

Subgrant Project Application (Swift Current)

* Application Title:

* Subgrant Applicant:

* Application Number:

* Application Year:

* Grant Type:

* Phased Project (scope includes design/engineering):

Subapplicant Details:

* Name of Subapplicant (entity):

* Subapplicant Address:

* Subapplicant City, Zip:

* State: Vermont

Type of Subapplicant:

- State Government
- Local Government
- Indian Tribal Government
- Special Governmental District
- Private Non-Profit
- Other

If Private, Non-Profit,
Describe the legal status,
function, and facilities owned:

State Tax Number: (e.g. 11-111111)

Federal Tax Number: (e.g. 11-111111)

If Other, please specify:

* Federal Employer Identification Number (EIN)

* (If Indian Tribe selected above) Tribal ID Number:

* What is your DUNS Number?

*What is your UEI Number?

* Is Subapplication subject to review by Executive Order 12372 Process?

Yes. This preapplication/application was made available to the State of Vermont under the Executive Order 12372 Process for review on:

(MM-DD-YYYY e.g. 02-05-2003)

No. Program is not covered by E.O. 12372

Or program has not been selected by state for review

* Is the Subapplicant delinquent on any Federal debt? Yes No

If yes, type explanation:

Select Community Contact: Authorized Subgrant Agent

Title: Mr. Ms. Mrs. Dr. Other

* First Name

Middle Initial

* Last Name

Title

* Agency/Organization

* Address 1

Address 2

* City

* State

* ZIP

* Phone

Fax

* Email

Select Community Contact: Point of Contact

Title: Mr. Ms. Mrs. Dr. Other

* First Name

Middle Initial

* Last Name

Title

* Agency/Organization

* Address 1

Address 2

* City

* State

* ZIP

* Phone

Fax

* Email

<u>Community</u>					
Federal Identification Processing Standard (FIPS) County Code (50XXX)	Community Name	Community Identifier (CID) Number	Community Rating System (CRS) Community Name	CRS Rating State	State Legislative District
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	<input type="text"/>

US Congressional District	State
1	VT

If you would like to make any comments, please enter them below:

Attachments (attach separately and list below):

Mitigation Plan

* 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?

Yes No Not Known

If yes, please answer the following:

* What is the name of the plan?

* What is the type of plan?

- Local Multi-Jurisdictional Multi-hazard Mitigation Plan
- Local Multi-hazard Mitigation Plan
- Tribal (Local) Multi-Jurisdictional Multi-hazard Mitigation Plan
- Tribal (Local) Multi-hazard Mitigation Plan

* When was the current multi-hazard mitigation plan approved by FEMA?

* Describe how the proposed activity relates to or is consistent with the FEMA-approved mitigation plan.

If you do not have a current FEMA-approved multi-hazard mitigation plan or do not know if you have one, please answer the following:

* Does the entity have any other mitigation plans adopted? Yes No Not Known

* If yes, please provide the following information.

Plan Name	Plan Type	Date Adopted	Attachment Name(s)**
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Please attach separately

* Does the State/Tribe in which the entity is located have a current FEMA-approved mitigation plan in compliance with 44 CFR Part 201? Yes No

If yes, please answer the following:

* What is the name of the plan? **2023 Vermont State Hazard Mitigation Plan (SHMP): Vermont Stronger**

* What is the type of plan?
 Standard State Multi-hazard Mitigation Plan

* When was the current mitigation plan approved by FEMA? **November 2023**

* Describe how the proposed activity relates to or is consistent with the State/Tribe's FEMA-approved mitigation plan and provide attachment(s) with corresponding documentation.



If you would like to make any comments, please enter them below.

Attachment Name(s) (**Please attach separately):

Scope of Work

* Title of your proposed activity (should include the type of activity and location):

* **Identify Hazards(s) to be Mitigated**

- Flood Freezing Human Cause Hurricane Tropical Cyclones
 Severe Storm(s) Other (Define)

* **What type of “Individual Flood Mitigation Project” are you proposing?**

- Property Acquisition Mitigation Reconstruction Structure Elevation
 Dry Floodproofing Structure Demolition/Relocation
 Other (Review Swift Current NOFO)

* **Please share any details on the History of Damages at the project location(s).**

*** Provide a clear and detailed description of your proposed activity.**

* Are you doing construction in this project? Yes No

* Provide a description of the proposed project locations (e.g. municipality, street address, major intersecting streets and other important landmarks). Please attach supporting documentation such as maps that clearly identify the locations and critical features to the project such as topography, waterways, adjacent community boundaries, etc. and mark your project sites on the FIRM/DFIRM/FHBM (even if it is out of the floodplain).

* Briefly describe the need for this activity. Why should this mitigation activity be completed?

* Who will the mitigation activity benefit and/or impact?

* How will the mitigation activity be implemented?

* Describe how the project is technically feasible and will be effective in reducing the risk by reducing or eliminating damages 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 floor protection wit freeboard, 100-yr wind design, etc.).

* Who will manage and complete the mitigation activity?

* Will the project address the hazards identified and what risks will remain from all hazards after project implementation (residual risk)? Note all projects except for property acquisition have 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?

- Option 1: Preferred Alternative:

Reason Preferred/Impact:

- Option 2: No Action Alternative:

Reason(s) Not Preferred/Impact:

- Option 3: Non-Preferred Alternative:

Reason Not Preferred/Impact:

* 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.

If you would like to make any comments, please state them below.

Attachment Names Supporting Scope of Work (*Please Attach Separately):

Additional Property Information (Buyout)

Address of Property Being Mitigated, include City, Zip	Is Property Substantially Damaged? (Y/N)	Estimated Appraised Value	Notes

If you would like to make any comments, please state them below.

Attachment Names Supporting Buyout Information (*Please Attach Separately):

* Proposed start date (format: month/year):

* If you would like to make any comments, please state them below, including noting seasonal impacts on construction timeline:

Attachment Names Supporting Schedule Info (*Please Attach Separately):

Cost Estimate & Cost Share

Cost Item	Total Cost
GRAND TOTAL	

* Total Project Cost (excluding Grant Management Costs) \$

* Total Federal Share: \$

* Requested Federal Share: %

* Total Non-Federal Share: \$

* Requested Non-Federal Share: %

* Non-Federal Funds Source(s) and Amount by Source:

Source (Cash, In-Kind, Volunteer, Donation)	Amount (\$)	% of Non-Fed Share	Date Available (MO/YR)
GRAND TOTAL		100%	XXXXXXXXXXXX

If you would like to make any comments, please state them below.

Cost Effectiveness

Address of Property Being Mitigated, include City, Zip	Cost-Effectiveness Methodology (BCA, Pre-Calc, Sub Dam, Narrative)	Total Benefits (\$)	Total Costs (\$)	Benefit Cost Ratio (Benefits/ Costs)
XXXXXXXXXXXX	All Properties Total			

If you would like to make any comments, please enter them below.

* Attachment names for all cost-effectiveness documentation.

Environmental & Historic Preservation (EHP)

A. National Historic Preservation Act - Historic Buildings and Structures

* 1. Does your project affect or is it in close proximity to any buildings or structures 50 years or more in age?

Yes No Not known

If Yes, you must confirm that you have provided the following:

- The property address and original date of construction for each property affected (unless this information is already noted in the Properties section),
- A minimum of two 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.

To help FEMA evaluate the impact of the project, please indicate below any other information you are providing:

- 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.

Please enter your comments below. (If you selected Yes or Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review. If you selected “No” you can write “N/A” here):

Attachment Names (attach separately):

B. National Historic Preservation Act - Archeological Resources

* 1. Does your project involve disturbance of ground? Yes No Not Known

If Yes, you must confirm that you have provided the following:

- A description of the ground disturbance by giving the dimensions (area, volume, depth, etc.) and location
- Documentation on 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.
- To help FEMA evaluate the impact of the project, please indicate below any other information you are providing:
 - 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.

Please enter your comments below. (If you selected Yes or Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review. If you selected “No” you can write “N/A” here):

Attachment Names (attach separately):

C. Endangered Species Act and Fish and Wildlife Coordination Act

* 1. Are Federally listed threatened or endangered species or their critical habitat present in the area affected by the project? Yes No Not Known

If Yes, you must confirm that you have provided the following: Information you obtained to identify species in or near the project area. Provide the source and date of the information cited.

To help FEMA evaluate the impact of the project, please indicate below any other information you are providing:

Any request for information and associated response from the USFWS, the National Marine Fisheries Service (NMFS) (for affected ocean-going fish), or your State Wildlife Agency, regarding potential listed species present and potential of the project to impact those species.

Attached materials or additional comments.

Please enter your comments below. (If you selected Yes or Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review. If you selected "No" you can write "N/A" here):

Attachment Names (attach separately):

* 2. Does your project remove or affect vegetation? Yes No Not Known

If Yes, you must confirm that you have provided the following:

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.
- Attached materials or additional comments.

Please enter your comments below. (If you selected Yes or Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review. If you selected "No" you can write "N/A" here):

Attachment Names (attach separately):

*3. Is your project in, near (within 200 feet), or likely to affect any type of waterway or body of water? Yes No Not Known

If Yes, and project is not within an existing building, you must confirm that you have provided the following:

- A USGS 1:24,000 scale quadrangle map showing the project activities in relation to all nearby water bodies (within 200 feet).
- Any information about the type of water body nearby including: its dimensions, the proximity of the project activity to the water body, and the expected and possible changes to the water body, if any. Identify all water bodies regardless whether you think there may be an effect
- A photograph or digital image of the site showing both the body of water and the project area.

To help FEMA evaluate the impact of the project, please indicate below any other information you are providing:

- Evidence of any discussions with the US Fish and Wildlife Service (USFWS), and/or your State Wildlife Agency concerning any potential impacts if there is the potential for the project to affect any water body.
- Attached materials or additional comments.

Please enter your comments below. (If you selected Yes or Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review. If you selected "No" you can write "N/A" here):

Attachment Names (attach separately):

D. Clean Water Act, Rivers and Harbors Act, and Executive Order 11990 (Protection of Wetlands)

* 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?

- Yes No Not Known

If Yes, you must confirm that you have provided the following:

- 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.

To help FEMA evaluate the impact of the project, please indicate below any other information you are providing:

- Request for information and response letter from the US Army Corps of Engineers and/or State resource agencies regarding the potential for wetlands, and applicability of permitting requirements.
- Evidence of alternatives considered to eliminate or minimize impacts to wetlands.
- Attached materials or additional comments.

Please enter your comments below. (If you selected Yes or Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review. If you selected "No" you can write "N/A" here):

Attachment Names (attach separately):

E.Executive Order 11988 (Floodplain Management)

* 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?

- Yes No Not Known

If Yes, please indicate in the text box below any documentation to identify the means or the alternatives considered to eliminate or minimize impacts to floodplains (See the 8 step process found in 44 CFR Part 9.6.) to help FEMA evaluate the impact of the project (If you selected Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review. If you selected "No" then write "N/A"):

* 2. Does the project alter a watercourse, water flow patterns, or a drainage way, regardless of its floodplain designation? Yes No Not Known

If Yes, please indicate below any other information you are providing to help FEMA evaluate the impact of the project:

- Hydrologic/hydraulic information from a qualified engineer to demonstrate how drainage and flood flow patterns will be changed and to identify down and upstream effects.
- Evidence of any consultation with US Army Corps of Engineers (may be included under Part D of the Environmental Information).
- 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.

Please enter your comments below. (If you selected Yes or Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review. If you selected “No” you can write “N/A” here):

Attachment Names (attach separately):

F. Coastal Zone Management Act

* 1. Is the project located in the State's designated coastal zone? Yes No Not Known

If Yes, please indicate below any other information you are providing to help FEMA evaluate the impact of the project:

- Information resulting from contact with the appropriate State agency that implements the coastal zone management program regarding the likelihood of the project’s consistency with the State’s coastal zone plan and any potential requirements affecting the cost or design of the proposed activity.
- Attached materials or additional comments.

Please enter your comments below. (If you selected Yes or Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review. If you selected “No” you can write “N/A” here):

Attachment Names (attach separately):

G. Farmland Protection Policy Act

* 1. Will the project convert more than 5 acres of “prime or unique” farmland outside city limits to a non- agricultural use? Yes No Not Known

Please enter your comments below. (If you selected Yes or Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review. If you selected “No” you can write “N/A” here):

Attachment Names (attach separately):

H.RCRA and CERCLA (Hazardous and Toxic Materials)

* 1. Is there a reason to suspect there are contaminants from a current or past use on the property associated with the proposed project. Yes No Not Known

If Yes, please indicate below any other information you are providing to help FEMA evaluate the impact of the project:

- 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.

Please enter your comments below. (If you selected Yes or Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review. If you selected “No” you can write “N/A” here):

Attachment Names (attach separately):

* 2. Are there any studies, investigations, or enforcement actions related to the property associated with the proposed project?

Yes No Not Known

If Yes, please indicate below any other information you are providing to help FEMA evaluate the impact of the project:

- 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.

Please enter your comments below. (If you selected Yes or Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review. If you selected "No" you can write "N/A" here):

Attachment Names (attach separately):

* 3. Does any project construction or operation activities involve the use of hazardous or toxic materials? Yes No Not Known

* If Yes, please indicate below any other information you are providing to help FEMA evaluate the impact of the project:

- 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.

Please enter your comments below. (If you selected Yes or Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review. If you selected "No" you can write "N/A" here):

Attachment Names (attach separately):

* 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?

Yes No Not Known

If Yes, please indicate below any other information you are providing to help FEMA evaluate the impact of the project:

- 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.
- 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.

Please enter your comments below. (If you selected Yes or Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review. If you selected "No" you can write "N/A" here):

Attachment Names (attach separately):

I. Executive Order 12898, Environmental Justice for Low Income and Minority Populations

* 5. Are there low income or minority populations in the project's area of effect or adjacent to the project area? Yes No Not Known

If Yes, you must confirm that you have provided the following:

- Description of any disproportionate and adverse effects to these populations.

To help FEMA evaluate the impact of the project, please indicate below any other information you are providing:

- Description of the population affected and the portion of the population that would be disproportionately and adversely affected. Please include specific efforts to address the adverse impacts in your proposal narrative and budget.
- Attached materials or additional comments.

Please enter your comments below. (If you selected Yes or Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review. If you selected "No" you can write "N/A" here):

Attachment Names (attach separately):

J. Other Environmental/Historic Preservation Laws or Issues

- * 1. Are there other environmental/historic preservation requirements associated with this project that you are aware of? Yes No

If Yes, please indicate in the text box below a description of the requirements, issues or public involvement effort. (If you selected "No" above, then write "N/A"):

- * 2. Are there controversial issues associated with this project? Yes No Not Known

If Yes, please indicate in the text box below a description of the requirements, issues or public involvement effort (If you selected Not Known above, please indicate why in the text box below and any information about this project that could assist FEMA in its review. If "No" then write "N/A" below.):

- * 3. Have you conducted any public meeting or solicited public input or comments on your specific proposed mitigation project? Yes No

If Yes, please indicate in the text box below a description of the requirements, issues or public involvement effort. (If you selected "No" indicate if you plan to do so for your proposed project.)

Attachment Names (attach separately):

K. Summary and Cost of Potential Impacts

- * 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? Yes No

If Yes, you must confirm that you have:

- Evaluated these potential effects and provided the materials required in Parts A through J that identify the nature and extent of potential impacts to environmental resources and/or historic properties.
- Consulted with appropriate parties to identify any measures needed to avoid or minimize these impacts.
- Considered alternatives that could minimize both the impacts and the cost of the project.
- Made certain that the costs of any measures to treat adverse effects are realistically reflected in the project budget estimate.

If Yes, please indicate in the text box below a description of the requirements, issues or public involvement effort. (If you selected "No" indicate if you plan to do so for your proposed project.)

Attachment Names (attach separately):

Evaluation

* Is the recipient participating in the Community Rating System (CRS)? (see page 3 above)

Yes No

If yes, what is their CRS rating (1-10)?

* Is the recipient a [Cooperating Technical Partner \(CTP\)](#)? Yes No

* Is the recipient a [Firewise Community](#)? Yes No

If yes, please provide their [Firewise Community](#) number:

* Has the recipient adopted the [National Fire Protection Association \(NFPA\) 5000 Code](#)?

Yes No

* Have the recipient's building codes been assessed on the [Building Code Effectiveness Grading Schedule \(BCEGS\)](#)?

If yes, what is their [BCEGS](#) rating (1-10)?

* Is this a small, impoverished community? Yes No

* How will this mitigation activity leverage involvement of partners to enhance its outcome?

* How will this mitigation activity offer long-term financial and social benefits or promote resiliency for the community?

* Please provide the percent of the population benefiting from this mitigation activity: %

* Please explain your response to the above question.

* Does this mitigation activity protect a critical facility? Yes No

If yes, please select the type of critical facility/facilities to be protected:

- Water Facilities
- Hazardous Materials Facilities
- Emergency Operation Centers

- Power Facilities
- Sewer and wastewater treatment facilities
- Communications Facilities
- Emergency Medical Care Facilities
- Fire Protection Emergency Facilities
- Other (Please Define):

If you would like to make any comments, please enter them below.

Attachment Names (attach separately):

Attachment Checklist (All Property Types)

<u>Required Documents</u>	<u>Attached (Y/N)</u>	<u>Attached File Name(s) / Notes</u>
<u>Assurances and Certifications, Form 20-16 A, B, C</u>		
Benefit Cost Analysis		
Benefit Cost Analysis Supporting Documentation		
<u>Match Commitment Letter</u>		
Site map with project location(s) clearly marked		
<u>FIRMette</u> (with project location(s))		
Building Information (Tax cards, City/County Property Records, etc.)		
Photos of project site		
<u>Historic Preservation Project Review Cover Form</u>		
<u>Consent for Release of Home Address</u>		
<u>Application for Federal Assistance - SF424</u>		
Other Project Specific Files?		

Acquisitions Only:

<u>Required Documents</u>	<u>Attached (Y/N)</u>	<u>Attached File Name(s) / Notes</u>
FEMA Model Deed Restriction		
FEMA Model Statement of Assurances for Property Acquisition		
Statement of Voluntary Participation		
Maintenance Agreement		
Hazardous Materials Survey		
Duplication of Benefits Affidavit		

Elevations Only:

<u>Required Documents</u>	<u>Attached (Y/N)</u>	<u>Attached File Name(s) / Notes</u>
Photos of each side of building being elevated		
Elevation Certificate *		
Acknowledgement of Conditions		
Inspection by a qualified professional on structure and ability to elevate *		
Engineered Design Compliant with ASCE 24 *		
SF-424C Budget Information – Construction Programs		

Mitigation Reconstruction Only:

<u>Required Documents</u>	<u>Attached (Y/N)</u>	<u>Attached File Name(s) / Notes</u>
Substantial Damage Determination		
Acknowledgement of Conditions		
Engineered Design Compliant with ASCE 24 *		
SF-424C Budget Information – Construction Programs		

* If project is proposed to be “Phased”, then these can be included in the scope of work to complete.

Additional Notes: