**Hazard Mitigation Grant Program (HMGP)**

 **Planning Subapplication**

| **Subapplicant**  |  |
| --- | --- |
| **Subapplication Title**  |  |
| **Subapplication Type** | [ ]  Formal Hazard Mitigation Plan or Plan Update (HMP) [ ]  Hazard Mitigation Planning-Related Activities (HMP-A)[ ]  Hazard Mitigation Planning-Plan Enhancements (HMP-E) |
| *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.* |
| **Total Project Cost** | $ | **Federal Share** | $ |
| **Management Costs (up to 5% of the total project)** | $ |
| **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 (HMP, HMP-A, and HMP-E)

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| --- |
| 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 (HMP, HMP-A, and HMP-E)

|  |  |
| --- | --- |
| 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 (HMP, HMP-A, and HMP-E)

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| --- |
| 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** |
|  |

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>); 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  |
| **Primary Activity** | [ ]  New Formal Hazard Mitigation Plan[ ]  Formal Hazard Mitigation Plan Update[ ]  Hazard Mitigation Planning-Related activities[ ]  Hazard Mitigation Planning-Plan Enhancements |
| **HMP-A: select a Sub-activity**<https://www.fema.gov/sites/default/files/documents/fema_hma-planning-related-activities_factsheet.pdf>  |
| [ ]  Building capability through delivery of technical assistance and training[ ]  Evaluating the adoption/implementation of codes and ordinances that reduce risk and/or increase resilience to future hazards[ ]  Other |
| **HMP-E: select a Sub-activity**<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. |
|  |

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.

1. Jurisdiction Name (for all participating and including the County)
2. Population to be covered by the plan
3. Name of Hazard Mitigation Coordinator (County) or Floodplain Coordinator/Manager (municipal)
4. Is the community a participant in good standing with the National Flood Insurance Program (NFIP)?
5. CID Number of Community (<https://www.fema.gov/cis/NY.pdf>)
6. 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 |  |  |  | [ ]  Y [ ]  N [ ]  NA |  | [ ]  Y [ ]  N |  |
| 2 |  |  |  | [ ]  Y [ ]  N [ ]  NA |  | [ ]  Y [ ]  N |  |
| 3 |  |  |  | [ ]  Y [ ]  N [ ]  NA |  | [ ]  Y [ ]  N |  |
| 4 |  |  |  | [ ]  Y [ ]  N [ ]  NA |  | [ ]  Y [ ]  N |  |
| 5 |  |  |  | [ ]  Y [ ]  N [ ]  NA |  | [ ]  Y [ ]  N |  |
| 6 |  |  |  | [ ]  Y [ ]  N [ ]  NA |  | [ ]  Y [ ]  N |  |
| 7 |  |  |  | [ ]  Y [ ]  N [ ]  NA |  | [ ]  Y [ ]  N |  |
| 8 |  |  |  | [ ]  Y [ ]  N [ ]  NA |  | [ ]  Y [ ]  N |  |
| 9 |  |  |  | [ ]  Y [ ]  N [ ]  NA |  | [ ]  Y [ ]  N |  |
| 10 |  |  |  | [ ]  Y [ ]  N [ ]  NA |  | [ ]  Y [ ]  N |  |
| 11 |  |  |  | [ ]  Y [ ]  N [ ]  NA |  | [ ]  Y [ ]  N |  |
| 12 |  |  |  | [ ]  Y [ ]  N [ ]  NA |  | [ ]  Y [ ]  N |  |
| 13 |  |  |  | [ ]  Y [ ]  N [ ]  NA |  | [ ]  Y [ ]  N |  |
| 14 |  |  |  | [ ]  Y [ ]  N [ ]  NA |  | [ ]  Y [ ]  N |  |
| 15 |  |  |  | [ ]  Y [ ]  N [ ]  NA |  | [ ]  Y [ ]  N |  |
| 16 |  |  |  | [ ]  Y [ ]  N [ ]  NA |  | [ ]  Y [ ]  N |  |
| 17 |  |  |  | [ ]  Y [ ]  N [ ]  NA |  | [ ]  Y [ ]  N |  |
| 18 |  |  |  | [ ]  Y [ ]  N [ ]  NA |  | [ ]  Y [ ]  N |  |
| 19 |  |  |  | [ ]  Y [ ]  N [ ]  NA |  | [ ]  Y [ ]  N |  |
| 20 |  |  |  | [ ]  Y [ ]  N [ ]  NA |  | [ ]  Y [ ]  N |  |
| **Provide any additional comments and/or reference to applicable attachments (optional)** |
|  |

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 | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Coastal Hazards | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Cold Wave | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Drought | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Earthquake | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Flooding | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Hail | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Heat Wave | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Hurricane | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Ice Storm | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Landslide | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Lightning | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Snowstorm | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Tornado | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Tsunami/Seiche | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Wildfire | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Wind | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Other: | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Other: | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  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 Costs (if being requested) |  |  |
|  |  Procurement |  |  |
|  |  Grant Administration (Reporting, Reimbursements, etc.) |  |  |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |

|  |
| --- |
| 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 (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.

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

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**  |
| **Total Budget**  | **$** |
| **Proposed federal share** | **$** | **%** |
| **Proposed non-federal share** | **$** | **%** |
| **Proposed Management Costs**  | **$** | **100 %** |

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 contributions (professional services, labor, etc.) or cash match received from third parties or contributed by the entity. In-kind contributions must be provided and/or cash expended during the project period of performance to satisfy 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)** |
|  |

Social Vulnerability Benefit

|  |  |
| --- | --- |
| Social Vulnerability Index Determination (see: <https://svi.cdc.gov/map.html>)  |  |
| **Which census tract(s) will be addressed through this planning effort?** |
| **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** |
|  |
| **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 vulnerable area.** |
|  |
| *\* ≤ 3,000 individuals having an average annual per capita income ≤ 80% of the national per capita income, based on best available data.* |

How to Apply

* Completed applications must be submitted to DHSES electronically or in hard copy:
	+ Electronic Submission: Send to HMGP4480@dhses.ny.gov by 5:00pm,

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, New York 12242