

Project Subapplication

Table 1 Start a subapplication

Subapplicant Section	Entry Information /Options	Complete/Comments
Organization you are applying for		
Organization you are applying to		
Subapplication title		
Subapplication type	Project	
Document control number (optional)		

Subapplicant Information

Table 2 Subapplicant Information

Subapplicant Section	Entry Information /Options	Complete/Comments
Name of federal agency	FEMA	
Type of submission	<ul style="list-style-type: none"> ▪ Pre-application ▪ Application ▪ Changed/Corrected application 	
Type of Subapplicant	<ul style="list-style-type: none"> ▪ State Government ▪ Local Government ▪ Indian Tribal Government ▪ Special Governmental District ▪ Private Non-Profit ▪ Other 	
Is Subapplication subject to review by Executive Order 12372 Process?	<ul style="list-style-type: none"> ▪ Yes ▪ No, program is not covered by E.O. 12372 ▪ No, program has not been selected by state for review 	

Subapplicant Section	Entry Information /Options	Complete/Comments
If Yes, this preapplication/application was made available to the Executive Order 12372 Process for review on: (MM-DD-YYYY)		
Is the Subapplicant delinquent on any Federal debt?	<ul style="list-style-type: none"> ▪ Yes ▪ No 	
<i>If yes, please provide an explanation:</i>		

Contact information

Table 3 Add a Subrecipient Authorized Representative (SAR)

Subapplicant Section	Entry Information /Options	Complete/Comments
Title		
Prefix (optional)	<ul style="list-style-type: none"> ▪ Mr. ▪ Ms. ▪ Mrs. ▪ Dr. 	
First Name		
Middle Initial		
Last Name		
Agency/Organization		
Primary phone		
Extension (optional)		
Type	<ul style="list-style-type: none"> ▪ Home ▪ Work ▪ Mobile 	
Secondary phone		
Extension		

Subapplicant Section	Entry Information /Options	Complete/Comments
Type	<ul style="list-style-type: none"> ▪ Home ▪ Work ▪ Mobile 	
Optional phone		
Fax number		
Email		
Address line 1		
Address line 2		
City		
State/territory		
ZIP code		
ZIP extension		
Phone		
Fax		

Table 4 Add a Point(s) of Contact

Subapplicant Section	Entry Information /Options	Complete/Comments
Title		
Prefix (optional)	<ul style="list-style-type: none"> ▪ Mr. ▪ Ms. ▪ Mrs. ▪ Dr. ▪ Hon. ▪ Exe. 	
First Name		
Middle Initial (optional)		
Last Name		
Primary phone		
Extension (optional)		

Subapplicant Section	Entry Information /Options	Complete/Comments
Type	<ul style="list-style-type: none"> ▪ Home ▪ Work ▪ Mobile 	
Secondary phone		
Extension (optional)		
Type	<ul style="list-style-type: none"> ▪ Home ▪ Work ▪ Mobile 	
Optional phone		
Fax number (optional)		
Email		
Address line 1		
Address line 2 (optional)		
City		
State/territory		
ZIP code		
ZIP extension (optional)		

Community

Please find the community(ies) that will benefit from this mitigation activity by clicking on the Find Communities button. If needed, modify the Congressional District number for each community by entering the updated number under the U.S. Congressional District column for that community. NOTE: You should also notify your State NFIP coordinator so that the updated U.S. Congressional District number can be updated in the Community Information System (CIS) database.

Table 5 Add Communities
(Complete this table for each benefitting community)

Subapplicant Section	Entry Information /Options	Complete/Comments
State		
Community name (optional)		
County name (optional)		

Subapplicant Section	Entry Information /Options	Complete/Comments
County code		
CID number		
CRS community	<ul style="list-style-type: none"> ▪ Yes ▪ No 	
CRS rating	1-10	
U.S. Congressional District		
Please provide any additional comments (optional)		
Attachments		

Mitigation Plan

Please provide your plan information.

Table 6 Mitigation Plan Information

Subapplicant Section	Entry Information /Options	Complete/Comments
Is the entity that will benefit from the proposed activity covered by a current FEMA approved multi-hazard mitigation plan in compliance with 44 CFR Part 201?	<ul style="list-style-type: none"> ▪ Yes ▪ No 	
If Yes, please provide plan information:		
Plan name		

Subapplicant Section	Entry Information /Options	Complete/Comments
Plan type	<ul style="list-style-type: none"> ▪ State Multi-hazard Mitigation Plan ▪ Tribal Multi-hazard Mitigation Plan ▪ Local Multi-hazard Mitigation Plan ▪ Tribal (Local) Multi-hazard Mitigation Plan ▪ Local Multijurisdictional Multi-hazard Mitigation Plan ▪ Tribal (Local) Multijurisdictional Multi-hazard Mitigation Plan 	
Is this plan standard or enhanced? (for Applicants only)	<ul style="list-style-type: none"> ▪ Standard ▪ Enhanced 	
Plan approval date (MM-DD-YYYY)		
Proposed activity description (optional)		
Please provide any additional comments (optional).		
Attachments		

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. FEMA has different requirements for project, planning and management cost SOWs.

Table 7 Scope of Work

Subapplicant Section	Entry Information /Options	Complete/Comments
Subapplication title (include type of activity and location)		

Subapplicant Section	Entry Information /Options	Complete/Comments
Activities		
Primary activity type	<ul style="list-style-type: none"> ▪ Acquisition ▪ Elevation ▪ Relocation ▪ Mitigation reconstruction ▪ Retrofit ▪ Floodproofing ▪ Saferoom/shelter ▪ Stabilization and restoration ▪ Utility and infrastructure protection ▪ Flood control ▪ Codes and standards ▪ Warning systems ▪ Wildfire management ▪ Education and awareness ▪ Feasibility, engineering, and design studies ▪ Management costs ▪ Generator ▪ Planning related activities ▪ Partnerships ▪ Other 	
If Other, please specify		
Secondary activity type (optional)	(See Primary list above)	
If Other, please specify		
Tertiary activity type (optional)	(See Primary list above)	
If Other, please specify		
Geographic areas description		

Subapplicant Section	Entry Information /Options	Complete/Comments
Community lifelines		
Primary community lifeline	<ul style="list-style-type: none"> ▪ Safety and security ▪ Food, water, shelter ▪ Health and medical ▪ Energy ▪ Communications ▪ Transportation ▪ Hazardous material 	
If Safety and security is selected as a primary community lifeline, these additional primary sub-community lifeline options are available.	<ul style="list-style-type: none"> ▪ Law enforcement/security ▪ Fire service ▪ Search and rescue ▪ Government service ▪ Community safety 	
If Food, water, shelter is selected as a primary community lifeline, these additional primary sub-community lifeline options are available.	<ul style="list-style-type: none"> ▪ Food ▪ Water ▪ Shelter ▪ Agriculture 	
If Health and medical is selected as a primary community lifeline, these additional primary sub-community lifeline options are available.	<ul style="list-style-type: none"> ▪ Medical care ▪ Public health ▪ Patient movement ▪ Medical supply chain ▪ Fatality management 	
If Energy is selected as a primary community lifeline, these additional primary sub-community lifeline options are available.	<ul style="list-style-type: none"> ▪ Power grid ▪ Fuel 	
If Communications is selected as a primary community lifeline, these additional primary sub-community lifeline options are available.	<ul style="list-style-type: none"> ▪ Infrastructure ▪ Responder communications ▪ Alerts, warnings, and messages ▪ Finance ▪ 911 and dispatch 	

Subapplicant Section	Entry Information /Options	Complete/Comments
If Transportation is selected as a primary community lifeline, these additional primary sub-community lifeline options are available.	<ul style="list-style-type: none"> ▪ Highway/roadway/motor vehicle ▪ Mass transit ▪ Railway ▪ Aviation ▪ Maritime 	
If Hazardous material is selected as a primary community lifeline, these additional primary sub-community lifeline options are available.	<ul style="list-style-type: none"> ▪ Facilities ▪ HAZMAT, pollutants, contaminants 	
Secondary community lifeline (optional)	(see Primary community lifeline list above)	
Secondary sub-community lifeline	(see Primary sub-community lifeline lists above)	
Community lifelines		
Primary community lifeline	<ul style="list-style-type: none"> ▪ Safety and security ▪ Food, water, shelter ▪ Health and medical ▪ Energy ▪ Communications ▪ Transportation ▪ Hazardous material 	

Subapplicant Section	Entry Information /Options	Complete/Comments
Hazard sources		
Primary hazard source	<ul style="list-style-type: none"> ▪ Biological incident ▪ Chemical incident ▪ Civil disturbance ▪ Cyber incident ▪ Dam/Levee break ▪ Disease ▪ Drought ▪ Earthquake ▪ Explosion ▪ Extreme temperature ▪ Fire ▪ Flooding ▪ Hostile action ▪ Infrastructure failure ▪ Landslide/Debris flow ▪ Nuclear explosion ▪ Radiological incident ▪ Severe Storm ▪ Solar event ▪ Space object ▪ Tornado ▪ Tropical cyclone (Hurricane/Typhoon) ▪ Tsunami ▪ Uncategorized ▪ Volcano ▪ Winter storm 	
Secondary hazard source (optional)	(see primary hazard source list above)	
Tertiary hazard source (optional)	(see primary hazard source list above)	
If Uncategorized, please specify		

Subapplicant Section	Entry Information /Options	Complete/Comments
<p>Is this a phased project? <i>If you select 'Yes' to phased project question. You must select Phase 1 or Phase 2 on Budget lines.</i></p>	<ul style="list-style-type: none"> ▪ Yes ▪ No 	
<p>Are you doing construction in this project?</p>	<ul style="list-style-type: none"> ▪ Yes ▪ No 	
<p>Population affected</p>	<p style="text-align: center;">%</p>	
<p>Detail/description of stated percentage</p>		
<p>Provide a clear and detailed description of your proposed activity</p>		
<p>How will the mitigation activity be implemented?</p>		
<p>Describe how the project is technically feasible and will be effective in reducing the 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; applicable building codes; engineering practices and/or best practices; level of protection (e.g., life safety, 100-yr flood protection with freeboard, 100-yr wind design, etc.):</p>		
<p>Who will manage and complete the mitigation activity?</p>		

Subapplicant Section	Entry Information /Options	Complete/Comments
Will the project address the hazards identified and what risks will remain from all hazards after project implementation (residual risk)?		
When will the mitigation activity take place?		
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?		
Please identify the entity that will perform any long-term maintenance 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?		
Additional comments (optional)		
Attachments		

Schedule

Specify the work schedule for the mitigation activities. Add tasks to the schedule. Please include all tasks necessary to implement this mitigation activity; include descriptions and estimated time frames.

Table 8 Add a Task
(complete this table for each task)

Subapplicant Section	Entry Information /Options	Complete/Comments
Task name		
Task description		
Start month (number)		
Task duration (in months)		

Table 9 Schedule

Subapplicant Section	Entry Information /Options	Complete/Comments
Estimate the total duration of your proposed activities (in months).		
Proposed start date (MM/DD/YYYY)		
Proposed end date (MM/DD/YYYY)		

Budget

Budget cost estimate should directly link to your scope of work and work schedule. You must add at least one item greater than \$0 for your cost estimate. Once you have added item(s) for your cost estimate, you may then add the item(s) for management cost (optional). **FEMA will provide 100 percent federal funding for subrecipient management costs for BRIC program activities.** As necessary, please adjust your federal/non-federal cost shares and add the non-federal funding source(s) you are planning to use for this project.

Cost estimate is the line item(s) budget to support the scope of work for the execution and completion of the project. Be sure to include the cost associated with revisions/formal adoption.

Table 10 Add cost estimate budget items

Subapplicant Section	Entry Information /Options	Complete/Comments
Cost type:	Cost estimate	
Add an item (complete table for each cost item)		
Name of cost item		
Quantity		
Unit of measure	<ul style="list-style-type: none"> ▪ Acre ▪ Cubic foot ▪ Cubic yard ▪ Day ▪ Each ▪ Foot ▪ Hour ▪ Inch ▪ Linear foot ▪ Mile ▪ Million board feet ▪ Square foot ▪ Square yard ▪ Square foot per inch ▪ Ton 	
Unit price	\$	
Unit total		

Subapplicant Section	Entry Information /Options	Complete/Comments
Budget class	<ul style="list-style-type: none"> ▪ Administrative and legal expenses ▪ Architectural and engineering fees ▪ Construction ▪ Contingencies ▪ Demolition and removal ▪ Equipment rental ▪ Equipment purchase ▪ Land, structures, rights-of-way, appraisals, etc. ▪ Miscellaneous ▪ Other architectural and engineering fees ▪ Project inspection fees ▪ Relocation expenses and payments ▪ Site work 	
Pre-award	<ul style="list-style-type: none"> ▪ Yes ▪ No 	
Project phase	<ul style="list-style-type: none"> ▪ Phase 1 ▪ Phase 2 ▪ Not applicable 	
Total budget cost	\$	

Management cost (optional) is the line item(s) to support the scope of work for the execution and completion of the project. Be sure to include the cost associated with managing the project/initiative/activity. The total amount of management costs cannot exceed 5% of the total Cost estimate amount.

Table 11 Add management cost budget items

Subapplicant Section	Entry Information /Options	Complete/Comments
Cost type:	Management cost	
Item	<ul style="list-style-type: none"> ▪ Equipment ▪ Office Space Rental ▪ Other ▪ Salaries ▪ Supplies ▪ Travel 	

Subapplicant Section	Entry Information /Options	Complete/Comments
Quantity		
Unit of measure	<ul style="list-style-type: none"> ▪ Acre ▪ Cubic foot ▪ Cubic yard ▪ Day ▪ Each ▪ Foot ▪ Hour ▪ Inch ▪ Linear foot ▪ Mile ▪ Million board feet ▪ Square foot ▪ Square yard ▪ Square foot per inch ▪ Ton 	
Unit price	\$	
Unit total		
Budget class	<ul style="list-style-type: none"> ▪ Construction ▪ Contractual ▪ Equipment ▪ Fringe benefits ▪ Indirect charges ▪ Other ▪ Personnel ▪ Supplies ▪ Travel 	
Pre-award	<ul style="list-style-type: none"> ▪ Yes ▪ No 	
Project phase	<ul style="list-style-type: none"> ▪ Phase 1 ▪ Phase 2 ▪ Not applicable 	
Management cost total	\$	

Table 12 Grand Total
(Cost estimate total + Management cost total)

Subapplicant Section	Entry Information /Options	Complete/Comments
Program income (optional)	\$	

Cost share

Cost share or matching means the portion of project costs not paid by federal funds.

Hazard mitigation assistance (HMA) funds may be used to pay up to 75% federal share of the eligible activity costs. Small impoverished communities may be eligible for up to 90% federal share for Building Resilient Infrastructure and Communities (BRIC) funding. Flood Mitigation Assistance (FMA) and severe repetitive loss (SRL) properties may be eligible for up to 100% federal share. FEMA will provide 100 percent federal funding for subrecipient management costs for BRIC program activities. Repetitive loss (RL) properties may be eligible for up to 90% federal share.

Table 13 Proposed federal vs non-federal funding shares

Subapplicant Section	Entry Information /Options	Complete/Comments
Is this a small impoverished community? (See Appendix for definition) This determines your federal/non-federal share ratio.	<ul style="list-style-type: none"> ▪ Yes ▪ No 	
If Yes	<ul style="list-style-type: none"> ▪ Federal Share Percentage 90% ▪ Non-Federal Share Percentage 10% 	
Based on total budget cost	\$	
Proposed federal share	\$	
Proposed non-federal share		
If No	<ul style="list-style-type: none"> ▪ Federal Share Percentage 75% ▪ Non-Federal Share Percentage 25% 	
Based on total budget cost	\$	
Proposed 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 cash expended during the project period along with federal funds to satisfy the matching requirements.

Table 14 Add funding source
(Complete this table for each funding source)

Subapplicant Section	Entry Information /Options	Complete/Comments
Funding source		
Name of source agency		
Funding amount	\$	
Percent non-federal share by source	%	
Funding type	<ul style="list-style-type: none"> ▪ Administration ▪ Cash ▪ Consulting fees ▪ Engineering fees ▪ Equipment operation/rental ▪ Labor ▪ Other ▪ Program income ▪ Supplies 	
Date of availability (MM/DD/YYYY)		
Fund commitment letter date (MM/DD/YYYY)		
Total percent non-federal share		
Please provide any addition comments (optional)		
Attachments		

Cost-Effectiveness

Table 15 Cost Effectiveness

Subapplicant Section	Entry Information /Options	Complete/Comments
How was cost-effectiveness determined for this project?	<ul style="list-style-type: none"> ▪ BCA completed in FEMA's BCA toolkit (Must attach the export file, zip file, pdf file, and other supporting documentation) ▪ Pre-calculated benefits ▪ Substantial Damage in Special Flood Hazard Area ▪ Other BCA methodology approved by FEMA in writing ▪ Not applicable 	<ul style="list-style-type: none"> ▪
If Not applicable, explain why this project is not applicable		
Pre-calculated benefits selections	<ul style="list-style-type: none"> ▪ Acquisitions in the special flood hazard area ▪ Elevations in the special flood hazard area ▪ Mitigation reconstruction in the special flood hazard area ▪ Individual tornado safe rooms ▪ Residential hurricane wind retrofits ▪ Non-residential hurricane wind retrofits ▪ Post-wildfire mitigation 	
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?	<ul style="list-style-type: none"> ▪ Yes ▪ No 	
Were environmental benefits added to the project benefits?	<ul style="list-style-type: none"> ▪ Yes ▪ No 	

Subapplicant Section	Entry Information /Options	Complete/Comments
Were social benefits added to the project benefits?	<ul style="list-style-type: none"> ▪ Yes ▪ No 	
Does the mitigation measure incorporate nature-based solutions?	<ul style="list-style-type: none"> ▪ Yes ▪ No 	
Please provide any additional comments.		
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 the state or tribal government and the local applicant. It is important that you provide accurate information. If you are having problems completing this section, please contact your application point of contact.

Table 16 National Historic Preservation Act – Historic Buildings and Structures

Subapplicant Section	Entry Information /Options	Complete/Comments
1. Does your project affect or is it in close proximity to any buildings or structures 50 years or more in age?	<ul style="list-style-type: none"> ▪ Yes ▪ No ▪ Not known 	
If Yes, you must confirm that you have provided the following:	<ul style="list-style-type: none"> ▪ 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-color photographs showing at least three sides of each structure (Please label the photos accordingly) ▪ A diagram or USGS 1:24,000 scale quadrangle map displaying the relationship of the property(s) to the project area 	

Subapplicant Section	Entry Information /Options	Complete/Comments
<p>If Yes, to help FEMA evaluate the impact of the project, please indicate any other information you are providing.</p>	<ul style="list-style-type: none"> ▪ Information gathered about potential historic properties in the project area, including any evidence indicating the age of the building or structure and presence of buildings or 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. 	
<p>If Yes or Not Known, please provide an explanation and any information about this project that could assist FEMA in its review. (optional)</p>		
<p>Attachments</p>		

Table 17 National Historic Preservation Act – Archeological Resources

Subapplicant Section	Entry Information /Options	Complete/Comments
1. Does your project involve disturbance of ground?	<ul style="list-style-type: none"> ▪ Yes ▪ No ▪ Not known 	
<p>If Yes, please confirm that you have provided the information below by selecting each checkbox.</p> <p>(If you have not provided these documents in any other section of the application, please attach the required documents below.)</p>	<ul style="list-style-type: none"> ▪ 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. 	
<p>If Yes, to help FEMA evaluate the impact of the project, please indicate below any other information you are providing. (optional)</p>	<ul style="list-style-type: none"> ▪ Any information about potential historic properties, including 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. 	
<p>If Yes or Not Known, please provide an explanation and any information about this project that could assist FEMA in its review. (optional)</p>		
<p>Attachments</p>		

Table 18 Endangered Species Act and Fish and Wildlife Coordination Act

Subapplicant Section	Entry Information /Options	Complete/Comments
<p>1. Are Federally listed threatened or endangered species or their critical habitat present in the area affected by the project?</p>	<ul style="list-style-type: none"> ▪ Yes ▪ No ▪ Not known 	
<p>If Yes, please confirm that you have provided the information below by selecting each checkbox. (If you have not provided these documents in any other section of the application, please attach the required documents below.)</p>	<ul style="list-style-type: none"> ▪ Information you obtained to identify species in or near the project area. Provide the source and date of the information cited. 	
<p>If Yes, to help FEMA evaluate the impact of the project, please indicate below any other information you are providing. (optional)</p>	<ul style="list-style-type: none"> ▪ 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. 	
<p>If Yes or Not Known, please provide an explanation and any information about this project that could assist FEMA in its review. (optional)</p>		
<p>2. Does your project remove or affect vegetation?</p>	<ul style="list-style-type: none"> ▪ Yes ▪ No ▪ Not known 	
<p>If Yes, please confirm that you have provided the information below by selecting each checkbox. (If you have not provided these documents in any other section of the application, please attach the required documents below.)</p>	<ul style="list-style-type: none"> ▪ 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. ▪ Photographs or digital images that show both the vegetation affected and the vegetation in context of its surroundings. 	

Subapplicant Section	Entry Information /Options	Complete/Comments
<p>If Yes, to help FEMA evaluate the impact of the project, please indicate below any other information you are providing. (optional)</p>	<p>Attached materials or additional comments.</p>	
<p>If Yes or Not Known, please provide an explanation and any information about this project that could assist FEMA in its review. (optional)</p>		
<p>3. Is your project in, near (within 200 feet), or likely to affect any type of waterway or body of water?</p>	<ul style="list-style-type: none"> ▪ Yes ▪ No ▪ Not known 	
<p>If Yes, and project is not within an existing building, you must confirm that you have provided the following: (If you have not provided these documents in any other section of the application, please attach the required documents below.)</p>	<ul style="list-style-type: none"> ▪ 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. 	
<p>If Yes, to help FEMA evaluate the impact of the project, please indicate below any other information you are providing. (optional)</p>	<ul style="list-style-type: none"> ▪ 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. 	

Subapplicant Section	Entry Information /Options	Complete/Comments
<p>If Yes or Not Known, please provide an explanation and any information about this project that could assist FEMA in its review. (optional)</p>		
<p>Attachments</p>		

Table 19 Clean Water Act, Rivers and Harbors Act, and Executive Order 11990 (Protection of Wetlands)

Subapplicant Section	Entry Information /Options	Complete/Comments
<p>1. 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?</p>	<ul style="list-style-type: none"> ▪ Yes ▪ No ▪ Not known 	
<p>If Yes, please confirm that you have provided the information below by selecting each checkbox. (If you have not provided these documents in any other section of the application, please attach the required documents below.)</p>	<ul style="list-style-type: none"> ▪ Documentation of the project location on a USGS 1:24,000 scale topographic map or image and a copy of a National Wetlands Inventory map or other available wetlands mapping information. ▪ A copy of a National Wetlands Inventory map or other available wetlands mapping information. 	

Subapplicant Section	Entry Information /Options	Complete/Comments
<p>If Yes, to help FEMA evaluate the impact of the project, please indicate below any other information you are providing. (optional)</p>	<ul style="list-style-type: none"> ▪ 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. 	
<p>If Yes or Not Known, please provide an explanation and any information about this project that could assist FEMA in its review. (optional)</p>		
<p>Attachments</p>		

Table 20 Executive Order 11988 (Floodplain Management)

Subapplicant Section	Entry Information /Options	Complete/Comments
<p>1. 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 a 100 year floodplain, a 500 year floodplain if a critical facility, an identified regulatory floodway, or an area prone to flooding?</p>	<ul style="list-style-type: none"> ▪ Yes ▪ No ▪ Not known 	

Subapplicant Section	Entry Information /Options	Complete/Comments
<p>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.</p>		
<p>If Yes or Not Known, please provide an explanation and any information about this project that could assist FEMA in its review. (optional)</p>		
<p>2. Does the project alter a watercourse, water flow patterns, or a drainage way, regardless of its floodplain designation?</p>	<ul style="list-style-type: none"> ▪ Yes ▪ No ▪ Not known 	
<p>If Yes, please indicate any other information you are providing to help FEMA evaluate the impact of the project.</p>	<ul style="list-style-type: none"> ▪ 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. 	
<p>If Yes or Not Known, please provide an explanation and any information about this project that could assist FEMA in its review. (optional)</p>		
<p>Attachments</p>		

Table 21 Coastal Zone Management Act

Subapplicant Section	Entry Information /Options	Complete/Comments
1. Is the project located in the State's designated coastal zone?	<ul style="list-style-type: none"> ▪ Yes ▪ No ▪ Not known 	
If Yes, please indicate any other information you are providing to help FEMA evaluate the impact of the project.	<ul style="list-style-type: none"> ▪ 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)		
Attachments		

Table 22 Farmland Protection Policy Act

Subapplicant Section	Entry Information /Options	Complete/Comments
1. Will the project convert more than 5 acres of "prime or unique" farmland outside city limits to a non-agricultural use?	<ul style="list-style-type: none"> ▪ 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)		

Subapplicant Section	Entry Information /Options	Complete/Comments
Attachments		

Table 23 Resource Conversation and Recovery Act (RCRA) and Comprehensive Environmental Response Compensation and Liability Act (CERCLA) (Hazardous and Toxic Materials)

Subapplicant Section	Entry Information /Options	Complete/Comments
1. Is there a reason to suspect there are contaminants from a current or past use on the property associated with the proposed project?	<ul style="list-style-type: none"> ▪ Yes ▪ No ▪ Not known 	
If Yes, please indicate any other information you are providing to help FEMA evaluate the impact of the project.	<ul style="list-style-type: none"> ▪ Comments and any relevant documentation. ▪ 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. ▪ 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)		
2. Are there any studies, investigations, or enforcement actions related to the property associated with the proposed project?	<ul style="list-style-type: none"> ▪ Yes ▪ No ▪ Not known 	

Subapplicant Section	Entry Information /Options	Complete/Comments
<p>If Yes, please indicate any other information you are providing to help FEMA evaluate the impact of the project.</p>	<ul style="list-style-type: none"> ▪ Comments and any relevant documentation. ▪ 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. ▪ Attached materials or additional comments. 	
<p>If Yes or Not Known, please provide an explanation and any information about this project that could assist FEMA in its review. (optional)</p>		
<p>3. Does any project construction or operation activities involve the use of hazardous or toxic materials?</p>	<ul style="list-style-type: none"> ▪ Yes ▪ No ▪ Not known 	
<p>If Yes, please indicate any other information you are providing to help FEMA evaluate the impact of the project.</p>	<ul style="list-style-type: none"> ▪ Comments and any relevant documentation. ▪ 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. ▪ Attached materials or additional comments. 	
<p>If Yes or Not Known, please provide an explanation and any information about this project that could assist FEMA in its review. (optional)</p>		

Subapplicant Section	Entry Information /Options	Complete/Comments
4. 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?	<ul style="list-style-type: none"> ▪ Yes ▪ No ▪ Not known 	
If Yes, please indicate below any other information you are providing to help FEMA evaluate the impact of the project.	<ul style="list-style-type: none"> ▪ Comments and any relevant documentation. ▪ 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. ▪ 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.		
Attachments		

Table 24 Executive Order 12898, Environmental Justice for Low Income and Minority Populations

Subapplicant Section	Entry Information /Options	Complete/Comments
1. Are there low income or minority populations in the project's area of effect or adjacent to the project area?	<ul style="list-style-type: none"> ▪ 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.	

Subapplicant Section	Entry Information /Options	Complete/Comments
To help FEMA evaluate the impact of the project, please indicate below any other information you are providing:	<ul style="list-style-type: none"> ▪ 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 proposal 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.		
Attachments		

Table 25 Other Environmental/Historic Preservation Laws or Issues

Subapplicant Section	Entry Information /Options	Complete/Comments
1. Are there other environmental/historic preservation requirements associated with this project that you are aware of?	<ul style="list-style-type: none"> ▪ Yes ▪ No 	
If Yes, please indicate a description of the requirements, issues, or public involvement effort.		
2. Are there controversial issues associated with this project?	<ul style="list-style-type: none"> ▪ Yes ▪ No ▪ Not known 	
If Yes, please indicate a description of the requirements, issues, or public involvement effort.		

Subapplicant Section	Entry Information /Options	Complete/Comments
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.		
3. Have you conducted any public meeting or solicited public input or comments on your specific proposed mitigation project?	<ul style="list-style-type: none"> ▪ Yes ▪ No 	
If Yes, please indicate a description of the requirements, issues, or public involvement effort.		
Attachments		

Table 26 Summary and Cost of Potential Impacts

Subapplicant Section	Entry Information /Options	Complete/Comments
1. 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?	<ul style="list-style-type: none"> ▪ Yes ▪ No 	

Subapplicant Section	Entry Information /Options	Complete/Comments
<p>If Yes, you must confirm that you have provided the following: (If you have not provided these documents in any other section of the application, please attach the required documents below.)</p>	<ul style="list-style-type: none"> ▪ 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. 	
<p>If Yes, please enter your comments. (optional) (Please indicate why and any information about this project that could assist FEMA in its review.)</p>		
<p>Attachments</p>		

Evaluation

Table 27 Evaluation

Subapplicant Section	Entry Information/Options	Complete/Comments
Is the applicant participating in the Community Rating System (CRS) ? Located at https://www.fema.gov/national-flood-insurance-program-community-rating-system	<ul style="list-style-type: none"> ▪ Yes ▪ No 	
If Yes, what is their CRS rating?	1-10	
Is the applicant a Cooperating Technical Partner (CTP) ? Located at https://www.fema.gov/cooperating-technical-partners-program	<ul style="list-style-type: none"> ▪ Yes ▪ No 	
Was this created from a previous FEMA HMA Advance assistance/Project scoping award?	<ul style="list-style-type: none"> ▪ Yes ▪ No 	
If yes, please provide the project identifier.		
Has the recipient adopted building codes consistent with the International Codes ? Located at https://www.iccsafe.org/advocacy	<ul style="list-style-type: none"> ▪ Yes ▪ No 	
If Yes, enter year of building code.		
If Yes, please provide the building code.		
Have the applicant's building codes been assessed on the Building Code Effectiveness Grading Schedule (BCEGS) ? Located at http://www.isomitigation.com/bcegs	<ul style="list-style-type: none"> ▪ Yes ▪ No 	
If Yes, what is their BCEGS rating?	1-10	
Describe involvement of partners to enhance the mitigation activity outcome.		
Discuss how this planning activity benefits your community and how the plan/data will be used to promote resiliency.		
Additional comments (optional)		
Attachments		

Location

Table 28 Project Location

Subapplicant Section	Entry Information /Options	Complete/Comments
Provide a detailed description of the proposed project's location.		
Latitude (e.g. -80.430101, should be between -90 to +90, but not 0)		
Longitude (e.g. 100.430101, should be between -180 to +180, but not 0)		
Attachments		

Table 29 Project Benefitting

Subapplicant Section	Entry Information /Options	Complete/Comments
Provide a detailed description of the proposed project's benefiting area		
Attachments		

Table 30 Project Impact Area

Subapplicant Section	Entry Information /Options	Complete/Comments
Provide a detailed description of the proposed project's impact area		
Attachments		

Table 31 Project Site Inventory

Subapplicant Section	Entry Information /Options	Complete/Comments
<p>Does this project subapplication propose to mitigate a property/structure(s)?</p> <p>(Examples: residential home, commercial building, bridge, fire station, levee, pumping station, wastewater treatment plant, telephone pole, electric line, etc.)</p>	<ul style="list-style-type: none"> ▪ Yes ▪ No 	
<p>If Yes, do you know the location of the structure?</p>	<ul style="list-style-type: none"> ▪ Yes ▪ No 	
<p>If Yes, enter the details of the property into the HMA Location Template spreadsheet, located at https://www.fema.gov/media-library-data/1591110757471-ecd329024debffd2dd5e2367938e90b2/FEMAHMALocationTemplate.xlsx</p>		

Assurances and Certifications

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form.

Table 32 Lobbying

Subapplicant Section	Entry Information /Options	Complete/Comments
<p>As required by section 1352, Title 31 of the U.S. Code, and implemented at 44 CFR Part 18, for persons entering into a grant or cooperating agreement over \$ 100,000, as defined at 44 CFR Part 18, the applicant certifies that:</p> <p>(a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement.</p> <p>(b) If any other funds than Federal appropriated funds have been paid or will be paid to any other person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or an employee of Congress, or employee of a member of Congress in connection with this Federal Grant or cooperative agreement, the undersigned shall complete and submit Stand Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.</p> <p>(c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all subrecipients shall certify and disclose accordingly.</p>	<ul style="list-style-type: none"> ▪ Applicant will NOT use federal appropriated funds for lobbying purposes. ▪ Applicant will use non-appropriated funds for lobbying purposes. If so, complete Standard Form LLL "Disclosure of Lobbying Activities" below. 	

Table 33 Standard Form-LLL "Disclosure of Lobbying Activities"

Subapplicant Section	Entry Information /Options	Complete/Comments
This form must be attached to certification if non-appropriated funds are to be used to influence activities.		
1. Type of federal action:	<ul style="list-style-type: none"> ▪ Contract ▪ Cooperative agreement ▪ Grant ▪ Loan ▪ Loan guarantee ▪ Loan insurance 	
2. Status of federal action:	<ul style="list-style-type: none"> ▪ Bid/offer/application ▪ Initial award ▪ Post award 	
3. Report Type:	<ul style="list-style-type: none"> ▪ Initial filing ▪ Material change 	
4. Name and address of reporting entity:	<ul style="list-style-type: none"> ▪ Prime ▪ SubAwardee 	
If SubAwardee, enter tier, if known: (optional)		
Name		
Street 1		
Street 2 (optional)		
City		
State (optional)		
Zip (optional)		
Zip extension (optional)		
Congressional district, if known: (optional)		
5. If SubAwardee, enter name and address of prime below.		
Name		

Subapplicant Section	Entry Information /Options	Complete/Comments
Street 1		
Street 2 (optional)		
City		
State (optional)		
Zip (optional)		
Zip extension (optional)		
Congressional district, if know: (optional)		
6. Federal department/agency:		
7. Federal program name/description:		
CFDA number, if applicable: (optional)		
8. Federal action number, if known: (optional)		
9. Award amount, if known: (optional)	\$	
10. Name and address of lobbying registrant:		
Prefix (optional)	<ul style="list-style-type: none"> ▪ Dr. ▪ Miss ▪ Mr. ▪ Mrs. ▪ Ms. ▪ Rev. 	
First name		
Middle name (optional)		
Last name		

Subapplicant Section	Entry Information /Options	Complete/Comments
Suffix (optional)	<ul style="list-style-type: none"> ▪ Jr. ▪ MD ▪ PHD ▪ Sr. 	
Street 1		
Street 2 (optional)		
City		
State (optional)		
Zip (optional)		
Zip extension (optional)		
10b. Individual performing services: (including address if different from No. 10a)		
Prefix (optional)	<ul style="list-style-type: none"> ▪ Dr. ▪ Miss ▪ Mr. ▪ Mrs. ▪ Ms. ▪ Rev. 	
First name		
Middle name (optional)		
Last name		
Suffix (optional)	<ul style="list-style-type: none"> ▪ Jr. ▪ MD ▪ PHD ▪ Sr. 	
Street 1		
Street 2 (optional)		
City		
State (optional)		
Zip (optional)		

Subapplicant Section	Entry Information /Options	Complete/Comments
Zip extension (optional)		
<p>11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p>		

Table 34 Drug-Free Workplace
(Grantee other than individuals)

Subapplicant Section	Entry Information /Options	Complete/Comments
<p>As required by the Drug-Free Workplace Act of 1988, and implemented at 44 CFR Part 17, Subpart F, for grantees, as defined at 44 CFR Part 17.615 and 17.620.</p>		
<p>A. The applicant certifies that it will continue to provide a drug-free workplace by;</p>		

Subapplicant Section	Entry Information /Options	Complete/Comments
<p>(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;</p>		
<p>(b) Establishing an on-going drug free awareness program to inform employees about</p> <ol style="list-style-type: none"> (1) The dangers of drug abuse in the workplace; (2) The grantee's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace. 		
<p>(c) Making it a requirement that each employee to be engaged in the performance of the grant to be given a copy of the statement required by paragraph (a);</p>		
<p>(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will-</p> <ol style="list-style-type: none"> (1) Abide by the term of the statement; and (2) Notify the employee in writing of his or her conviction for a violation of a criminal drug statute occurring ion the workplace no later than five calendar days after such convictions. 		

Subapplicant Section	Entry Information /Options	Complete/Comments
<p>(e) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position, title, to the applicable FEMA awarding office, i.e., regional office or FEMA office.</p>		
<p>(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is convicted-</p> <ul style="list-style-type: none"> (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation act of 1973, as amended; or (2) Requiring such an employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;(g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f). 		
<p>B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:</p>		

Subapplicant Section	Entry Information /Options	Complete/Comments
Place of performance (street address, city, county, state, ZIP code) (optional)		
There are workplaces on file that are not identified.	Yes	