HAZARD MITIGATION GRANT PROGRAM

PLANNING SUBAPPLICATION

|  |  |
| --- | --- |
| DISASTER NUMBER: |  |
| JURISDICTION NAME: |  |
| PLAN TITLE: |  |
| CONTROL NUMBER: |  |
|  | THE CONTROL NUMBER IS RECEIVED AT TIME OF SUCCESSSFUL NOI SUBMITTAL |

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Description automatically generated

**HAZARD MITIGATION GRANT PROGRAM (HMGP)**

**INTRODUCTION**

INTRODUCTION

As a result of the declaration of a major federal disaster, the State of Nevada is eligible for HMGP funding. The State has established priorities to accept subapplications from subapplicants state-wide, state agencies, tribal governments, local governments, and Private Non-Profits.

Hazard mitigation activities are aimed at reducing or eliminating future damages. Activities include hazard mitigation plans approvable by the Federal Emergency Management Agency (FEMA).

HMGP is successful in meeting the FEMA requirements to qualify as an Enhanced State Hazard Mitigation Plan (ESHMP) state. ESHMP accreditation has resulted in additional millions of dollars available for local agencies’ hazard mitigation plan and project funding. In order to maintain ESHMP status, further information is requested by FEMA. This information is requested as a means of assessing the pro-activity of your community or agency.

REGULATIONS

Federal funding is provided under the authority of the [Robert T. Stafford Emergency Assistance and Disaster Relief Act (Stafford Act)](https://www.fema.gov/disaster/stafford-act) through FEMA and the Nevada Division of Emergency Management (NV DEM). NV DEM is responsible for identifying program priorities, reviewing subapplications and forwarding recommendations for funding to FEMA. FEMA has final approval for activity eligibility and funding.

The federal regulations governing HMGP are found in Title 44 of the Code of Federal Regulations (44CFR), Part 201 (Planning) and Part 206 (Projects) and in Title 2 of the Code of Federal Regulations (2CFR), Part 200 (Uniform Administrative Requirements).

FEMA GUIDANCE

FEMA requires that all plans adhere to the [Local Mitigation Planning Handbook 2013](https://www.fema.gov/sites/default/files/2020-06/fema-local-mitigation-planning-handbook_03-2013.pdf) and [Hazard Mitigation Assistance Unified Guidance 2015](https://www.fema.gov/media-library/assets/documents/103279).

TIME EXTENSIONS

Time extensions may be requested and will be approved or denied on a case-by-case basis. To request additional time to submit a subapplication, send an email to [mitigation@dem.nv.gov](mailto:mitigation@dem.nv.gov). The subject line must include: “Subapplication Time Extension Request (include Disaster Number and Control Number)”. The body of the message must include justification and specific details supporting why more time is needed and how much additional time is requested.

QUESTIONS

Submit all HMGP subapplication questions to the following mailbox: [mitigation@dem.nv.gov](mailto:jmitigation@dem.nv.gov).

HAZARD MITIGATION GRANT PROGRAM

ELIGIBILITY CHECKLIST

Before completing the subapplication, review the following HMGP eligibility checklist to ensure planning meets the requirements for HMGP funding.

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|  |  | Cost Share: NV DEM will not accept subapplications with a requested federal share that exceeds $150,000 for a single jurisdiction mitigation plan or $250,000 for a multi-jurisdictional mitigation plan. Other approved planning-related activities are approved on a case-by-case basis for up to $150,000. Funds are provided on a 75/25 cost share basis: 75% federal and 25% non-federal cost share. Local funding match of 25% of the total planning cost is required by the subapplicant. HMGP matching funds must be from a non-federal source. State does not contribute to local funding match. |  |
|  |  |  |  |
|  |  | Period of Performance (POP): NV DEM will not accept subapplications with performance periods exceeding 36 months. |  |
|  |  |  |  |
|  |  | Approved Notice of Interest: Subapplicant must have an approved Notice of Interest (NOI) to submit a subapplication for HMGP funding. Only activities approved through the NOI process can be submitted for HMGP funding consideration. |  |
|  |  |  |  |
|  |  | Scope of Work: The planning scope of work (SOW) must be consistent with the SOW provided in the approved Notice of Interest (NOI). |  |
|  |  |  |  |
|  |  | Time Extensions: Unless a time extension has been approved before the deadline, subapplications must be postmarked by the applicable deadline to be considered for funding. |  |
|  |  |  |  |
|  |  | Hazard Mitigation Planning Laws, Regulations and Policies Guidance: Subapplicants must use applicable State, tribal, or local mitigation planning guidance to determine the specific requirements for new plans and plan updates regarding the planning process; hazard identification and risk assessment; mitigation strategy; plan review, evaluation, and implementation; and plan adoption. For State, tribal, or local mitigation planning guidance, read the FEMA Mitigation Planning [webpage](https://www.fema.gov/hazard-mitigation-planning). |  |
|  |  |  |  |
|  |  | Subapplicant Eligibility: Subapplicant must be an eligible State Agency, Local Government (City, County, Special Districts) or Federally Recognized Tribe. |  |
|  |  |  |  |
|  |  | Duplication of Programs: HMGP funding cannot be used as a substitute or replacement to fund activities or programs that are available under other federal authorities, known as Duplication of Programs (DOP). |  |
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|  |  | FOR MULTI-JURISDICTIONAL PLANS ONLY - Letters of Commitment (LOC): A Letter of Commitment must be included for each participating jurisdiction. |  |

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| https://images.roadtrafficsigns.com/img/md/X/stop-sign-x-r1-1.png | SUBAPPLICANT MUST BE ABLE TO CHECK EVERY BOX TO QUALIFY FOR HMGP FUNDING. |

SUBAPPLICATION FORMAT INSTRUCTIONS

NV DEM requires the following format to be used for all HMGP subapplications. Two complete subapplications must be submitted to NV DEM. Each subapplication must be in separate binders. The first copy is logged and retained for NV DEM records. The second copy will be forwarded to FEMA for review and final determination.

COMPLETE SUBAPPLICATION PACKAGE CONSISTS OF THE FOLLOWING:

**Submit your application electronically by email or another format such as Dropbox or other method of sending a large files. Ensure all needed items are included in your submission.**

ORGANIZATION OF THE SECTIONS MUST BE TABBED IN THE FOLLOWING FORMAT:

1. Table of Contents
2. Subapplication
3. Scope of Work
4. Schedule (Additional documentation work schedule components, Gantt chart, etc.)
5. Budget ([HMGP Cost Estimate Spreadsheet](https://dem.nv.gov/about/Hazard_Mitigation/) and cost estimate narrative)
6. Match ([Local Match Commitment Letter Template](https://dem.nv.gov/about/Hazard_Mitigation/))
7. Maintenance ([Planning Maintenance Letter Template](https://dem.nv.gov/about/Hazard_Mitigation/))
8. Letters of Commitment for Multi-Jurisdictional Local Hazard Mitigation Plans only ([Letter of Commitment Template](https://dem.nv.gov/about/Hazard_Mitigation/))
9. Supporting Docs (Any extra supporting documentation)

EMAIL COMPLETED SUBAPPLICATIONS TO (OR EMAIL PREFERRABLY):

|  |
| --- |
| [Mitigation@dem.nv.gov](mailto:Mitigation@dem.nv.gov) |
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PLANNING SUBAPPLICATION FORM

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| SUBAPPLICANT INFORMATION |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | SUBAPPLICANT: |  | | | | | | | | | | | | | | | | |
|  | NAME OF STATE AGENCY, TRIBAL GOVERNMENT, LOCAL GOVERNMENT, OR SPECIAL DISTRICT APPLYING FOR FUNDING | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
| 2. | TYPE: | STATE/LOCAL GOVERNMENT | | | | | TRIBAL GOVERNMENT | | | | | | | | | SPECIAL DISTRICT | | |
|  |  |  | | | |  | | | | | | | | | | | | |
| 3. | FIPS #: |  | | | | IF YOU DO NOT KNOW YOUR FEDERAL IDENTIFICATION PROCESSING SYSTEM NUMBER (FIPS #), REQUEST BY EMAILING [mitigation@dem.nv.gov](mailto:mitigation@dem.nv.gov) | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 4. | DUNS #: |  | | | | IF YOU DO NOT KNOW YOUR DATA UNIVERSAL NUMBERING SYSTEM (DUNS) #, CALL DUN & BRADSTREET (D&B) @ 1-866-705-5711 OR VISIT WWW.SAM.GOV | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 5. | POLITICAL  DISTRICT NUMBERS: | CONGRESSIONAL: | | |  | | | | | | PROVIDE ONLY THE NUMBERS OF THE  POLITICAL DISTRICTS FOR THE SUBAPPLICANT | | | | | | | |
|  | STATE ASSEMBLY: | | |  | | | | | |
|  | STATE LEGISLATIVE: | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 6. | PRIMARY CONTACT: | | | | | | | | | | | | | | | | | |
|  | POINT OF CONTACT FOR YOUR PLAN. NV DEM WILL CONTACT THIS PERSON FOR QUESTIONS AND/OR REQUESTS FOR INFORMATION | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
|  | NAME: | Mr. Ms. | FIRST: | | | | |  | | | | | | LAST: | | |  | |
|  |  | | | | | | | | | | | | | | | | | |
|  | TITLE: |  | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
|  | ORGANIZATION: |  | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
|  | ADDRESS: |  | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
|  | CITY: |  | | | | | | | STATE: | | | |  | | ZIP CODE: | | |  |
|  |  | | | | | | | | | | | | | | | | | |
|  | TELEPHONE: |  | | | | | | | |  | | FAX: | |  | | | | |
|  |  | | | | | | | | | | | | | | | | | |
|  | EMAIL: |  | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
| 7. | ALTERNATIVE CONTACT: | | | | | | | | | | | | | | | | | |
|  | BACK-UP POINT OF CONTACT FOR YOUR PLAN. NV DEM WILL CONTACT THIS PERSON IF PRIMARY CONTACT IS UNAVAILABLE | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | |  | | | | | |  | | |  | |
|  | NAME: | Mr. Ms. | FIRST: | | | | |  | | | | | | LAST: | | |  | |
|  |  | | | | | | | | | | | | | | | | | |
|  | TITLE: |  | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
|  | ORGANIZATION: |  | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
|  | ADDRESS: |  | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
|  | CITY: |  | | | | | | | STATE: | | | |  | | ZIP CODE: | | |  |
|  |  | | | | | | | | | | | | | | | | | |
|  | TELEPHONE: |  | | | | | | | |  | | FAX: | |  | | | | |
|  |  | | | | | | | | | | | | | | | | | |
|  | EMAIL: |  | | | | | | | | | | | | | | | | |

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| LOCAL HAZARD MITIGATION PLAN INFORMATION |

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| --- | --- |
| 8. | PLAN TYPE: |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | A. | ACTIVITY TYPE:  Planning activity types are classified as one of the choices listed below. Pick one of the following choices that best describes the type of plan this subapplication will deliver: | | | | | | |
|  |  |  |  |  | | | | |
|  |  | 1. |  | New Single Jurisdiction Local Hazard Mitigation Plan  Select for single jurisdictions that have no existing hazard mitigation plan. | | |  | |
|  |  |  |  |  | | | | |
|  |  | 2. |  | Update to Single Jurisdiction Local Hazard Mitigation Plan  Select for single jurisdiction that have a FEMA approved plan in place. | | FEMA APPROVAL DATE | | |
|  | | |
|  |  |  |  |  | | | | |
|  |  | 3. |  | New Multi-Jurisdictional Local Hazard Mitigation Plan  Select if there is no existing plan, and multiple jurisdictions will be included. | | |  | |
|  |  |  |  |  | | | | |
|  |  | 4. |  | Update to Multi-Jurisdictional Local Hazard Mitigation Plan  Select for multi-jurisdictions that have a FEMA approved plan in place. | | FEMA APPROVAL DATE | | |
|  | | |
|  |  |  |  |  | | | | |
|  |  | 5. |  | New Tribal Mitigation Plan (in accordance with 44 CFR Section 201.7)  Select for tribal federally recognized tribes that have no existing hazard mitigation plan. | | |  | |
|  |  |  |  |  | | | | |
|  |  | 6. |  | Update to Tribal Mitigation Plan (in accordance with 44 CFR Section 201.7)  Select for federally recognized tribes that have a FEMA approved plan in place. | | FEMA APPROVAL DATE | | |
|  | | |
|  |  |  |  |  | | | | |
|  |  | 7. |  | Other Planning-Related Activities | | | | |
|  | Describe planning activities: | | | | | |
|  |  |  |  | | | | |  |
|  |  |  |  | | | | | |
|  |  |  | Image result for information icon | | The following activities cannot be funded as mitigation planning related activities: Hazard identification or mapping and related equipment for the implementation of mitigation activities, Geographic Information System (GIS) software, hardware, and data acquisition whose primary aim is mitigation activity, public awareness or education campaigns about mitigation, project scoping or development (such as BCA, engineering feasibility studies, application development, construction design, or EHP data collection), or activities not resulting in a clearly defined product or products. | | | |

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|  | https://images.roadtrafficsigns.com/img/md/X/stop-sign-x-r1-1.png | COMPLETE SECTION E IF YOU SELECTED 8.A.3. OR 8.A.4. ABOVE: |

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| --- | --- | --- |
|  | E. | MULTI-JURISDICTIONAL LOCAL HAZARD MITIGATION PLAN INFORMATION: |

|  |  |  |
| --- | --- | --- |
|  | Image result for information icon | If your plan type is multi-jurisdictional, a Letter of Commitment (LOC) from each participating jurisdiction is required. Use the template [here](https://dem.nv.gov/about/Hazard_Mitigation/). A separate LOC must be executed by each participating jurisdiction and submitted to the lead agency and NV DEM jointly. The subapplication must include an LOC for each identified jurisdiction clearly stating commitment to participate in the development of the plan. Being recognized as a member of an approved multi-jurisdictional plan verifies a local agency's eligibility for hazard mitigation grant funds as long as they meet the participation criteria set forth in the letter. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | * Enter the names of all the jurisdictions that will be included in your plan. * Enter the County name included in the plan. * Enter all the congressional district(s) within plan jurisdictions from <https://www.census.gov/mycd/>. * Enter the exact title of the Letter of Commitment (LOC) electronic file that will be included on the required CD-RW Discs and place hard copies of each LOC in the LOC tabbed section of the binder. * Identify the population of the jurisdiction applying for the planning grant using current census data. | | | | | |
|  | | | | | | | |
|  |  | # | JURISDICTION | COUNTY | CONGRESSIONAL DISTRICT # | TITLE OF  ATTACHED LOC | POPULATION |
|  |  | 1. |  |  |  |  |  |
|  |  | 2. |  |  |  |  |  |
|  |  | 3. |  |  |  |  |  |
|  |  | 4. |  |  |  |  |  |
|  |  | 5. |  |  |  |  |  |
|  |  | 6. |  |  |  |  |  |
|  |  | 7. |  |  |  |  |  |
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|  |  | 9. |  |  |  |  |  |
|  |  | 10. |  |  |  |  |  |
|  |  | 11. |  |  |  |  |  |
|  |  | 12. |  |  |  |  |  |
|  |  | 13. |  |  |  |  |  |
|  |  | 14. |  |  |  |  |  |
|  |  | 15. |  |  |  |  |  |
|  | Image result for information icon | If more than 15 jurisdictions will be participating in your multi-jurisdictional plan; attach all information on a separate sheet and type the name of the attachment in box 1. | | | | | |

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| --- | --- | --- |
|  | https://images.roadtrafficsigns.com/img/md/X/stop-sign-x-r1-1.png | COMPLETE SECTION F IF YOU SELECTED 8.A.2. OR 8.A.4. OR 8.A.6. ABOVE: |

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| --- | --- | --- |
|  | F. | PLAN UPDATES: |
|  |  | Describe why the update to your plan is needed and describe how the update will build on your existing approved mitigation plan. |
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| PLANNING INFORMATION |

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| 9. | PLANNING INFORMATION: |

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|  | A. | PLAN TITLE: |  |
|  |  |  | Use the same plan title used in your approved planning NOI. |

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| --- | --- | --- |
|  | B. | PLANNING LOCATION: |
|  |  | Provide a detailed location in the box below. Describe the planning area, including any non-contiguous land holdings or assets, and demographics. |
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| --- | --- | --- |
|  | C. | EXISTING PLANS: |
|  |  | Identify existing plans, studies, reports, involvement for current mitigation activities (e.g., General Plan, Capital Improvement Plan, Fire Plan, etc.): |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  | D. | OTHER PLANNING ACTIVITIES/INITIATIVES: |
|  |  | Identify involvement with other mitigation activities (i.e., Flood Plan, Debris Plan, Local Recovery Plan, adoption and enforcement of codes/ordinances that promote mitigation, Climate Change reduction efforts, protection of environment, address sustainability, etc.). |
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|  | E. | CONSULTANT: |
|  |  | Will a consultant be hired to assist with the planning development process? Yes  No |
|  |  |  |
|  |  | If yes, include the following information in the box below or attach copies if known:   * Request for proposals (RFP’s) * Bid process * Description of responsibilities * Clarify at what point the consultant’s responsibilities will be fulfilled (i.e., duties will be fulfilled when FEMA notifies jurisdiction of plan approval) |
|  |  |  |
|  | Image result for information icon | RECOMMENDATION: CONSULTANT’S DELIVERABLE RESULTS IN A FEMA APPROVED AND LOCALLY ADOPTED PLAN. |

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| 10. | SCOPE OF WORK (SOW): | | |
|  |  |  | |
|  | STATE EXACT SOW DOCUMENT TITLE: | |  |
|  |  |  | |
|  | * Describe the entire SOW of planning in clear, ample detail. * Must provide a thorough description of all activities to be undertaken. * Must be written in sequential order from start to finish of the plan. * Describe method and schedule of monitoring, evaluating, and updating the plan within the 5-year cycle. | | |
|  |  |  | |
|  | https://images.roadtrafficsigns.com/img/md/X/stop-sign-x-r1-1.png | INSERT THIS DOCUMENT IN THE SOW SECTION OF THE BINDER. | |

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| WORK SCHEDULE INFORMATION |

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| 11. | PLANNING WORK SCHEDULE: | | | |
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| The intent of the work schedule is to provide a realistic appraisal of the time and components required to complete the plan.   * Describe the major milestones and the duration of time to complete each one. * Show activity duration in months. * The work schedule must include six months for State and FEMA review/revisions/approval, appropriate time for local adoption and 90 days for grant close-out. | | WORK SCHEDULE EXAMPLE | | |
| # | DESCRIPTION | TIMEFRAME |
| 1. | Procure a consultant | 3 months |
| 2. | Develop planning team | 2 months |
| 3. | Community and stakeholder outreach | 3 months |
| 4. | Planning process for hazard identification | 3 months |
| 5. | Planning process for risk assessment | 3 months |
| 6. | Mitigation strategy | 2 months |
| 7. | Maintenance plan development | 1 month |
| 8. | Plan draft (with community/stakeholder input) | 3 months |
| 9. | NV DEM/FEMA Review/Revisions | 6 months |
| 10. | Local Plan Adoption | 2 months |
| 11. | Grant Close-out | 3 months |
| TOTAL MONTHS: | | 31 months |

|  |  |
| --- | --- |
| https://images.roadtrafficsigns.com/img/md/X/stop-sign-x-r1-1.png | TOTAL PLANNING DURATION (INCLUDING CLOSE-OUT) CANNOT EXCEED A 36 MONTH PERIOD OF PERFORMANCE (POP). |

|  |  |  |  |
| --- | --- | --- | --- |
| # | DESCRIPTION | | TIMEFRAME |
| 1. |  | |  |
| 2. |  | |  |
| 3. |  | |  |
| 4. |  | |  |
| 5. |  | |  |
| 6. |  | |  |
| 7. |  | |  |
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| 12. |  | |  |
| 13. |  | |  |
| 14. |  | |  |
| 15. |  | |  |
| 16. | STANDARD VALUE (DO NOT CHANGE) | NV DEM/FEMA Review/Revisions | 6 months |
| 17. | Local Plan Adoption | |  |
| 18. | STANDARD VALUE (DO NOT CHANGE) | Grant Close-out | 3 months |
|  | TOTAL MONTHS: | |  |
| If more lines are needed than provided, indicate the title of document in box 1 and attach a separate work schedule in the schedule section of binder. | | | |

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| HAZARD INFORMATION |

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| 12. | HAZARD & RISK ANALYSIS: |

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|  | A. | HAZARD ANALYSIS TYPE: | | | | | | | |
|  |  | Select the hazard(s) below that this plan will address. Select as many as needed. | | | | | | | |
|  | |  | BIOLOGICAL |  | EARTHQUAKE |  | LAND SUBSISTENCE |  | TERRORIST |
|  | |  | CHEMICAL |  | FIRE |  | MUD/LANDSLIDE |  | TORNADO |
|  | |  | CIVIL UNREST |  | FISHING LOSSES |  | NUCLEAR |  | TOXIC SUBSTANCES |
|  | |  | COASTAL STORM |  | FLOOD |  | SEVERE ICE STORM |  | TSUNAMI |
|  | |  | CROP LOSSES |  | FREEZING |  | SEVERE STORM(S) |  | WINDSTORM |
|  | |  | DAM/LEVEE BREAK |  | HUMAN CAUSE |  | SNOW |  | OTHER (describe below): |
|  | |  | DROUGHT |  | HURRICANE |  | SPECIAL EVENTS |  |  |

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| --- | --- | --- |
|  | B. | DESCRIBE PAST AND FUTURE PROBLEMS/HAZARDS/RISKS: |

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| --- | --- | --- | --- |
|  |  | 1. | Describe the problem(s) this plan is attempting to solve and the expected outcome. Describe in detail how the plan will reduce the effects of hazards and how the plan will eliminate or reduce risks. |
|  |  |  |  |

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| --- | --- | --- | --- |
|  |  | 2. | History: Describe the past hazards, risk to life and risk to safety in the community. Describe the type, location and extent of hazards. Include previous occurrences (repetitive losses) and the probability of future events. |
|  |  |  |  |

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| --- | --- | --- | --- |
|  |  | 3. | Describe the vulnerability to identified hazards. Includes an overall summary of each hazard and its effect on the community, including a general description of types of structures affected by each hazard. |
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| --- | --- | --- | --- |
|  |  | 4. | List improvements to the community that eliminated or reduced hazards/risks for at least the last 25 years. |
|  |  |  |  |

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| --- | --- | --- | --- |
|  |  | 5. | Describe types and numbers of existing and future structures and facilities that have the potential to occur damages and an estimate of potential dollar losses. |
|  |  |  |  |

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| --- | --- | --- | --- |
|  |  | 6. | Description of mitigation goals and objectives to reduce or avoid long-term vulnerabilities to the identified hazards. |
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| COST ESTIMATE INFORMATION |

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| --- | --- |
| 13. | HMGP COST ESTIMATE SPREADSHEET: |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | A. | COST ESTIMATE INSTRUCTIONS: | | | | | | |
|  |  |  | | | | | | |
|  | Using the [HMGP Cost Estimate Spreadsheet](https://dem.nv.gov/about/Hazard_Mitigation/), provide a detailed cost estimate breakdown.   * Cost estimate describes the anticipated costs associated with the SOW for the proposed mitigation plan. * Cost estimates must include detailed estimates of cost item categories. * Only include costs that are directly related to performing the mitigation activity. * Documentation that supports the cost estimate must be added to the budget section of the binder. * Eligible costs must be included in both the cost estimate spreadsheet and the scope of work to be reimbursed. | | COST ESTIMATE SPREADSHEET EXAMPLE | | | | | |
| ITEM NAME | | UNIT QTY | UNIT | UNIT COST | COST EST TOTAL |
| PLAN INITIATION | | 80 | HR | $120 | $9,600 |
| PUBLIC ENGAGEMENT | | 40 | HR | $60 | $2,400 |
| REVIEW OF PLANS | | 140 | HR | $80 | $11,200 |
| HAZARD/RISK ASSESSMENT | | 100 | HR | $150 | $15,000 |
| LOCAL PLAN UPDATES | | 200 | HR | $67 | $13,400 |
| COMPILE DRAFT | | 120 | HR | $120 | $14,400 |
| REVIEW OF DRAFT | | 67 | HR | $120 | $8,040 |
| APPROVAL/ADOPTION | | 50 | HR | $150 | $7,500 |
| PLANNING CLOSE-OUT | | 80 | HR | $150 | $12,000 |
| TOTAL COST ESTIMATE: | | | | | $93,540 |
| https://images.roadtrafficsigns.com/img/md/X/stop-sign-x-r1-1.png | DO NOT COPY EXAMPLE  TO SUBAPPLICATION | | | | |

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|  | B. | INELIGIBLE COSTS: | | |
|  | The following are ineligible line items: | | | |
|  | * Lump Sums | | * Contingency Costs | * Miscellaneous Costs |
|  | * “Other” Costs | | * Indirect Charges | * Overhead Costs |
|  | * Cents (must use whole dollar amounts, round unit prices up to whole dollars) | | | |

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|  | C. | PRE-AWARD COSTS: | |
|  | Eligible pre-award costs are costs incurred after the disaster date of declaration, but prior to grant award. Pre-award costs directly related to developing the application may be funded. | | |
|  | * Submission of subapplication | | * Workshops or meetings related to development |
| Image result for information icon | SUBAPPLICANTS WHO ARE NOT AWARDED FUNDS WILL NOT RECEIVE REIMBURSEMENT FOR PRE-AWARD COSTS. | | |

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|  | D. | COST ESTIMATE NARRATIVE: |
|  | FEMA requires a cost estimate narrative that explains all projected expenditures in detail. The cost estimate narrative must mirror the cost estimate spreadsheet and should include a full detailed narrative explaining and supporting the costs listed in the Cost Estimate Spreadsheet. If your cost estimate includes City, County, or State employees’ time, include personnel titles and salary/hourly wages plus benefits for a total hourly cost. Detailed, functional timesheets must be retained. | |
|  |  |  |
|  |  | Title the document “Cost Estimate Narrative” and include in the budget section of binder. |

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| 14. | FEDERAL/NON-FEDERAL SHARE INFORMATION: |

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|  | A. | FUNDING RESTRICTIONS: |
|  | https://images.roadtrafficsigns.com/img/md/X/stop-sign-x-r1-1.png | HMGP funding is restricted to a maximum of $150,000 for each single jurisdictional planning subapplication and up to $250,000 if multi-jurisdictional. FEMA will contribute up to 75% of the total planning cost. A minimum of 25% of the total eligible costs must be provided from a non-federal source. State does not contribute to local cost share. Some grant situations may be allocated at 90%/10%. |
|  |  |  |
|  | Image result for information icon | A jurisdiction may contribute an amount greater than the 25% non-federal share. |

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|  | B. | TOTAL PLANNING COST ESTIMATE: | | |  |  | https://images.roadtrafficsigns.com/img/md/X/stop-sign-x-r1-1.png  VERIFY ALL AMOUNTS ENTERED ARE ACCURATE.  INCORRECT AMOUNTS  WILL DELAY PROCESSING  OF YOUR SUBAPPLICATION. |
|  |  | Enter total cost formulated on [HMGP Cost Estimate Spreadsheet](https://dem.nv.gov/about/Hazard_Mitigation/) | | | ENTER $ IN BOX ABOVE |  |
|  |  |  | | |  |  |
|  |  | FEDERAL  SHARE  (75% MAXIMUM) | | REQUESTED AMOUNT: |  |  |
| ENTER $ IN BOX ABOVE |
|  | PERCENTAGE AMOUNT: |  |  |
| ENTER % IN BOX ABOVE |
|  |  |  | |  |  |  |
|  |  | NON-FEDERAL SHARE  (25% MINIMUM) | | REQUESTED AMOUNT: |  |  |
| ENTER $ IN BOX ABOVE |
|  | PERCENTAGE AMOUNT: |  |  |
| ENTER % IN BOX ABOVE |
|  |  | | | | | | |
|  | C. | NON-FEDERAL MATCH SOURCE - MATCH COMMITMENT LETTER: | | | | | |
|  |  |  | Use the [Local Match Commitment Letter Template](https://dem.nv.gov/about/Hazard_Mitigation/) to complete this section and add completed letter to the match section of the binder. | | | | |
|  |  | * A signed Match Commitment Letter must be provided on agency letterhead. * The non-federal source of matching funds must be identified by name and type. * If “other” is selected for funding type, provide a description. * Provide the date of availability for all matching funds. * Provide the date of the Funding Match Commitment Letter. * Funds must be available at the time of submission unless NV DEM prior approval has been received. * If there is more than one non-federal funding source, provide the same information for each source on an attached document. * Match funds must be in support of cost items listed in the cost estimate spreadsheet. * Requirements for donated contributions can be found in 2 CFR 200.306. | | | | | |

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| MAINTENANCE ASSURANCE INFORMATION |

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| 15. | PLANNING MAINTENANCE INFORMATION: |

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|  | A. | MAINTENANCE ASSURANCE LETTER: |
|  |  | Using the [Planning Maintenance Letter Template](https://dem.nv.gov/about/Hazard_Mitigation/), identify all maintenance activities required to maintain the plan. |

PRINT THIS PAGE – ORIGINAL SIGNATURE IS REQUIRED

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| AUTHORIZATION |

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| The undersigned does hereby submit this subapplication for financial assistance in accordance with the Federal Emergency Management Agency’s (FEMA) Hazard Mitigation Grant Program (HMGP) and the State Hazard Mitigation Administrative Plan and certifies that the subapplicant (e.g., organization, city, or county) will fulfill all requirements of the program as contained in the program guidelines and that all information contained herein is true and correct to the best of our knowledge. | | |
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| Subapplicant Authorized Agent | | |
|  |  |  |
|  | NAME: |  |
|  |  |  |
|  | TITLE: |  |
|  |  |  |
|  | ORGANIZATION: |  |
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|  | SIGNATURE: |  |
|  |  |  |
|  | DATE: |  |