**Hazard Mitigation Grant Program (HMGP)**

**Project Subapplication**

| **Subapplicant** |  | | |
| --- | --- | --- | --- |
| **Subapplication Title** |  | | |
| **Total Project Cost** | $ | **Federal Share** | $ |
| **If a subapplication for this project 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(s) 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 a 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** | | | | | | | |
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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>) |  |
| **Community Rating System (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)** | |
|  | |

Description of Existing Conditions (Problem Statement)

Describe existing conditions that have produced past events, or may produce future events, that your project is intended to mitigate. Provide a detailed description of the existing conditions and the frequency with which damages occur or the expected damages that may occur if unmitigated. Describe the location, source of the hazard, and the history and extent of the damage (provide dates, type, and magnitude of known events) For future damage, include data to support the predicted future affects. Include newspaper articles, insurance records, scientific studies, and other documentation as necessary.

Please include sketches and/or photographs to help describe the problem, but **do not describe the proposed solution in this section.** Use additional sheets as necessary, or start typing here:

Scope of Work

*The project Scope of Work (SOW) identifies the eligible activity, describes what will be accomplished and explains how the mitigation activity will be implemented. 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.*

|  |  |  |  |
| --- | --- | --- | --- |
| Activity Type | | | |
| * 5% Initiative\* * Acquisition and Demolition * Acquisition and Relocation * Dry Floodproofing * Elevation * Flood Risk Reduction * Generator * Mitigation Reconstruction | * Post Disaster Code Enforcement† * Saferoom/Shelter * Soil Stabilization * Structural/Nonstructural Retrofit * Utility & Infrastructure Protection * Other (must specify) | **Primary activity type** |  |
| **Secondary activity type (optional)** |  |
| **Tertiary activity type (optional)** |  |

\* Requires a narrative Benefit Cost Analysis per FEMA Hazard Mitigation Assistance Guidance 2015 VIII. A14 (p112)

† Does not require a Benefit Cost Analysis

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| 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 & 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** |  |

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| Project Details | |  |
| **Is this a phased project?** *If yes, you must include a budget breakdown per phase.* | | Yes  No |
| **If yes, does it meet HMA Guidance A.13 (page 110) requirements?** | | ☐ Yes ☐ No |
| **Are you doing construction in this project?** | | Yes  No |
| **If yes, what methods of construction and equipment will be used?** | | |
|  | | |
| **Population affected** | | % |
| **Detail/description of stated percentage** | | |
|  | | |
| **Provide a clear and detailed description of your proposed activity, including how the activity will be implemented.** | | |
|  | | |
| **Describe how the project is technically feasible and will be effective in reducing risk by reducing or eliminating damage to property and/or loss of life in the project area.**  *Please include engineering design parameters and references to the following: preliminary schematic or engineering drawings/design; topography map, wetlands inventory map, and soils classification map; applicable building codes; engineering and/or best practices; level of protection (e.g., life safety, 1% chance flood protection with freeboard, 100-yr wind design, etc.).* | | |
|  | | |
| **Who will manage and complete the mitigation activity?** | | |
|  | | |
| **Will the project address the hazards identified and what risks will remain from all hazards after project implementation (residual risk)?** | | |
|  | | |
| **What is the useful life of this project?** |  | |
| **Please identify any long-term maintenance required, the entity that will perform, and provide a maintenance schedule and cost information.**  *The subapplicant or owner of the area to be mitigated is responsible for maintenance (including costs of long-term care) after the project is completed.* | | |
|  | | |
| **Provide any additional comments and/or reference to applicable attachments (optional)** | | |
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| Project Alternatives |  |
| **Explain why this project is the best alternative. What alternatives were considered to address the risk and why was the proposed activity considered the best alternative? Include the estimated cost of each alternative.**  The Alternatives identified in this section should be actual project options that can be considered if the proposed project options do not meet eligibility criteria or requirement. | |
|  | |

Duplication of Programs

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| --- | --- | --- |
| Duplication of Programs | |  |
| **Has this project been submitted for any other funding opportunities?** | | Yes  No |
| **If yes, please specify** |  | |
| **Is this project eligible under another federal program?** | | Yes  No |
| **If yes, please specify** |  | |
| **Provide any additional comments and/or reference to applicable attachments (optional)** | | |
|  | | |

Location

|  |  |
| --- | --- |
| Project Location |  |
| **Provide a detailed description of the proposed project's location.**  Please add additional lines for coordinates for projects to be implemented at multiple site locations. | |
|  | |
| **Latitude (e.g. 42.740071)** |  |
| **Longitude (e.g. -75.458961)** |  |
| **Provide any additional comments and/or reference to applicable attachments (must include a map of the project location)**  The project site location (s) Flood Insurance Rate Map (FIRM) should be included as an attachment to all projects/or a note indicating the project is not located in the Special Flood Hazard Area. | |
|  | |

|  |  |
| --- | --- |
| Project Benefiting and Impact Area |  |
| **Provide a detailed description of the proposed project's benefiting/impact area** | |
|  | |
| **Identify major waterways and roads surrounding the benefiting/impact area** | |
|  | |
| **Provide any additional comments and/or reference to applicable attachments** | |
|  | |

|  |  |
| --- | --- |
| Project Site Inventory |  |
| **Does this project subapplication propose to mitigate a property/structure(s)?**  *(Examples: residential home, commercial building, bridge, fire station, levee, pumping station, wastewater treatment plant, telephone pole, electric line, etc.)* | Yes  No |
| **If Yes, do you know the location of the structure?** | Yes  No |
| **If Yes, include any project photos that would be useful in observing the mitigation capabilities being installed**  *(Include two sets of photos, one taken away from the middle of site looking outward, and one taken from the site’s edges looking inward)* | |

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 | Duration (in months) |
| 0 | Management Costs |  |  |
|  | Procurement |  |  |
|  | Grant Administration (reporting, reimbursements, etc.) |  |  |
| 1 | *Example: Engineering Design* | *2* | *3* |
| 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. 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*

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

A completed FEMA 20-15 Construction Budget Form (included with this subapplication package) must be attached to your subapplication.

*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 separate FEMA 20-15 Construction Budget Form must be completed for subrecipient management costs.**

**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 | Non-Fed Share |
| 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

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** | **$** | **%** |

*Under HMGP, the total cost to implement the approved mitigation activity is funded by a combination of 90% Federal and 10% non-Federal sources. Both the Federal and the non-Federal cost shares must be for eligible costs used in direct support of the approved activity. Contributions of cash, in-kind services, materials, or any combination thereof, may be accepted as part of the non-Federal cost share. To meet 10% cost-sharing requirements, the non-Federal contributions must be verifiable from the Subapplicant’s records, reasonable, allowable, allocable, and necessary under the grant program and must comply with all Federal requirements and regulations.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Non-federal funding source (complete this table for each funding source)** | | | | | |
| **Non-federal Match Type** | Cash Match  Subapplicant In-kind | | | | |
| **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 |
| **Please provide any addition comments (optional)** |  | | | | |
| **Attachments** |  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Non-federal funding source (complete this table for each funding source)** | | | | | |
| **Non-federal Match Type** | Cash Match  Subapplicant In-kind | | | | |
| **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 |
| **Please provide any addition comments (optional)** |  | | | | |
| **Attachments** |  | | | | |

Cost-Effectiveness

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Cost-Effectiveness** | | | | | |
| **How was cost-effectiveness determined for this project?** | | | | | |
| **Methodology** | | **Required Documentation** | | | |
| BCA completed in FEMA’s BCA toolkit | | (Must attach the export file, zip file, pdf file, and other supporting documentation)  FEMA’s BCA Tool is available on the Benefit Cost-Analysis web page: <https://www.fema.gov/grants/guidance-tools/benefit-cost-analysis>  Acceptable sources of the documentation are listed in the help content of the BCA Tool. Examples include an elevation certificate that shows the base flood elevation for a building, the square footage of a structure being mitigated, and itemized project costs and maintenance costs.  For complex BCA methodologies, narrative explanation of the methods and assumptions used to complete the BCA | | | |
| Pre-calculated benefits | | The “Pre-Calculated Benefits” section of FEMA’s BCA page: <https://www.fema.gov/grants/guidance-tools/benefit-cost-analysis>  Acquisitions in the special flood hazard area  Elevations in the special flood hazard area  Mitigation reconstruction in the special flood hazard area  Residential hurricane wind retrofits  Individual tornado safe rooms  Non-residential hurricane wind retrofits  Post-wildfire mitigation | | | |
| Substantial Damage in Special Flood Hazard Area | | Documentation from a local official, typically the local floodplain administrator | | | |
| Other BCA methodology approved by FEMA in writing | | Written approval from FEMA HQ | | | |
| ☐ 5% Initiative Project | | Include a narrative that indicates that there is a reasonable expectation  that future damage or loss of life or injury will be reduced or prevented by the activity. | | | |
| Not applicable (N/A) | | Explanation (i.e., Post-Disaster Code Enforcement) | | | |
| **What are the total project benefits?** | **$** | | **What is the total project cost?** | **$** | |
| **What is the benefit cost ratio (BCR) for the entire project?** | | | | |  |
| **Was sea level rise incorporated into the flood elevations in the BCA?** | | | | | Yes  No |
| **Were environmental benefits added to the project benefits?** | | | | | Yes  No |
| **Were social benefits added to the project benefits?** | | | | | Yes  No |
| **Does the mitigation measure incorporate nature-based solutions?** | | | | | Yes  No |
| **Please provide any additional comments and reference to attachments.** | | | | | |
|  | | | | | |

Environmental/Historic Preservation (EHP) Review Information

*An environmental/historic preservation review is required for all activities for which FEMA funds are being requested. FEMA will complete this review with the assistance of both applicant and subapplicant. Accurate information is important. If you need help, please contact us.*

|  |  |  |
| --- | --- | --- |
| A. National Historic Preservation Act - Historic Buildings and Structures | | |
| **Does your project affect or is it in close proximity to any buildings or structures 50 years or more in age?** | | Yes  No  Not known |
| **If Yes, confirm that you have provided the following:**  The property address and original date of construction for each property affected (unless this information is already noted in the Properties section).  A minimum of two (2) color photos showing at least three sides of each structure ***including their primary facades, unobstructed by vegetation, if possible****.*  A diagram or USGS 1:24,000 scale quadrangle map displaying the relationship of the property(s) to the project area. | | |
| **If Yes, to help FEMA evaluate the impact of the project, indicate any other information you are providing.**  Information gathered about potential historic properties in the project area, incl. any evidence indicating the age of the building/structure and presence of buildings/ structures that are listed or eligible for listing on the National Register of Historic Places or within or near a National Register listed or eligible historic district. Sources for this information may include the State Historic Preservation Officer, and/or the Tribal Historic Preservation Officer (SHPO/THPO), your local planning office, historic preservation organization, or historical society.  Consideration of how the project design will minimize adverse effects on known or potential historic buildings or structures, and any alternatives considered or implemented to avoid or minimize effects on historic buildings or structures. Please address and note associated costs in your project budget.  For acquisition/demolition projects affecting historic buildings or structures, any data regarding the consideration and feasibility of elevation, relocation, or flood proofing as alternatives to demolition.  Attached materials or additional comments. | | |
| **If Yes or Not Known, please provide an explanation and any information about this project that could assist FEMA in its review. (optional)** | | |
|  | | |
| **Attachments** |  | |

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| --- | --- | --- |
| B. National Historic Preservation Act - Archeological Resources | | |
| **Does your project involve disturbance of ground?** | | Yes  No  Not known |
| **If Yes, confirm that you have provided the information below.**  A description of the ground disturbance by giving the dimensions (area, volume, depth, etc.) and location.  The past use of the area to be disturbed, noting the extent of previously disturbed ground.  A USGS 1:24,000 scale or other site map showing the location and extent of ground disturbance. | | |
| **If Yes, to help FEMA evaluate the impact of the project, indicate any other information you are providing.**  Any information about potential historic properties, incl. archeological sites, in the project area. Sources of this information may include SHPO/THPO, and/or the Tribe's cultural resources contact if no THPO is designated. Include, if possible, a map showing the relation of any identified historic properties to the project area.  Attached materials or additional comments. | | |
| **If Yes or Not Known, please provide an explanation and any information about this project that could assist FEMA in its review. (optional)** | | |
|  | | |
| **Attachments** |  | |

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| --- | --- | --- |
| C. Endangered Species Act and Fish and Wildlife Coordination Act | | |
| **Are Federally listed threatened or endangered species or their critical habitat present in the area affected by the project?** | | Yes  No  Not known |
| **If Yes, please confirm that you have provided the information below.**  Information you obtained to identify species in or near the project area. Provide the source and date of the information cited. | | |
| **If Yes, to help FEMA evaluate the impact of the project, indicate any other information you are providing.**  Any request for information and associated response from the USFWS, the National Marine Fisheries Service (NMFS) (for affected ocean-going fish), or your State Wildlife Agency, regarding potential listed species present and potential of the project to impact those species.  Attached materials or additional comments. | | |
| **If Yes or Not Known, please provide an explanation and any information about this project that could assist FEMA in its review. (optional)** | | |
|  | | |
| **Does your project remove or affect vegetation?** | | Yes  No  Not known |
| **If Yes, please confirm that you have provided the information below by selecting each checkbox.**  Description of the amount (area) and type of vegetation to be removed or affected.  A site map showing the project area and the extent of vegetation affected.  Photos or digital images that show both the vegetation affected and the vegetation in context of its surroundings. | | |
| **If Yes, to help FEMA evaluate the impact of the project, indicate any other information you are providing.**  Attached materials or additional comments. | | |
| **If Yes or Not Known, please provide an explanation and any information about this project that could assist FEMA in its review. (optional)** | | |
|  | | |
| **Is your project in, near (within 200 feet), or likely to affect any type of waterway or body of water?** | | Yes  No  Not known |
| **If Yes, and project is not within an existing building, confirm that you have provided the following:**  A USGS 1:24,000 scale quadrangle map showing the project activities in relation to all nearby water bodies (within 200 feet).  Any information about the type of water body nearby including: its dimensions, the proximity of the project activity to the water body, and the expected and possible changes to the water body, if any. Identify all water bodies regardless whether you think there may be an effect  A photograph or digital image of the site showing both the body of water and the project area. | | |
| **If Yes, to help FEMA evaluate the impact of the project, indicate any other information you are providing.**  Evidence of any discussions with the US Fish and Wildlife Service (USFWS), and/or your State Wildlife Agency concerning any potential impacts if there is the potential for the project to affect any water body.  Attached materials or additional comments. | | |
| **If Yes or Not Known, please provide an explanation and any information about this project that could assist FEMA in its review. (optional)** | | |
|  | | |
| **Attachments** |  | |

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| --- | --- | --- |
| D. Clean Water Act, Rivers & Harbors Act, & Executive Order 11990 (Protection of Wetlands) | | |
| **Will the project involve dredging or disposal of dredged material, excavation, adding fill material or result in any modification to water bodies or wetlands designated as "waters of the U.S" as identified by the US Army Corps of Engineers or on the National Wetland Inventory?** | | Yes  No  Not known |
| **If Yes, please confirm that you have provided the information below by selecting each checkbox.**  Documentation of the project location on a USGS 1:24,000 scale topographic map or image  A copy of a National Wetlands Inventory map or other available wetlands mapping information. | | |
| **If Yes, to help FEMA evaluate the impact of the project, indicate any other information you are providing.**  Request for information and response letter from the US Army Corps of Engineers and/or State resource agencies regarding the potential for wetlands, and applicability of permitting requirements.  Evidence of alternatives considered to eliminate or minimize impacts to wetlands.  Attached materials or additional comments. | | |
| **If Yes or Not Known, please provide an explanation and any information about this project that could assist FEMA in its review. (optional)** | | |
|  | | |
| **Attachments** |  | |

|  |  |  |
| --- | --- | --- |
| E. Executive Order 11988 (Floodplain Management) | | |
| **Does a Flood Insurance Rate Map (FIRM), Flood Hazard Boundary Map (FHBM), hydrologic study, or some other source indicate that the project is located in or will affect the 1% chance (100-year) floodplain, the .2% chance (500-year) floodplain if a critical facility, an identified regulatory floodway, or an area prone to flooding?** | | Yes  No  Not known |
| **If Yes, please indicate and/or provide any documentation to identify the means or the alternatives considered to eliminate or minimize impacts to floodplains (See the 8-step process found in 44 CFR Part 9.6.) to help FEMA evaluate the impact of the project.** | | |
|  | | |
| **If Yes or Not Known, please provide an explanation and any information about this project that could assist FEMA in its review. (optional)** | | |
|  | | |
| **Does the project alter a watercourse, water flow patterns, or a drainage way, regardless of its floodplain designation?** | | Yes  No  Not known |
| **If Yes, indicate any other information you are providing to help FEMA evaluate the impact of the project.**  Hydrologic/hydraulic information from a qualified engineer to demonstrate how drainage and flood flow patterns will be changed and to identify down and upstream effects.  Request for information and response letter from the State water resource agency, if applicable, with jurisdiction over modification of waterways.  Attached materials or additional comments. | | |
| **If Yes or Not Known, please provide an explanation and any information about this project that could assist FEMA in its review. (optional)** | | |
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| **Attachments** |  | |

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| --- | --- | --- |
| F. Coastal Zone Management Act | |  |
| **Is the project located in the State's designated coastal zone?** | | Yes  No  Not known |
| **If Yes, indicate any other information you are providing to help FEMA evaluate the impact of the project.**  Information resulting from contact with the appropriate State agency that implements the coastal zone management program regarding the likelihood of the project’s consistency with the State’s coastal zone plan and any potential requirements affecting the cost or design of the proposed activity.  Attached materials or additional comments. | | |
| **If Yes or Not Known, please provide an explanation and any information about this project that could assist FEMA in its review. (optional)** | | |
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| **Attachments** |  | |

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| --- | --- | --- |
| G. Farmland Protection Policy Act | |  |
| **Will the project convert more than 5 acres of “prime or unique” farmland outside city limits to a non-agricultural use?** | | Yes  No  Not known |
| **If Yes or Not Known, please provide an explanation and any information about this project that could assist FEMA in its review. (optional)** | | |
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| **Attachments** |  | |

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| --- | --- | --- |
| H. Resource Conservation & Recovery Act (RCRA) and Comprehensive Environmental Response Compensation and Liability Act (CERCLA) (Hazardous and Toxic Materials) | | |
| **Is there a reason to suspect there are contaminants from a current or past use on the property associated with the proposed project?** | | Yes  No  Not known |
| **If Yes, indicate any other information you are providing to help FEMA evaluate the impact of the project.**  Results of any consultations with State or local agency to obtain permit with requirements for handling, disposing of or addressing the effects of hazardous or toxic materials related to project implementation.  Comments and any relevant documentation.  Attached materials or additional comments. | | |
| **If Yes or Not Known, please provide an explanation and any information about this project that could assist FEMA in its review. (optional)** | | |
|  | | |
| **Are there any studies, investigations, or enforcement actions related to the property associated with the proposed project?** | | Yes  No  Not known |
| **If Yes, indicate any other information you are providing to help FEMA evaluate the impact of the project.**  Results of any consultations with State or local agency to obtain permit with requirements for handling, disposing of or addressing the effects of hazardous or toxic materials related to project implementation.  Comments and any relevant documentation.  Attached materials or additional comments. | | |
| **If Yes or Not Known, please provide an explanation and any information about this project that could assist FEMA in its review. (optional)** | | |
|  | | |
| **Does any project construction or operation activities involve the use of hazardous or toxic materials?** | | Yes  No  Not known |
| **If Yes, indicate any other information you are providing to help FEMA evaluate the impact of the project.**  Results of any consultations with State or local agency to obtain permit with requirements for handling, disposing of or addressing the effects of hazardous or toxic materials related to project implementation.  Comments and any relevant documentation.  Attached materials or additional comments. | | |
| **If Yes or Not Known, please provide an explanation and any information about this project that could assist FEMA in its review. (optional)** | | |
|  | | |
| **Do you know if any of the current or past land-uses of the property affected by the proposed project or of the adjacent properties are associated with hazardous or toxic materials?** | | Yes  No  Not known |
| **If Yes, please indicate below any other information you are providing to help FEMA evaluate the impact of the project.**  Results of any consultations with State or local agency to obtain permit with requirements for handling, disposing of or addressing the effects of hazardous or toxic materials related to project implementation.  Comments and any relevant documentation.  Attached materials or additional comments. | | |
| **If Yes or Not Known, please provide an explanation and any information about this project that could assist FEMA in its review. (optional)** | | |
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| **Attachments** |  | |

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| --- | --- | --- |
| I. Executive Order 12898, Environmental Justice for Low Income & Minority Populations | | |
| **Are there low income or minority populations in the project’s area of effect or adjacent to the project area?** | | Yes  No  Not known |
| **If Yes, you must confirm that you have provided the following:**  Description of any disproportionate and adverse effects to these populations. | | |
| **To help FEMA evaluate the impact of the project, please indicate below any other information you are providing:**  Description of the population affected and the portion of the population that would be disproportionately and adversely affected. Please include specific efforts to address the adverse impacts in your narrative and budget.  Attached materials or additional comments. | | |
| **If Yes or Not Known, please provide an explanation and any information about this project that could assist FEMA in its review.** | | |
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| **Attachments** |  | |

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| --- | --- | --- |
| J. Other Environmental/Historic Preservation Laws or Issues | |  |
| **Are there other environmental/historic preservation requirements associated with this project that you are aware of?** | | Yes  No  Not known |
| **If Yes, please indicate a description of the requirements, issues, or public involvement effort.** | | |
|  | | |
| **Are there controversial issues associated with this project?** | | Yes  No  Not known |
| **If Yes, please indicate a description of the requirements, issues, or public involvement effort.** | | |
|  | | |
| **If Yes or Not Known, please indicate why in the text box below and any information about this project that could assist FEMA in its review.** | | |
|  | | |
| **Have you conducted any public meeting or solicited public input or comments on your specific proposed mitigation project?** | | Yes  No  Not known |
| **If Yes, please indicate a description of the requirements, issues, or public involvement effort.** | | |
|  | | |
| **Attachments** |  | |

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| --- | --- | --- |
| K. Summary and Cost of Potential Impacts | |  |
| **Having answered the questions in parts A. through J., have you identified any aspects of your proposed project that have the potential to impact environmental resources or historic properties?** | | Yes  No  Not known |
| **If Yes, you must confirm that you have provided the following:**  Evaluated these potential effects and provided the materials required in Parts A through J that identify the nature and extent of potential impacts to environmental resources and/or historic properties.  Consulted with appropriate parties to identify any measures needed to avoid or minimize these impacts.  Considered alternatives that could minimize both the impacts and the cost of the project.  Made certain that the costs of any measures to treat adverse effects are realistically reflected in the project budget estimate. | | |
| **If Yes, please enter your comments. (optional)**  **(Please indicate why and any information about this project that could assist FEMA in its review.)** | | |
|  | | |
| **Attachments** |  | |

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 |
| **Was this application created from a previous FEMA HMA Advance assistance/Project scoping award?** | Yes  No |
| **If yes, please provide the project identifier.** |  |
| **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