

THIS SECTION IS FOR STATE USE ONLY

FEMA- _____ -DR-TN

Application Type: _____ Submission type: _____

Applicant/Sub-Applicant: _____

Project Type(s): _____

Community NFIP Status: _____

Supporting Documents: (Check all that apply)

MSC Ranking: To Be Announced In The Future

Conforms w/ State 409 Plan

County: _____

In Declared Area

TEMA ID: _____

Statewide

FEMA ID: _____

Mitigation Regional Liaison: _____

Application Status: _____

(TIME-DATE STAMP HERE)

This application is for all Federal Emergency Management Agency (FEMA Region IV) Hazard Mitigation Grant Program (HMGP) proposals. Complete ALL sections and provide the documents requested. If you require technical assistance, contact the Tennessee Emergency Management Agency at Hazard TEMA.HazardMitigation@tn.gov

Section I - Applicant

A. Applicant Instruction: Complete all sections which correspond with the type of proposed project.

<u>Application Sections I-IV:</u>	All Applicants must complete these sections
<u>Environmental Review:</u>	All Applicants must complete these sections
<u>Maintenance Agreement:</u>	Any Applications involving public property, public ownership, or management of property
<u>Flood Control - Drainage Improvement Worksheet:</u>	Acquisition, Elevation, Dry Flood Proofing, Drainage Improvements, Flood Control Measures, Floodplain and Stream Restoration, and Flood Diversion - one worksheet per structure
<u>Generator Worksheet:</u>	Permanent, portable generators, and permanent emergency standby pumps
<u>Tornado Safe Room Worksheet:</u>	New Safe Room, Retrofit of an existing structure, Community Safe Room,
<u>Wind Retrofit Worksheet:</u>	Wind Retrofit projects only - one worksheet per structure
<u>Wildfire Worksheet:</u>	Defensible Space, Hazardous Fuels Reduction, Ignition Resistant Construction, other:
<u>Drought Worksheet:</u>	Aquifers, other
<u>Utility Mitigation Worksheet</u>	Upgrades to sewer systems, upgrading electrical components for a utility, undergrounding electrical systems, etc.
<u>Request for Public Assistance Form:</u>	FEMA Form 90-49 (Request for Public Assistance): All applicants must complete, if applicable.
<u>Acquisition Forms:</u>	If the project type is Acquisition, these forms must be completed. (Only one of the two Notice of Voluntary Interest forms is necessary.) Model Statement of Assurances for Property Acquisition Projects Declaration and Release Notice of Voluntary Interest (Town Hall Version) Notice of Voluntary Interest (Single Site Version) Statement of Voluntary Participation FEMA Model Deed Restriction Language
<u>Application Completeness Guidance / Checklist:</u>	All applicants are recommended to complete this checklist and utilize the guidance for completing the application.

ADMINISTRATIVE FACTORS
(Applicant staff serving as the coordinator of the project)

A. Primary Point of Contact:

The Primary Point of Contact is responsible for coordinating this proposal's implementation if approval is granted.

_____ First Name: _____ Last Name: _____
Title: _____ Organization: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____ Mobile: _____ E-mail: _____

B. Alternate Point of Contact:

The Alternate Point of Contact is the person who can address questions or concerns in the Primary Point of Contact's absence.

_____ First Name: _____ Last Name: _____
Title: _____ Organization: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____ Mobile: _____ E-mail: _____

C. Financial Point of Contact:

The Financial Point of Contact is the person that can address questions/clarification of financial concerns, i.e., banking account, Edison automatic deposits, etc.

_____ First Name: _____ Last Name: _____
Title: _____ Organization: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____ Mobile: _____ E-mail: _____

D. Authorized Applicant Agent:

The Authorized Applicant Agent **MUST** be the chief executive officer, mayor, etc. This person must be able to sign contracts, authorize funding allocations or payments, etc.

_____ First Name: _____ Last Name: _____
Title: _____ Organization: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____ Mobile: _____ E-mail: _____

Section II - Project Description

A. Hazards to be Mitigated / Level of Protection

01. Select the type of hazards the proposed project will mitigate: _____
02. Identify the type of proposed project: _____
03. List the total number of persons that will be protected by the proposed project (*include the immediate population affected by the project only*): _____
04. List how many acres of "Total Impacted Area" is to be protected by the proposed project (*include immediate area affected by the project only*): _____
05. Fill in the level of protection and the magnitude of the event the proposed project will mitigate. (*e.g., 23 structures protected against the 100-year storm event (1% chance)*)
_____ structure(s) protected against the _____ -year storm event (*10, 25, 50, 100, or 500-year storm event*)
_____ structure(s) protected against 250 mile-per-hour (mph) winds.
06. Check all item(s) the project may impact:
- | | | |
|---|---|---|
| <input type="checkbox"/> Wetlands | <input type="checkbox"/> Health & Safety | <input type="checkbox"/> Previously Undisturbed Soil |
| <input type="checkbox"/> Floodplain | <input type="checkbox"/> Water Quality | <input type="checkbox"/> Toxic or Hazardous Substances |
| <input type="checkbox"/> Historic Resources | <input type="checkbox"/> Public Controversy | <input type="checkbox"/> Threatened & Endangered Species |
| <input type="checkbox"/> Vegetation Removal | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Potential for Cumulative Impacts |
07. **Engineered projects:** *If your project has been already designed and engineering information is available, attach to your application ALL calculations, H&H study, and design plans (e.g., Drainage Improvement, Erosion Control, or other special project types).* _____ If so, see Attachment #(s) _____.

B. Project Description, Scope of Work, and Protection Provided (Must be Completed in Detail)

Describe, in detail, the existing problem, the proposed project, and the scope of work. Explain how the proposed project will solve the problem(s) and provide the level(s) of protection described in Part A. Also, if available, attach a vendor's estimate and/or a contractor's bid for the scope of work. Ensure that each proposed project is mitigation and not maintenance.

01. Describe the existing problems:

02. Describe the type(s) of protection that the proposed project will provide:

03. Scope of Work (describe in detail what you are planning to do):

04. Describe any other ongoing or proposed projects in the area that may impact, positively or negatively, the proposed HMGP Project:

Section III - Project Location (Fully describe the location of the proposed project.)

A. Site

01. Describe the physical location of this project, including street numbers (or neighborhoods) and project site zip code(s). Provide precise longitude and latitude coordinates for the site utilizing a hand-held global positioning system (GPS) unit or the equivalent:

- a. Site Address: (No PO or Route No.) _____
- b. City, State, Zip Code: _____
- c. Tax Parcel ID: _____
- d. Latitude: _____ e. Longitude: _____

**Digital Latitude and Digital Longitude coordinates need to be in Decimal Degrees. The coordinates should be for the building.*

02. Titleholder: _____

03. Provide the number of each structure type (listed below) in the project area that will be affected by the project. Include **all** structures in the project area.

- Residential property: _____ Public buildings: _____
- Businesses/commercial property: _____ Schools/hospitals/houses of worship: _____
- Other: _____

B. Flood Insurance Rate Map (FIRM) Showing Project Site

<input type="checkbox"/> 1. Attach one (1) copy of the FIRM map, a copy of the panel information from the FIRM, and, if available, the Floodway Map. <i>FIRM maps are required for this application (if published for your area). Also, all attached maps must have the project site and structures clearly marked on the map.</i> FIRMs are typically available from your local floodplain administrator who may be located in a planning, zoning, or engineering office. Maps can also be ordered from the Map Service Center at 1-800-358-9616. For more information about FIRMs, contact your local agencies or visit the FIRM site on the FEMA Web- page at https://msc.fema.gov/portal .
<input type="checkbox"/> 2. Using the FIRM, determine the flood zone(s) of the project site (Select all applicable zones in the project area) (See FIRM legend for flood zone explanations) (A Zone must be identified)
<input type="checkbox"/> 3.If the FIRM Map for your area is not published, attach a copy of the Flood Hazard Boundary Map (FHBM) for your area, with the project site and structures clearly marked on the map.
Attach a copy of a Model Acknowledgement of Conditions for Mitigation in Special Flood Hazard Area

C. Maps with Project Site and Photographs **NOTE: All maps and photos must be in color.**

- 1. Attach a copy of a city or county scale map (large enough to show the entire project area) with the project site and structures marked on the map.
- 2. Attach a USGS 1:24,000 TOPO map with the project site **clearly** marked on the map.
- 3. For acquisition or elevation projects, include a copy of the Parcel Map (Tax Map, Property Identification map, etc.) showing each property to be acquired or elevated. Include the Tax ID numbers for each parcel, and Parcel information - including year built and foundation.
- 4. Attach photographs (at a minimum 4 photographs) for each project site per application. The photographs should be representative of the project area, including any relevant streams, creeks, rivers, etc., and drainage areas that affect the project site or will be affected by the project, and labeled. For each structure, include the following angles: front, back, and both sides.

Section IV - Budget/Costs

In order to assist applicants with filling out the following Budget section, we have provided the following instructions for your convenience. For this section, we ask that you provide details of all the estimated costs of the project, as it is used for the benefit-costs analysis as well as for the feasibility and effectiveness review.

For the cost sections relating to Materials, Labor, and Fees, it is important to note,

- Lump sums without supporting documentation showing a breakdown of those costs are not acceptable. For those items that will not fit in the spaces provided, attach the appropriate documentation to your application.
- Identify your match sources in sections B and I.
- Sub-total cells will auto-sum the costs in their respective columns.
- **Do Not Factor Management Costs Into parts A-C.** If management costs are being requested, see part G.
- Contingency Costs need to be justified and reported as a separate line item in part E of this section. From left to right in that part, enter the desired percentage (maximum 5% of Material/Labor), the amount the percentage is to be applied to, and the resulting amount. PLEASE NOTE- These cells will not auto-calculate across the row, but the final cell will be calculated into the Final Project Cost below it. Take care that everything is calculated correctly.
- Pre-Award Costs: costs must be identified as a separate line item, AND a completed HMGP Pre-Award Cost Request Form MUST be submitted with this application, detailing the items/cost and requested start date.
- Mark all In-kind (donated) services with (**) and in-house (employee) services with (***), per each line item.
- All funding sources (In-kind, In-house, Global Match, and Other Agencies) must be identified (below) AND identified on the Funding Sources - Section IV I.

For project management costs, in compliance with the Disaster Relief and Recovery Act of 2018 (DRRA) and the subsequent FEMA Interim Policy #104-11-1, the Tennessee Emergency Management Agency has included a section for applicants to request, or refuse, project management funds that are available to them. Under this new policy, HMGP projects awarded under disasters declared on or after August 1, 2017, are eligible for project management costs up to 5 percent of their total project costs.

Applicants choosing to apply for this funding must detail the specific administrative costs in Part G of this section. These costs must be eligible administrative costs, conforming to the requirements set in 2 CFR Part 200 Subpart E. Applicants must ensure that their administrative costs are reasonable, allowable, allocable, and necessary for the performance of the federal award.

The State will allot these management costs on a project-by-project basis per the amount requested by the sub-recipient, up to 5 percent of the total project cost. A sub-recipient may request less than this, but no higher. These management costs will be considered a separate pool of funding and WILL NOT affect a project's benefit-cost analysis.

Management costs will be reimbursed per reimbursement request and no more than 5 percent of any given reimbursement request amount. All management cost reimbursements will be contingent upon adequate documentation from the sub-recipient.

Management costs will be reimbursed at 100 percent of the amount of management costs requested, so far as they are adequately documented and are no more than 5 percent of the request. Any unused management costs at closeout following the final payment will be de-obligated. If the final total project cost results in an under-run, management costs will be reduced accordingly.

Applicants must make the determination to request or refuse management costs at the time of formal application submittal. The State will accept the initial determination from the applicant. There will be no recourse from the State for applicants wishing to change their initial determination after the application has been formally submitted.

A. Materials

<u>Item</u>	<u>Unit</u>	<u>Quantity</u>	<u>Cost per Unit</u>	<u>Cost</u>
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
Sub-Total				\$

B. Labor Includes equipment costs. Indicate all "soft" or in-kind matches (**).

<u>Description</u>	<u>Hours</u>	<u>Rate</u>	<u>Cost</u>
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Sub-Total			\$

C. Fees Paid Include any other costs associated with the project. (Please identify *Pre-Award if applicable)

<u>Description</u>	<u>Hours</u>	<u>Rate</u>	<u>Cost</u>
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Sub-Total			\$

- D.** Total Estimated Project Cost \$ _____
- E.** Contingency Costs (maximum 5% of Material/Labor) % \$ _____
- F.** Final Project Cost \$ _____

Note: To be eligible for HMGP Pre-Award costs - the costs must be identified as a separate line item in the estimate above, AND a completed HMGP Pre-Award Cost Request Form MUST be submitted with this application, detailing the items/cost requested.

*Mark all In-kind (donated) services with (**) and in-house (employee) services with (***), per each line item.*

All funding sources (In-kind, In-house, Global Match, and Other Agencies) must be identified (above) AND identified on the Funding Sources - Section IV I.

G. Sub-Recipient Management Costs

Based on the amount of total project cost being requested in Part D (above), your project is eligible for up to an additional 5% of that amount for project management costs. Indicate below whether or not you would like to request these funds and follow the directions for your selected choice. **Do Not Factor Management Costs Into parts A-C.**

1. **Total Estimated Management Costs Available** (5% of Total Project Costs) \$ _____
Note: This number will be generated automatically after Part I is completed

YES, we would like to request these funds (Complete narrative i.e., scope of work below and fill out the itemized table below, then continue to Part I)*

Item	Description/Role	Hours	Rate	Total Cost
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			Subtotal	\$

H. **Total Estimated Management Costs Requested** \$ _____

NO, we do not wish to request these funds. (continue to Part I)*

***Note:** By selecting either “yes” or “no” the applicant is acknowledging that they understand what is being offered to them as it is described in this application.

H. Non-Federal Funding Share (of Total Cost)

List all sources and amounts utilized in the non-federal share including all in-kind services. In-kind services may not exceed the non-federal share. If any portion of the non-Federal share will come from non-applicant sources (donated services, private donation, etc.), attach letters of funding commitment for each non-applicant source. Please make sure these cost figures are rounded to the nearest dollar.

Source	Name of Source Agency	Type Funding	Amount	Letter of Commitment Attached
			\$	
			\$	
			\$	
			\$	
Subtotal			\$	

01. TOTALS FROM SPREADSHEET:

a. Total Materials	\$
b. Total Labor	\$
c. Total Fees Paid	\$
d. Total Proposed Project Cost of (a + b + c)	\$

B.12 Is the non-federal match fully included in the total budget? *(Required YES for ALL)* Yes, please see table below.

a. TOTALS Project:

Federal Share (): _____
Non-Federal Match (): _____
Proposed Project Total Cost: _____

Project Milestones/Schedule of Work

List the major milestones in this project by providing an estimated timeline for the critical activities not to exceed a period of 3 years (36-months) of performance. (e.g., Contracting, Designing, Engineering, Permitting, Inspections, closeout, etc.)

Task/Activity	Start Month	End Month	Timeline
Task 01 : Tennessee State Contract Process			12 Month(s)
The State contract is the State's legal mechanism required to ensure funding or services to the applicant. The timeframe reflects up to 6 months.			
Task :			
Task :			
Task :			
Task :			
Task :			
Task :			
Task :			
Task :			
Task :			
Task :			
Task :			
Task :			
Task :			
Task :			
Task :			
Task :			
Task :			
Total timeline (must not exceed 36 months):			
Does the Work Schedule accurately reflect the description of the mitigation activity provided in the SOW, and are milestones and associated timeframes reasonable and complete?			

Section V. Environmental Review and Historic Preservation Compliance

(NOTE: This application cannot be processed if this section is not completed.)

Because the HMGP is a federally funded program, all projects are required to undergo an environmental and historic preservation review as part of the grant application process. Moreover, all projects must comply with the National Environmental Policy Act (NEPA) and associated Federal, State, Tribal, and Local statutes to obtain funding. **NO WORK can be done prior to the NEPA review process. If work is done on your proposed project before the NEPA review is completed, it will NOT be eligible for Federal funding.**

A. The following information is required for the Environmental and Historic Preservation review:

All projects must have adequate documentation to determine if the proposed project complies with NEPA and associated statutes. The State Environmental Staff provides comprehensive NEPA technical assistance for Applicants, with their consent, to complete the NEPA review. The type and quantity of NEPA documents required to make this determination varies depending upon the project's size, location, and complexity. However, at a minimum, provide the applicable documentation from this section to facilitate the NEPA compliance process.

1. Detailed project description, scope of work, and budget/costs (Section II and Section IV of this application).
2. Project area maps (Section III, parts B & C of this application).
3. Project area/structure photographs (Section III, part C of this application).
4. Preliminary project plans.
5. Project alternatives description and impacts (Section V of the application).
6. Complete the applicable project worksheets.
Documentation showing dates of construction is required for all structures.
7. Environmental Justice - Provide any applicable information or documentation regarding low-income or minority populations in the project area. See Section V.B of this application for details.
8. Provide any applicable information or documentation referenced on the Information and Documentation Requirements by Project Type below.

B. Executive Order 12898; Environmental Justice for Low Income and Minority Population:

1. Are there low-income or minority populations in the project area or adjacent to the project area?
describe any disproportionate and adverse effects on these populations:

2. To help evaluate the impact of the project, explain below or attach any other information that describes the population, or portion of the population, that would be either disproportionately or adversely affected. Include specific efforts to address the adverse impacts in your proposal narrative and budget.

C. Tribal Consultation (Information Required)

Section 106 of the National Historic Preservation Act (NHPA) requires federal agencies to take into account the effect of their undertakings on historic properties. The NHPA requires that agencies must complete this process prior to the expenditure of any Federal funds on the undertaking. A Tribal Consultation is required for any project disturbing ground or moving soil, including but not limited to drainage projects; demolition; construction; elevation; communication towers; tree removal; and utility improvements.

1. Describe the current and future use of the project location. A land use map may be provided in lieu of a written description.

2. Provide information on any known site work or historic uses for the project location. Attach a copy of a city or county scale map (large enough to show the entire project area) with the horizontal limits (feet) and vertical depths (square feet) of all anticipated ground disturbances of 3 inches or more.

Alternative Actions (Information Required)

The NEPA process requires that at least two alternative actions be considered that address the same problem/issue as the proposed project. In this section, list two feasible alternative projects to mitigate the hazards faced in the project area. One alternative is the "No Action Alternative".

01. No Action

Discuss the impacts of No-action and resulting consequences, and why this alternative was not selected

02. Other Feasible Alternative

Describe a feasible alternative project that would be the next best solution if the primary alternative is not accomplished. This could be an entirely different mitigation method or a significant modification to the design of the current proposed project. Include a Scope of Work, engineering details (if applicable), estimated budget, and the impacts of this alternative. Complete all of the parts a-e (below).

a. Project Description for the Alternative

Alternative Project Title: _____

Describe, in detail, the alternative project, and explain how the alternative project will solve the problem(s) and/or provide protection from the hazard(s). Also, provide pros and cons for this alternative and a reason for why it was not selected.

b. Project Location of the Alternative (describe briefly, if different from the proposed project)

Attach a map or diagram showing the alternative site in relation to the proposed project site (if different from the proposed project)

c. Scope of Work for Alternative Project

d. Impacts of Alternative Project

Discuss the impact of this alternative on the project area. Include comments on these issues as appropriate: Environmental Justice, Endangered Species, Wetlands, Hydrology (Upstream and Downstream Surface Water Impacts), Floodplain/Floodway, Historic Preservation and Hazardous Materials

e. Estimated Budget/Costs for Alternative Project

In this section, provide details of all the estimated costs of the alternative project (round figures to the nearest dollar). A lump sum budget is acceptable.

Materials	\$
Labor	\$
Fees Paid	\$
Total Proposed Project Cost	\$

HMGP ENVIRONMENTAL REVIEW
Information and Documentation Requirements by Project Type

<p><i>Retrofits to Existing Facilities/Structures</i></p> <p><i>Elevations</i></p> <p><i>Acquisitions with Demolition</i></p>
<ul style="list-style-type: none">✓ Dates of Construction✓ Ground disturbance map for projects with 3 inches or more of ground disturbance✓ Structure photographs
<p><i>Drainage Improvements</i></p>
<ul style="list-style-type: none">✓ Engineering plans/drawings✓ Permit or Exemption letter to address any modifications to water bodies and wetlands.<ul style="list-style-type: none">o Department of Environmental Protectiono Water Management Districto U.S. Army Corps of Engineers✓ Ground disturbance map for projects with 3 inches or more of ground disturbance.✓ Concurrence from U.S. Fish and Wildlife addressing any impacts to wildlife, particularly endangered and threatened species, and their habitats.✓ If the project is in a coastal area, attach a letter from the National Marine Fisheries Service addressing impacts to marine resources.✓ Concurrence from Natural Resource Conservation Service if the project is located outside city limits and may impact prime or unique farmland.✓ Concurrence from your Local Floodplain Manager - if the project is located in a floodplain.

Note: This is a general guideline for most projects. However, there will be exceptions. Consult with state environmental staff on project types not listed.

Section VI - Maintenance Agreement



All applicants whose proposed project involves the retrofit or modification of existing public property or whose proposed project would result in the public ownership or management of property, structures, or facilities, must first sign the following agreement prior to submitting the application to FEMA.

(NOTE: Not applicable to projects solely related to residential or private property.)

The _____ of _____, State of Tennessee, hereby agrees that if it receives any Federal aid as a result of the attached project application, it will accept responsibility, at its own expense, if necessary, for the routine maintenance of any real property, structures, or facilities acquired or constructed as a result of such Federal aid. Routine maintenance shall include, but not be limited to, such responsibilities as keeping vacant land clear of debris, garbage, and vermin; keeping stream channels, culverts, and storm drains clear of obstructions and debris; and keeping detention ponds free of debris, trees, and woody growth.

The purpose of this agreement is to make clear the Sub-recipient's maintenance responsibilities following the project award and to show the Sub-recipient's acceptance of these responsibilities. It does not replace, supersede, or add to any other maintenance responsibilities imposed by Federal law or regulation and which are in force on the date of project award.

Signed by _____ the duly authorized representative.

(Printed or typed name of signing official)

_____,
(title)

This _____ (day) of _____ (month), _____ (year).

Signature* _____

**Note: The above signature must be by an individual with legal signing authority for the respective local government or county (e.g., the Chairperson, Board of County Commissioners, or the County Manager, etc.)*

HMGP Application Completeness Guidance/Checklist

This guidance/checklist contains an explanation, example, and/or reference for information requested in the application. Use this list to ensure your application is complete and includes the required information for HMGP projects. The appropriate documentation must also be attached. It is important to note that this list is similar to the form that will be used during the application sufficiency review by the HMGP staff.

Project Title: _____

Applicant: _____

Application Information	Explanation of Information Required	Local Review	State Review
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Section I

B. Applicant Information

	Local	State
FEMA -DR-TN	<input type="checkbox"/>	<input type="checkbox"/>
DISASTER NAME	<input type="checkbox"/>	<input type="checkbox"/>
Title of Project	<input type="checkbox"/>	<input type="checkbox"/>
01. Applicant	<input type="checkbox"/>	<input type="checkbox"/>
02. Applicant Type	<input type="checkbox"/>	<input type="checkbox"/>
03. County	<input type="checkbox"/>	<input type="checkbox"/>
04. State Legislative and Congressional District(s)	<input type="checkbox"/>	<input type="checkbox"/>
05. Federal Tax I.D. Number	<input type="checkbox"/>	<input type="checkbox"/>
06. UEI Number	<input type="checkbox"/>	<input type="checkbox"/>
07. FIPS Code	<input type="checkbox"/>	<input type="checkbox"/>
08. NFIP ID Number	<input type="checkbox"/>	<input type="checkbox"/>

		Local	State
09. Point of Contact	Provide all pertinent information for the point of contact. This person serves as the coordinator of the project. If this information changes once the application is submitted, please contact the HMGP staff immediately.	<input type="checkbox"/>	<input type="checkbox"/>
10. Application Prepared By	Provide the preparer information. May be different from the point of contact (line 9) and/or the applicant's agent (line 11).	<input type="checkbox"/>	<input type="checkbox"/>
11. Authorized Applicant Agent	An authorized agent must sign the application. <i>"An authorized agent is the chief elected official of a local government who has signature authority, so for a county, it would be the Chairman of the Board of County Commissioners and for a municipality, it would be the Mayor (the exact title sometimes varies). Any local government may delegate this authority to a subordinate official (like a City or County Manager) by resolution of the governing body (the Board of County Commissioners or Board of City Commissioners). If a local government delegates signature authority, a copy of the resolution by the governing body authorizing the signature authority for the individual signing must be provided."</i>	<input type="checkbox"/>	<input type="checkbox"/>
	For Private Non-Profit: A member of its Board of Directors or whoever has the authority to authorize funding for such a project. If this task is delegated down, a copy of a resolution confirming this must be provided.	<input type="checkbox"/>	<input type="checkbox"/>
12. MSC Compliance	<p>a) MSC Project List: All proposed projects must be included in the county's Local Mitigation Strategy (MSC) Project List and must be on file with TEMA's Mitigation Bureau Planning Unit.</p> <p>b) MSC Endorsement Letter: All proposed projects must include an endorsement letter from the county's Local Mitigation Strategy Coordinator. You may use 1 letter as long as it includes every proposed project.</p> <p>c) Estimated Costs & Application Costs: The MSC Project List must include an Estimated Cost column and each HMGP project application must be within \$500.00 of that Project List's estimated cost. Also, ensure that the Federal Cost Share indicated on the MSC Coordinator's Endorsement Letter exactly matches the Federal Cost Share indicated within the application. Ensure the MSC endorsement letter contains both the Total Estimated Projects Cost (Section IV. D.), along with the Estimated Federal Share (Section IV. I.1.) allocated to this project.</p> <p>A letter of endorsement for the project and its priority number from the Local Mitigation Strategy Project List must be included. Refer to Sample MSC Letter. Applications without a letter of endorsement will not be processed. (44 CFR 201.6 Local Mitigation Plans)</p>	<input type="checkbox"/>	<input type="checkbox"/>
13. Previous Submittal	If the project has been previously submitted under another disaster, provide the disaster number, the project number, and the title of the project.	<input type="checkbox"/>	<input type="checkbox"/>

Section II - Project Description

A. Hazards to be Mitigated/Level of Protection		Local	State
01. Type of Hazards	Type of Hazards the Proposed Project will Mitigate: Identify the hazard(s) that the proposed project will mitigate. More than one hazard may be selected.	<input type="checkbox"/>	<input type="checkbox"/>
02. Identify the Type of Project	Identify the Type of Proposed Project: Describe the mitigation project being proposed. (Example: drainage, wind retrofit, generator, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
03. Number of Persons Protected	Explain how many people will be protected by or benefit from the proposed project. (Example: A drainage project improving a residential area of 23 homes, with an average household of 2 people = 46 people)	<input type="checkbox"/>	<input type="checkbox"/>
04. Total Impacted Area	Explain how many acres will be impacted from the proposed project: Drainage/Berm/Pond/Culverts/Flood hazard projects: combination of the area to be protected and ground disturbance must not exceed 25 acres.	<input type="checkbox"/>	<input type="checkbox"/>
05. Level of Protection	Specify the level of protection and magnitude of the event the proposed project will mitigate. Attach support documentation that verifies the stated level of protection. (Example: In a wind retrofit project, it will be the design wind speed to comply with the Tennessee Building Code requirements. In a drainage project, it will be the implemented design level, e.g., a 25-year TDOT design standard for the culvert.)	<input type="checkbox"/>	<input type="checkbox"/>
06. Project Impact	Identify all the items the project may impact or are within the project area.	<input type="checkbox"/>	<input type="checkbox"/>
07. Engineered Projects (e.g. Drainage)	Include available engineering calculations, studies, and designs for the proposed project showing results from applied Recurrence Interval scenarios before and after mitigation. (Number of structures, building replacement value, depth of the water, structural damages, content damages, displacement, road closures, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

B. Project Description, Scope of Work, and Protection Provided (Must be Completed in Detail)		Local	State
01. Existing Problem	Describe the existing problem, location, source of the hazard, and the history and extent of the damage. Include newspaper articles, insurance documentation, photographs, etc. If this project is eligible for PA (406) mitigation activities describe the 406 activities.	<input type="checkbox"/>	<input type="checkbox"/>
02. Type of Protection	Determine how the funding will solve the existing problem and provide protection.	<input type="checkbox"/>	<input type="checkbox"/>
03. Scope of Work:	What the Project Proposes to Do: Determine the work to be done. The scope of work must meet eligibility based on HMGP regulations and guidance. Explain how the proposed problem will be solved. (NOTE: The proposed project must be a mitigation action, not maintenance.) Does the proposed project solve a problem independently or constitute a functional part of a solution where there is assurance that the project as a whole will be completed (44 CFR 206.434[c][4])? Does the proposed project address a problem that has been repetitive or that poses a significant risk to public health and safety if left unresolved (44 CFR 206.434[c][5][i])? Projects that merely identify or analyze hazards or problems are not eligible.	<input type="checkbox"/>	<input type="checkbox"/>
04. On-Going or Proposed Projects in the Area.	Determine if other projects, zoning changes, etc. are planned (particularly in the same watershed if flooding is being addressed) that may negatively or positively impact the proposed project. If there is a drainage project or downstream issue elsewhere, it may eliminate the current flooding issue, erasing the need for the proposed project. Response applies to drainage and acquisition projects. N/A is appropriate in wind retrofit shutter projects only. If this project is also being considered under the Public Assistance Program (406), describe in detail the 406 mitigation activities and/or services. Do not include project costs associated with this HMGP application	<input type="checkbox"/>	<input type="checkbox"/>

Section III - Project Location

A. Site		Local	State
01. Physical Location	List the physical location of the project site(s) including the street number(s), zip code(s), and GPS coordinates (latitude/longitude, in decimal degrees). The physical address must correspond with the address locations specified on the maps submitted with the application.	<input type="checkbox"/>	<input type="checkbox"/>
02. Titleholder	Provide the titleholder's name.	<input type="checkbox"/>	<input type="checkbox"/>
03. Number and Types of Structures Affected	Specify the number and type of properties affected by the project. (Example: Drainage project that affects 100 homes, 15 businesses, and 2 schools.) What does the project protect? Should have a number next to the box that is checked. (See Section II, Item A.5 - detail of these totals)	<input type="checkbox"/>	<input type="checkbox"/>

B. Flood Insurance Rate Map (FIRM) Showing Project Site		Local	State
01. Copies of FIRM	Attach a copy (or copies) of the FIRM and clearly identify the project site. The FIRM Panel number must be included. To obtain a FIRM map, go to https://msc.fema.gov/portal . See instructions on How to make a FIRMette.	<input type="checkbox"/>	<input type="checkbox"/>
02. Flood Zone Determination	Specify the flood zone(s) of the project site(s). If the project is located in a Special Flood Hazard Area. The amount of coverage must be equal to or greater than the amount of Federal mitigation funding obligated to the project.	<input type="checkbox"/>	<input type="checkbox"/>
03. Flood Hazard Boundary Map (FHBM)	Not required if a copy of the FIRM is attached.	<input type="checkbox"/>	<input type="checkbox"/>
04. Model Acknowledgement of Conditions form	The Model Acknowledgement of Conditions for Mitigation in Special Flood Hazard Area form is required for those structures receiving federal funds that will also remain in the special flood hazard area by the close of the project. This form is required for application. It can be found on FEMA's website at https://www.fema.gov/media-library/assets/documents/15677	<input type="checkbox"/>	<input type="checkbox"/>

A. Maps with Project Site and Photographs		Local	State
01. City/County Map with Project Site	The project site and staging location (if applicable) should be clearly marked on a legible City/County map. The map should be large enough to show the project site. More than one map may be required.	<input type="checkbox"/>	<input type="checkbox"/>
02. USGS TOPO with Project Site	The project site should be clearly marked on a legible USGS 1:24,000 TOPO map. To obtain a TOPO map, go to https://ngmdb.usgs.gov/topoview/	<input type="checkbox"/>	<input type="checkbox"/>
03. Parcel/Tax Map	A Parcel, Tax, or Property Identification map is required <u>only</u> for acquisition and elevation projects. The location of the structure must be clearly identified.	<input type="checkbox"/>	<input type="checkbox"/>
04. Site Photographs	At least four photographs are required that clearly identify the project site. The photos must be representative of the project area, including any relevant streams, creeks, rivers, etc., and drainage areas that affect the project site or will be affected by the project. The front, back, and both side angles are required for each structure. For acquisition and elevation projects, a photo taken away from the structure (in front toward the street, and in back toward the backyard) to show the area along with photographs of specific elements of the structure affected by the project (windows for shutters or window replacements) should also be provided. Label photographs appropriately. In addition, CDs may be submitted.	<input type="checkbox"/>	<input type="checkbox"/>

Section IV - Budget/Costs

Make sure all calculations are correct. Provide a breakdown of materials, labor, and fees for the proposed project. Support documentation must be attached, i.e. vendor’s quote, professional estimate (from engineer, architect, local building official, etc.). The proposed budget line items should represent allowable costs associated with the scope of work. Contingency Cost should be included as a line item in the budget section, and justified - The maximum allowed is 5%, and is required to complete this section; it will be used for the Benefit-Cost Analysis (BCA). Costs should be accurate, complete, and reasonable compared to industry standards. Make sure the total cost is correct for the entire application

		Local	State
A. Materials	List materials and their associated costs. Provide breakdown.	<input type="checkbox"/>	<input type="checkbox"/>
B. Labor	Provide a breakdown of description, hours, rate, and cost or lump sum labor cost. In-kind contributions can be used as part of the 25% match. (Attach support documentation for in-kind, in-house to detail wages and salaries charged for any contribution. No overtime wages can be used to satisfy match contributions).	<input type="checkbox"/>	<input type="checkbox"/>
C. Fees Paid	Provide a breakdown of associated fees i.e., consultants, studies, engineering, permits, and project management. Maintenance is not an allowable cost under HMGP. <i>Pre-award costs may be requested (See Pre-award Costs guidance).</i>	<input type="checkbox"/>	<input type="checkbox"/>
D. Total Estimated Project Cost	This number includes all project costs without contingency costs included. Make sure all calculations are correct.	<input type="checkbox"/>	<input type="checkbox"/>
E. Contingency Cost	Per FEMA’s HMA Guidance (Section VI Part D.3.4), a contingency cost is, “an allowance in the total cost estimate to cover situations that cannot be fully defined at the time the cost estimate is prepared but that will likely result in additional eligible costs. Allowances for major project scope changes, unforeseen risks, or extraordinary events may not be included as contingency costs.” The applicant may request up to 5% of material/labor costs. As with other line items, the applicant must justify these contingency costs based on the nature of the project at application. If an applicant wants to include contingency costs, they will need to enter the percentage that they require as well as what amount they want that percentage to be applied to. Type the resulting calculation in the final cell on the right. These cells will NOT auto-calculate. Be sure that they are calculated correctly.	<input type="checkbox"/>	<input type="checkbox"/>
F. Final Project Cost	This number includes any contingency costs that were requested. The final BCA will use this number in its final calculation.	<input type="checkbox"/>	<input type="checkbox"/>
G. Subrecipient Management Costs	After reading the guidance provided on pg. 5, select either YES or NO to indicate your need for management costs for this project. If YES , provide a breakdown of description, hours, rate, and costs for requested management costs. If NO , continue to Part I.	<input type="checkbox"/>	<input type="checkbox"/>
H. Total Estimated Management Costs Requested	This will auto-complete based on what is entered into the cost cells above. Your request must not exceed 5 percent of the total project cost available for this project.	<input type="checkbox"/>	<input type="checkbox"/>

I. Funding Sources (round figures to the nearest dollar)

The proposed sources of non-federal matching funds must meet eligibility requirements. (Except as provided by Federal statute, a cost-sharing or matching requirement may not be met by costs borne by another Federal grant.) 2 CFR Part 200.306.

		Local	State
01. Estimated Federal Share	The estimated Federal share is generally 75%. If the Federal share is not 75%, assure the actual amount is entered. It could be 50.1234% or 35.1234%, etc. of the total dollar amount of the project depending on county MSC allocation and priority. This figure cannot exceed 75%.	<input type="checkbox"/>	<input type="checkbox"/>
02. Non-Federal Share	May include all 3 sources, i.e., cash, in-kind, and global match, as long as the total is a minimum of 25%. Match cannot be derived from a federal agency except Federal funds that lose their federal identity (e.g., CDBG funding and certain tribal funding).	<input type="checkbox"/>	<input type="checkbox"/>
03. Cash	Cash- Local funding will be utilized for the non-federal share. Enter the amount of cash and the percentage of the total that amount represents.	<input type="checkbox"/>	<input type="checkbox"/>
04. Total In-Kind	May use materials, personnel, equipment, and supplies owned, controlled, and operated from within governing jurisdiction as an in-kind match. <i>Third-party in-kind contributions would be volunteer services, employee services from other organizations furnished free of charge, donated supplies, and loaned equipment or space. The value placed on these resources must be at a fair market value and must be documented. If in-kind is claimed from outside the applicant's jurisdiction, it must be cash only. ** Identify proposed eligible activities in Section IV B. and C. as a separate line with In-kind written as a part of the description.</i>	<input type="checkbox"/>	<input type="checkbox"/>
05. Total In-house	Sub-Recipient employees, equipment, etc. - internal services (must utilize the Personnel Activity Report or the Equipment Activity Report for the Request for Reimbursement)	<input type="checkbox"/>	<input type="checkbox"/>
06. Total Project (Global) Match	Project (global) match must 1) meet all the eligibility requirements of HMGP, and 2) begin after FEMA's approval of the match project. A separate HMGP application must be submitted for global match projects. Indicate which project(s) will be matched. <i>The global match is not required to be an identical project. Projects submitted as a global match for another project must meet the same period of performance time constraints as the HMGP.</i>	<input type="checkbox"/>	<input type="checkbox"/>
07. Other Agency Share	Identify the Non-Federal Agency and availability date; provide the documentation from the agency. (e.g., CDBG funding, and certain tribal funding)	<input type="checkbox"/>	<input type="checkbox"/>
08. Total Funding	The total must represent (100%) of the total estimated project cost. Ensure that percentages match corresponding cost-shares and the total matches the Budget (in Section IV. F. - Total Estimated Project Cost).	<input type="checkbox"/>	<input type="checkbox"/>
09. Sub-Recipient Management Costs	Your requested amount must be equal to or less than 5 percent of the total project cost. A narrative and detailed line item budget must be included. Again Do Not Factor Management Costs Into to overall project cost.	<input type="checkbox"/>	<input type="checkbox"/>

J. Project Milestones/Schedule of Work

		Local	State
01. Milestones (Schedule)	Identify the major milestones in the proposed project and provide an estimated timeline (e.g. <i>Designing, Engineering - 3 months, Permitting - 6 months, Procurement - 30 days, Installation - 6 months, Contracting - 1 month, Delays, Project Implementation, Inspections, Closeout, etc.</i>) for the critical activities not to exceed a period of 3 years (36-months) for performance. Milestones should not be grouped together but listed individually. Allot for the appropriate amount of time for final inspection and closeout (about 3 months).	<input type="checkbox"/>	<input type="checkbox"/>

Section V - Environmental Review & Historic Preservation Compliance

No work can begin prior to the completion of the environmental (NEPA) review. In order for the Environmental staff to conduct the NEPA review, all sections listed below must be completed.

		Local	State
01. Description, SOW & Budget	Detailed Project Description, Scope of Work & Budget/Costs. Complete Sections II & IV of the application.	<input type="checkbox"/>	<input type="checkbox"/>
02. Area Maps	Project area Maps - Attach a copy of the maps and clearly mark the project site, and place the specific project structure(s) on map(s). Complete Section III, part B & C of the application.	<input type="checkbox"/>	<input type="checkbox"/>
03. Project Area/Structure Photographs	Complete Section III part C of the application.	<input type="checkbox"/>	<input type="checkbox"/>
04. Preliminary Project Plans	For shutters see the scope of work and for drainage & elevation see engineering drawings.	<input type="checkbox"/>	<input type="checkbox"/>
05. Project Alternatives	Complete Section V part D. of this application.	<input type="checkbox"/>	<input type="checkbox"/>
06. Project Worksheets	Dates of construction are required for all structures. See worksheets.	<input type="checkbox"/>	<input type="checkbox"/>
07. Environmental Justice Documentation	See Section V.B for applicable information.	<input type="checkbox"/>	<input type="checkbox"/>
08. Information/ Documentation Requirements by Project Type	Provide any of the required documentation as listed at the end of Section V in the Information and Documentation Requirements by Project Type that may have already been obtained.	<input type="checkbox"/>	<input type="checkbox"/>

B. Executive Order 12898, Environmental Justice for Low-Income and Minority Population

		Local	State
01. Disproportionate Effects	Determine if there are populations in either the project zip code or city that are characterized as having a minority background or living below the poverty level. If yes, complete the rest of Section V, part B. Describe any disproportionate effects that these populations would experience if the project were completed.	<input type="checkbox"/>	<input type="checkbox"/>
02. Population Affected	Describe the population affected by this project and the portion of the population adversely impacted. Attach any documentation and list the attachments here.	<input type="checkbox"/>	<input type="checkbox"/>

C. Information required for Tribal Consultation

		Local	State
Documentation for Tribal Consultation	For all projects with any ground-disturbing activities of 3 inches or more, complete Section V part C.	<input type="checkbox"/>	<input type="checkbox"/>

D. Alternative Actions

		Local	State
01. No Action Alternative	Discuss the impacts on the project area if no action is taken.	<input type="checkbox"/>	<input type="checkbox"/>
02. Other Feasible Alternative Action	This is a FEMA and TEMA requirement for any Application Review. A narrative discussion of at least three project alternatives (from No Action to the most effective, practical solution) and their impacts, both beneficial and detrimental is required. It is expected that the jurisdiction has completed sufficient analysis to determine whether the proposed project can be constructed as submitted and it supports the goals and objectives of the FEMA-approved hazard mitigation plan. Has the proposed project been determined to be the most practical, effective, and environmentally sound alternative after consideration of a range of options? (44 CFR 206.434[c][5][iii])	<input type="checkbox"/>	<input type="checkbox"/>
a. Project Description	It is very important and a requirement that an Alternative project is submitted. NEPA requires that at least three alternatives must be presented to mitigate the problem. In addition to the proposed action and no action, one other feasible alternative must be provided.	<input type="checkbox"/>	<input type="checkbox"/>

Attachment Index

Use the following template to list any supporting documentation that is included on the flash drive. Clearly and concisely label each attachment on this form to correspond with the file name on the flash drive. In the first column list which section and item (from the HMGP application) the attachment refers to. *Example: Section 2, Item 1.* If any required documentation is not included on the flash drive, the application will be considered incomplete and ***will not*** be considered for possible funding.

Section # & Item	Attached Document Name
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