigation plan in compliance with 44 CFR Part 201?** | | | | | | | Yes  No |
| ***If Yes, please provide plan information:*** | | | | | | | |
| **Plan Name** |  | | | | | | |
| **Plan Type** | State Hazard Mitigation Plan  Local Hazard Mitigation Plan  Local Multijurisdictional Hazard Mitigation Plan  Tribal Hazard Mitigation Plan  Tribal (Local) Hazard Mitigation Plan  Tribal (Local) Multijurisdictional Hazard Mitigation Plan | | | | | | |
| **Plan Approval Date** | |  | **Plan Adoption Date** |  | **Plan Expiration Date** |  | |
| **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** | | | | | | | |
|  | | | | | | | |

Community

*Please identify the community(ies) that will benefit from this mitigation activity.*

|  |  |
| --- | --- |
| Communities (add and complete this table **for each** benefitting community, if more than one) | |
| **Community Name** |  |
| **County Name** |  |
| **CID Number** (<https://www.fema.gov/cis/NY.pdf>) |  |
| **CRS Community** | Yes  No |
| **CRS Rating** | 1  2  3   4  5  6  7  8  9 10 |
| **Provide any additional comments and/or reference to applicable attachments (optional)** | |
|  | |

Scope of Work

*The project Scope of Work (SOW) identifies the eligible activity, describes what will be accomplished (tasks, deliverables, etc.) and explains how the mitigation activity will be implemented (timeline, milestones, etc.). The mitigation activity must be described in sufficient detail to verify the cost estimate. All activities for which funding is requested must be identified in the SOW prior to the close of the application period.*

|  |  |
| --- | --- |
| Proposed Activity | |
| **Activity Types**   * Conduct meetings, outreach and coordination with Subapplicants and community residents * Develop or conduct engineering, environmental, feasibility and/or benefit cost analyses * Activities supporting development of applications * Evaluate facilities to identify mitigation activities * Staffing and/or resources to develop cost share strategy * Other (must specify) | |
| **Primary Activity Type** |  |
| **Secondary Activity Type (optional)** |  |
| **Tertiary Activity Type (optional)** |  |
| **Geographic Area(s) Description**  *Supply geographic information that is as detailed as possible about the project being scoped.* | |
|  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Hazards (*Identify the hazard type that will be mitigated by the project being scoped)* | | | | | |
| * Avalanche * Coastal Hazards * Cold Wave * Drought * Earthquake | * Flooding * Hail * Heat Wave * Hurricane (Tropical Storm) | * Ice Storm * Lightning * Landslide * Pandemic\* * Snowstorm * Tornado | * Tsunami * Wildfire Wind * Other   (must specify) | **Primary Hazard** |  |
| **Secondary Hazard (optional)** |  |
| **Tertiary Hazard (optional)** |  |

*\*Currently, mitigating risk to this hazard is only eligible for HMGP as secondary to another natural hazard.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [Community Lifelines](https://www.fema.gov/emergency-managers/practitioners/lifelines) (<https://www.fema.gov/emergency-managers/practitioners/lifelines>)  *Community Lifelines are the fundamental services in the community that, when stabilized, enable all other aspects of society to function. Mitigating the loss of lifelines improves a community’s resilience. Identify at least one community lifeline applicable to the proposed project.* | | | | |
| **Safety and Security**  Law Enforcement/Security  Community Safety  Search and Rescue  Fire service  Government Service | **Communications**  Infrastructure  Responder communications  Alerts, warnings, messages  Finance  911 and dispatch | **Transportation**  Highway/roadway/motor vehicle  Mass transit  Railway  Aviation  Maritime | **Primary Lifeline** |  |
| **Sub-lifeline** |  |
| **Secondary Lifeline (optional)** |  |
| **Food, Water, Shelter**  Food  Water  Shelter  Agriculture  **Energy**  Power grid  Fuel | **Hazardous Materials**  Facilities  HAZMAT, pollutants, contaminants | **Health and Medical**  Medical care  Public health  Patient movement  Medical supply chain  Fatality management | **Secondary Sub- lifeline** |  |
| **Tertiary Lifeline (optional)** |  |
| **Tertiary Sub- lifeline** |  |

|  |  |
| --- | --- |
| Details |  |
| **What is the scope of work of the proposal?** *Provide as much information as possible that explains the need for the project, including the location, the problem, the mitigation solution being scoped, and who will be doing the project scoping. The scope of work should state whether the project scoping effort will result in a complete project subapplication.* | |
|  | |
| **What agency or individual will manage and complete the mitigation activity?** *Explain how the project scoping process will be managed. For example, will a local community supply staff as a project manager to oversee the progress? Explain whether existing or hired staff will be used. Name resources, which refers to equipment and supplies.* | |
|  | |
| **How will other risks to the project area be considered?** *Describe risks from the same hazard being mitigated or from other hazards that will need to be addressed during the project scoping process.* | |
|  | |
| **What alternatives will be considered?** *Name and provide a description of other projects that could mitigate the problem and explain why those were not selected for project scoping.* | |
|  | |
| **Provide any additional comments and/or reference to applicable attachments (optional)** | |
|  | |

Social Vulnerability Benefit

|  |  |  |
| --- | --- | --- |
| Social Vulnerability Index Determination (see: <https://svi.cdc.gov/map.html>) | |  |
| **In which census tract(s) is the project or benefiting/impact area located in?** | | |
| **Please list all that apply** |  | |
| **Does the tract(s) have an Overall SVI score > .5 (darkest 2 shades)?** | | Yes  No |
| **If no, does the tract(s) have a Theme Ranking(s) > .5 (darkest 2 shades)?** | | Yes  No |
| **Is the community an economically disadvantaged rural community, also known as small impoverished community? \*** | | Yes  No |
| **If no, please describe other factors or indicators that may categorize the project area as a socially vulnerable/disadvantaged community** | | |
|  | | |
| *\* ≤ 3,000 individuals having an average annual per capita income ≤ 80% of the national per capita income, based on best available data.* | | |

Timeline/Schedule

|  |  |  |  |
| --- | --- | --- | --- |
|  | Task (add lines for each task) | Start Month | Task Duration (in months) |
| 0 | Management Costs |  |  |
|  | Procurement |  |  |
|  | Grant Administration (reporting, reimbursements, etc.) |  |  |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |

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.

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

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

Budget

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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Cost Item | Total Cost | Federal Share (90%) | Non-Fed Share (10%) |
| 0 | Management Costs |  | ***100%*** |  |
|  | Procurement |  |  |  |
|  | Grant Administration (Reporting, Reimbursements, etc.) |  |  |  |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
|  | **Total Project Cost** |  |  |  |
|  | **Total Management Costs** |  | ***100%*** |  |
|  | **Grand Total** |  |  |  |

Cost share

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** | | |
| **Total Budget** | **$** | |
| **Proposed federal share** | **$** | **%** |
| **Proposed non-federal share** | **$** | **%** |

*Non-federal funding share is that portion of the total costs of the program provided by the non-federal entity in the form of in-kind donations or cash match received from third parties or contributed by the agency. In-kind contributions must be provided and/or cash expended during the project period of performance to satisfy the matching requirements.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Non-federal funding source (complete this table for each funding source)** | | | | | |
| **Funding source** |  | | | | |
| **Name of source agency** |  | | | | |
| **Funding amount** | **$** | **Percent non-federal share by source** | | % | |
| **Funding type** | Administration  Cash  Supplies  Labor  Consulting fees  Engineering fees  Program income  Equipment operation/rental  Other | | | | |
| **Date of availability** |  | | **Fund commitment letter** | | Yes  No |
| **Provide any additional comments and/or reference to applicable attachments (optional)** | | | | | |
|  | | | | | |

Evaluation

*While traditionally not required for HMGP, this information supports ranking of applications submitted to FEMA’s BRIC and FMA programs and may be considered for HMGP.*

|  |  |
| --- | --- |
| Evaluation |  |
| **Is the applicant a** [**Cooperating Technical Partner (CTP)?**](https://www.fema.gov/cooperating-technical-partners-program)[**https://www.fema.gov/cooperating-technical-partners-program**](https://www.fema.gov/cooperating-technical-partners-program) | Yes  No |
| **Has the recipient adopted building codes consistent with the** [**International Codes?**](https://www.iccsafe.org/advocacy) [**https://www.iccsafe.org/advocacy**](https://www.iccsafe.org/advocacy) | Yes  No |
| **If Yes, please provide the building code and applicable year.** |  |
| **Have the applicant's building codes been assessed on the**  [**Building Code Effectiveness Grading Schedule (BCEGS))?**](http://www.isomitigation.com/bcegs)  [**http://www.isomitigation.com/bcegs**](http://www.isomitigation.com/bcegs) | Yes  No |
| **If Yes, what is their BCEGS rating?** | 1  2  3  4  5  6  7  8  9 10 |
| **Describe involvement of partners to enhance the mitigation activity outcome.** | |
|  | |
| **Discuss how anticipated future conditions are addressed by this project.** | |
|  | |
| **Provide any additional comments and/or reference to applicable attachments (optional)** | |
|  | |

How to Apply

* Completed applications must be submitted to DHSES electronically or in hard copy:
  + Electronic Submission: Send to [HMGP4480@dhses.ny.gov](mailto:HMGP4480@dhses.ny.gov) on or before June 1, 2022.
  + Hard Copy Submission: Send to the address below post-marked (or time stamped if using 3rd party services such as FedEx) by June 1, 2022
    - NYS Division of Homeland Security & Emergency Services

1220 Washington Avenue, Building 7A

Attn Mitigation Section – 8th Floor

Albany, NY 12242