

HAZARD MITIGATION GRANT PROGRAM ADVANCE ASSISTANCE PROJECT APPLICATION



A. Applicant/Subapplicant Information

1. **Applicant/Subapplicant Legal Name:** Enter Legal Name Here
2. **Organizational Unit:** Department/Agency
3. **Project Title:** Enter Project Title Here
4. **Applicant/Subapplicant Type:** Local Government State Government
 Private Nonprofit (attach copy of Form 501c3)
 Territory/Commonwealth
 Federally Recognized Tribe Other

5. **Proposed Project Total Cost:** \$
Federal Share (%): \$ Local Share (%): \$

6. 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

7. 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

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8. Does the community participate in the National Flood Insurance Program? Yes No

9. Tax ID Number: XXX-XX-XXXX

FIPS Code (5 digits): #####

Community ID Number (6 digits): #####

DUNS Number (9 characters):

10. U.S. Congressional District:

11. State Legislative District:

12. 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:

13. 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:

14. Authorized Applicant/Subapplicant Agent

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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:

B. Project Narrative and Scope of Work

1. 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.
2. Describe the project in detail.

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

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3. 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.

4. 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			\$	%



C. Estimated Work Schedule

- 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

D. Budget Estimating

- 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:

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Enter explanations here, as needed.

2. 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	\$	\$	\$	\$
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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	\$	\$	\$	\$

3. 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.

E. 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.

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Source	Name of Source Agency	Type Funding	Amount	Commitment Letter Attached
Describe	Describe	Describe	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe	Describe	Describe	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe	Describe	Describe	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

F. 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.

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