1. Applicant/Subapplicant Information
2. Applicant/Subapplicant Legal Name: Enter Legal Name Here
3. Organizational Unit:Department/Agency
4. Project Title: Enter Project Title Here
5. Applicant/Subapplicant Type: Local Government  State Government

Private Nonprofit (attach copy of Form 501c3)

Territory/Commonwealth

Federally Recognized Tribe  Other

1. Proposed Project Total Cost: $

Federal Share (    %): $       Local Share (    %): $

1. Certifications:

The undersigned assures fulfillment of all requirements of the Hazard Mitigation Grant Program, as contained in the program guidelines, and affirms that all information contained herein is true and correct to the best of my knowledge. The governing body of the applicant duly authorized the document, and hereby applies for the assistance documented in this application. The applicant recognizes that the project may proceed ONLY AFTER FEMA APPROVAL is granted.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | | |  |  |
|  | *Typed Name of Authorized Representative/Applicant Agent* |  | *Title* | | |  | *Phone Number* |
|  |  | | |  |  | | |
|  | *Signature of Authorized Representative/Applicant Agent* | | |  | *Date Signed* | | |

1. Does your community or Tribe have a current FEMA approved hazard mitigation plan?

Yes  No

**Title of the Plan**: Name of Plan Document **Adoption date**: 01/01/2001

**Location of proposed project in mitigation plan strategies**: Page 0 Section

**Does the project align with the State/Tribal Hazard Mitigation Plan**:  Yes Page 0 Section

1. Does the community participate in the National Flood Insurance Program?  Yes  No
2. Tax ID Number: XXX-XX-XXXX FIPS Code (5 digits): ##### Community ID Number (6 digits): ###### DUNS Number (9 characters):
3. U.S. Congressional District:
4. State Legislative District:
5. Primary Point of Contact

If the project is awarded, person responsible for coordinating the implementation of this grant throughout the application process.

First Name:       Last Name:

Title:

Address Line 1:

Address Line 2:

City:       State:       Zip:

Office Phone: 888-888-8888 Mobile Phone: 888-888-8888

Fax Number: 888-888-8888

Email Address:

1. Alternate Point of Contact

First Name:       Last Name:

Title:

Address Line 1:

Address Line 2:

City:       State:       Zip:

Office Phone: 888-888-8888 Mobile Phone: 888-888-8888

Fax Number: 888-888-8888

Email Address:

1. Authorized Applicant/Subapplicant Agent

**MUST** be the chief executive officer, mayor, or person of comparable status who is authorized to sign contracts, authorize funding allocations or payments, etc.

First Name:       Last Name:

Title:

Address Line 1:

Address Line 2:

City:       State:       Zip:

Office Phone: 888-888-8888 Mobile Phone: 888-888-8888

Fax Number: 888-888-8888

Email Address:

1. Project Narrative and Scope of Work
2. The name and type of jurisdiction requests Advance Assistance for DR-      pursuant to Section 1104 of the Sandy Recovery Improvement Act of 2013 to accelerate implementation of HMGP. The subapplicant will use Advance Assistance to develop mitigation strategies and obtain data to prioritize, select and develop a future complete HMGP application in a timely manner, as described in the Scope of Work below.
3. Describe the project in detail.

Enter explanations (other open space use) here, as needed.

1. Describe the need for the project, the existing conditions, and the hazard(s) that needs to be addressed.

Enter explanations (other open space use) here, as needed.

1. List proposed activities, deliverables, and estimated cost.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Activity** | **Deliverable(s)** | **Estimated Cost** |  |
| 1 | Describe activity, 75 character limit | Describe, 75 character limit | $ |  |
| 2 | Describe activity, 75 character limit | Describe, 75 character limit | $ |  |
| 3 | Describe activity, 75 character limit | Describe, 75 character limit | $ |  |
| 4 | Describe activity, 75 character limit | Describe, 75 character limit | $ |  |
| 5 | Describe activity, 75 character limit | Describe, 75 character limit | $ |  |
| 6 | Describe activity, 75 character limit | Describe, 75 character limit | $ |  |
| 7 | Describe activity, 75 character limit | Describe, 75 character limit | $ |  |
| 8 | Describe activity, 75 character limit | Describe, 75 character limit | $ |  |
| 13 | Describe activity, 75 character limit | Describe, 75 character limit | $ |  |
| 14 | Describe activity, 75 character limit | Describe, 75 character limit | $ |  |
| **Total Estimated Cost** | | | $ | 100% |
| **Federal Share** | | | $ | % |
| **Nonfederal Share** | | | $ | % |

1. Estimated Work Schedule
2. The following is a schedule of proposed milestones by quarter for all major activities by which the subapplicant proposes to monitor progress for Advance Assistance:

|  |  |  |  |
| --- | --- | --- | --- |
| Task/Activity | Start Month | End Month | Time line |
|  |  |  | time unit |
|  |  |  | time unit |
|  |  |  | time unit |
|  |  |  | time unit |
|  |  |  | time unit |
|  |  |  | time unit |
|  |  |  | time unit |
|  |  |  | time unit |
|  |  |  | time unit |
|  |  |  | time unit |
| **Total time line (must not exceed 36 months):** | | | time unit |

## Budget Estimating

1. **Costing Methodology:** The method(s) used to estimate project costs is (are)(provide backup documentation for method(s) used):

Estimates obtained from construction contractors and similar vendors

Historical data from previous projects/activities with an inflation factor, as needed

RS Means, Marshall & Swift, or other national cost estimating

Other, please explain:

Enter explanations here, as needed.

1. **Cost Estimate**The Applicant/Subapplicant must ensure that all project costs are reasonable and necessary for the activity according to 2 CFR § Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

The costs included in this project are listed, as applicable, and detailed in the justification box as follows: The subapplicant may request that FEMA obligate Advance Assistance funds incrementally, based on when the subapplicant needs the funds. Please list the obligation schedule by activity.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activity** | **Unit Type & Quantity** | **Initial Amount Requested** | **Second Amount Requested** | **Third Amount Requested** | **Total Requested** |
| Describe, 75 character limit | Describe, 75 character limit | $ | $ | $ | $ |
| Describe, 75 character limit | Describe, 75 character limit | $ | $ | $ | $ |
| Describe, 75 character limit | Describe, 75 character limit | $ | $ | $ | $ |
| Describe, 75 character limit | Describe, 75 character limit | $ | $ | $ | $ |
| Describe, 75 character limit | Describe, 75 character limit | $ | $ | $ | $ |
| Describe, 75 character limit | Describe, 75 character limit | $ | $ | $ | $ |
| Describe, 75 character limit | Describe, 75 character limit | $ | $ | $ | $ |
| Describe, 75 character limit | Describe, 75 character limit | $ | $ | $ | $ |
| Describe, 75 character limit | Describe, 75 character limit | $ | $ | $ | $ |
| Describe, 75 character limit | Describe, 75 character limit | $ | $ | $ | $ |
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| Describe, 75 character limit | Describe, 75 character limit | $ | $ | $ | $ |
| Describe, 75 character limit | Describe, 75 character limit | $ | $ | $ | $ |
| Describe, 75 character limit | Describe, 75 character limit | $ | $ | $ | $ |
| Describe, 75 character limit | Describe, 75 character limit | $ | $ | $ | $ |

1. **Budget Narrative**

Provide a budget narrative with explanations, justifications, and line-item details of the project costs noted in the table above. Attach an additional sheet if necessary.

Define cost line items, provide information of how they were estimated, and disclose any assumptions to justify the values used.

## Nonfederal Funding Share (25% of Total Project Costs)

**List all sources and amounts used in the nonfederal share,** including all in-kind services. In-kind services may not exceed the 25% nonfederal share. Attach letters of funding commitment for each source.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
|  | **Source** | **Name of Source Agency** | **Type Funding** | **Amount** | | **Commitment Letter Attached** |
|  | Describe | Describe | Describe | $ |  | Yes  No |
|  | Describe | Describe | Describe | $ |  | Yes  No |
|  | Describe | Describe | Describe | $ |  | Yes  No |

1. **Required Documentation Attached**

Jurisdiction Details Form

Detailed budget with narrative

Fund commitment letter(s) which list(s) the sources and amounts used in the nonfederal share requirement, including all in-kind services.

Assurances (SF-424d, 112-0-3C or 20-16C, and SF-LLL)

Completed SF-424 (Application for Federal Assistance), signed by the authorized representative of the jurisdiction. (optional for subapplications in HMGP)

Nonconstruction Budget (SF-424a) (optional for subapplications in HMGP)

Designated Authorized Agent Documentation designating authority of the signatory to sign contracts, authorize funding allocations or payments, or apply for grant funding that is signed by the ruling body of the applicant.

**Other comments, information, or explanation:**

Enter explanations, justifications, and details here, as needed.