**Subapplicant Management Costs (SMC) Request**

1. Subapplicant Information
2. Subapplicant Name: Enter Legal Name Here
3. Organizational Unit:Department/Agency
4. Project Title: Enter Project Title Here
5. Subapplicant MC Requested Amount Total Cost: $

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 request for SMC 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 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): ###### Entity Unique Identifier:
3. U.S. Congressional District: 1
4. State Legislative District: 1
5. Primary Point of Contact

If the SMC 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 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. SMC Narrative and Scope of Work

Enter explanations here, as needed.

1. The name and type of jurisdiction requests an initial obligation of $     , based on      % of the 6-month estimate dated Enter Date. The name and type of jurisdiction is requesting that the funds be made available from Enter Year1 Start Date through Enter Year1 End Date. The total budget for the entire three years requested as the period of performance for SMC application will be provided on the application due date for PROGRAM# with a due date of Enter Application Due Date. The name and type of jurisdiction will use SMC to develop, manage, administer the federal award as described in the Scope of Work below.
2. List proposed activities, deliverables, and estimated cost.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Activity** | **Deliverable(s)** | **Estimated Cost** |  |
| 1 | Subgrant Agreement development | Subgrant Agreement | $ |  |
| 2 | RFP process and contracting (as needed) | Contracts | $ |  |
| 3 | Grant Management | Completion of all grant requirements | $ |  |
| 4 | Quarterly Reporting to VEM | Quarterly Reports to VEM | $ |  |
| 5 | Technical Monitoring | Site Visits and Technical Visits | $ |  |
| 6 | Financial Reimbursements | Financial Reimbursements to VEM | $ |  |
| 7 | Closeout | Final Closeout Documents | $ |  |
| 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** | | | $ | % |

1. Estimated Work Schedule

|  |  |  |  |
| --- | --- | --- | --- |
| Task/Activity | Start Month | End Month | Time line |
| Subgrant Agreement | 1 | 3 | 10 months |
| Grant Management | 1 | 36 | 36 months |
| Financial Reimbursements -ongoing | 3 | 33 | 30 months |
| Site Visits | 1 | 36 | 36 months |
| Closeout | 33 | 36 | 24 months |
|  |  |  | time unit |
|  |  |  | time unit |
|  |  |  | time unit |
|  |  |  | time unit |
|  |  |  | time unit |
| **Total time line (must not exceed 36 months):** | | | 36 months |

## Budget Estimating

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

Estimates obtained from construction contractors and similar vendors

Historical data from previous SMC activities

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

Other, please explain:

Enter explanations here, as needed.

1. **Cost Estimate**The Applicant must ensure that all SMC costs are allocable, allowable, reasonable, and necessary for PROGRAM# according to 2 CFR § Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

The costs included in this SMC application are listed, as applicable, and detailed in the justification box as follows:

1. Personnel: Provide position title, employee(s) (including names for each identified position) of the applicant/recipient organization, hourly rate, # of estimated hours, other sources of compensation, level of effort, total estimated cost

Justification: Details below

Describe the role and responsibilities of each position.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Unit Type & Quantity** | **Position Title** | **Name** | **Hourly Rate** | **#of Hours** | **Source of compensation** | **Level of Effort** | **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 | $ |  |  |  | $ |

1. Fringe Benefits: List all components of fringe benefits rate, provide the rationale for the fringe rate provided. List elements (Retirement, health insurance, life insurance, stipends, etc.), include percentage (must be consistent with policies and procedures that apply uniformly to both federally financed and other activities of the non-Federal entity), include fringe increases contemplated during the grant period.

**Justification:** Describe, 75 character limit

|  |  |  |  |
| --- | --- | --- | --- |
| **Component** | **Rate** | **Wage** | **Cost** |
| 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 | $ | $ |

1. **Travel:** Explain need for SMC travel. Applicant travel policies prevail. Provide the basis for travel costs for each trip (Number of Travelers, Destination, Trip Purpose, Trip Length (number of days), Airfare, Rental Car, Mileage, Per Diem, Lodging, Parking, Other)

**Justification:** Details below

Describe the purpose of travel and how costs were determined

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Purpose of Travel** | **Name of Traveler** | **Location** | **# of Days** | **Item** | **Rate** | **Cost** |
| 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 | $ | $ |

1. Equipment: Include equipment specified by units and costs. Provide estimated purchase dates provided/QT/Year. If brand names are specified, justification must be provided. Address consideration of lease vs purchase. Equipment must be pro-rated amongst all the programs that will benefit from the equipment. **Definition**:2 CFR 200.1 “Equipment”

**Note:** Purchase of supplies will not be allowed towards the end of the grant cycle.

1. Supplies: Include supplies by major types (i.e. outreach material, printing, office supplies, printer cartridges, notebook computers, postage). . Provide estimated purchase dates provided/QT/Year. Provide unit costs or monthly estimates.

**Justification:** Details below

Describe the need and include an adequate justification of how each cost was estimated.

|  |  |  |  |
| --- | --- | --- | --- |
| **Items** | **Estimated Purchase Dates** | **Rate** | **Cost** |
| 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 | $ | $ |

1. Contract: Describe adequately the type of each service to be rendered. Include sufficient justification to support the costs? (e.g. budget spreadsheet, narrative description of costs/services). Must include position titles, hourly rates, and number of hours to be charged. Work must be described in sufficient detail for review (Understand the purpose of SMC), include the rationale used to calculate construction costs listed, market research, previous SMC, multiple bids (minimum of 3), an estimate, etc.) **Note:** Written procurement policies and procedures must be applied consistently applied. All procurement transactions shall follow the standard procurement process. Open and free competition.

**Justification:** Details below

Explain the need for each contractual agreement and how they relate to the overall SMC application.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Service** | **Rate** | **Length of Contract** | **Cost** |
| 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 | $ |

1. **Indirect Charges:** Indirect costs can only be claimed if your organization has a negotiated indirect cost rate agreement or cost allocation plan. It is applied only to direct costs to the agency as allowed in the agreement or cost allocation plan. The amount for indirect costs should be calculated by applying the current negotiated indirect cost rate(s) to the approved base(s).

**Justification:** Details below

Break down costs into cost/unit (e.g. cost/square foot, etc.). Explain the use of each item requested.

|  |  |  |  |
| --- | --- | --- | --- |
| **Items** | **Description** | **Rate** | **Cost** |
| 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 | $ | $ |

1. **Budget Narrative**

Provide a budget narrative with explanations, justifications, and line-item details of the SMC application noted in 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.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Budget Category** | **Federal Request for Year 1** | **Federal Request for Year 2** | **Federal Request for Year 3** | **Federal Request for Year 4** | **Federal Request for Year 5** | **Total Requested** |
| **Personnel** | $ | $ | $ | $ |  | $ |
| **Fringe** | $ | $ | $ | $ |  | $ |
| **Travel** | $ | $ | $ | $ |  | $ |
| **Equipment** | $ | $ | $ | $ |  | $ |
| **Supplies** | $ | $ | $ | $ |  | $ |
| **Contractual** | $ | $ | $ | $ |  | $ |
| **Other** | $ | $ | $ | $ |  | $ |
| **Total Direct Charges** | $ | $ | $ | $ |  | $ |
| **Indirect Charges** | $ | $ | $ | $ |  | $ |
| **Total:** | $ | $ | $ | $ |  | $ |

1. **Required Documentation Attached**

Detailed budget with narrative

SMC ART

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)

Non-construction Budget (SF-424a) (planning, scoping, 5% Initiative only)

Construction Budget Form (SF-424c) (construction-related projects only)

Copy of the current fully executed, negotiated agreement indirect cost rate agreement or cost allocation plan. The applicable indirect cost rate(s) negotiated by the organization with the cognizant negotiating agency must be used in computing indirect costs (F&A) for a proposal (2 CFR §200.414).

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.