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 |

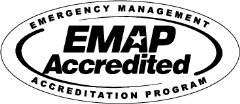
Logo

Description automatically generated

2478 Fairview Drive | carson city, NV 89701

Hazard Mitigation Assistance

Phone: (775) 687-0300

[www.dem.nv.gov](http://www.dem.nv.gov)

HAZARD MITIGATION GRANT PROGRAM (HMGP) INTRODUCTION

Introduction

As a result of a major disaster declaration by the President of the United States, the State of California is eligible for HMGP funding. The State establishes priorities to accept subapplications from subapplicants state-wide including state agencies, federally recognized tribes, local governments, and Private Non-Profits (PNPs), consistent with Title 44, Chapter I, Part 206, Subpart H, §206.221.

Eligible hazard mitigation activities are intended to reduce or eliminate damages to life and improved property. Activities include hazard mitigation plans approvable by the Federal Emergency Management Agency (FEMA).

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/media-library-data/1490360363533-a531e65a3e1e63b8b2cfb7d3da7a785c/Stafford_ActselectHSA2016.pdf) 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](http://www.caloes.ca.gov/RecoverySite/Documents/FEMALocalMitigationPlanningHandbook.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 evaluated on a case-by-case basis. Please consult NV DEM for direction prior to making the request. To request additional time to submit a subapplication, send an email to the [Mitigation@dps.state.nv.us](mailto:Mitigation@dps.state.nv.us) mailbox. The subject line must include: “Subapplication Time Extension Request (include Disaster Number).” The body of the message must include justification and specific details supporting why additional time is needed and how much additional time is requested. Indicate how much funding has been spent and the plan to complete the project in the additional time requested.

Questions

Submit all HMGP subapplication questions to the following mailbox: [Mitigation@dps.state.nv.us](mailto:Mitigation@dps.state.nv.us).

HMGP ELIGIBILITY CHECKLIST

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

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | 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: Subapplicants 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. The approved NOI must be consistent with the subapplication submitted. |  |
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|  |  | 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. |  |
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|  |  | 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: Subapplicants must be an eligible State Agency, Local Government (City, County, and Special Districts) or Federally Recognized Tribes. |  |
|  |  |  |  |
|  |  | 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 Cal OES. The first copy is logged and retained for NV DEM records. The second copy will be forwarded to FEMA for review and final determination. Please click inside the grey box to complete each question in the application.

Complete subapplication packages consist of the following:

TWO identical functional electronic versions of all subapplication documents and attachments:

* Must be in one of the following formats: Microsoft Word version 2007 (or newer), Microsoft Excel or Adobe PDF
* Must be clearly titled

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

1. Table of Contents
2. Subapplication
3. Letters of Commitment for Multi-Jurisdictional Local Hazard Mitigation Plans only ([Letter of Commitment Template](https://dem.nv.gov/About/RandM/))
4. Supporting Docs (Any extra supporting documentation)

MAIL OR DELIVER COMPLETED SUBAPPLICATIONS TO:

|  |
| --- |
| Nevada Division of Emergency Management |
| Attention: Hazard Mitigation Grant Program |
| 2478 Fairview Drive |
| Carson City, NV 89701  OR send electronic copies to [mitigation@dps.state.nv.us](mailto:mitigation@dps.state.nv.us) |

PLANNING SUBAPPLICATION FORM

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| SUBAPPLICANT INFORMATION |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | SUBAPPLICANT: |  | | | | | | | | | | | | | | | | |
|  | Name of state agency, federally recognized tribe, local government, or special district applying for funding. | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
| 2. | TYPE: | State/Local Government | | | | | Federally Recognized Tribe | | | | | | | | | Special District | | |
|  |  |  | | | |  | | | | | | | | | | | | |
| 3. | FIPS #: |  | | | | If you do not know your Federal Information Processing Standard Code (FIPS) #, request by emailing the [Mitigation@dps.state.nv.us](mailto:Mitigation@dps.state.nv.us) mailbox. | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 4. | DUNS #: |  | | | | If you do not know your Data Universal Numbering System (DUNS) #, call Duns & Bradstreet (D&B) at 1-866-705-5711 or visit [www.sam.gov](http://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: | | | | | | | | | | | | | | | | | |
|  | Primary point of contact. Cal OES will contact this person for questions and/or requests for information. | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
|  | NAME: | Mr. Ms. | FIRST: | | | | |  | | | | | | LAST: | | |  | |
|  |  | | | | | | | | | | | | | | | | | |
|  | TITLE: |  | | | | | | | | | | | | | | | | |
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|  | ORGANIZATION: |  | | | | | | | | | | | | | | | | |
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|  | ADDRESS: |  | | | | | | | | | | | | | | | | |
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|  | CITY: |  | | | | | | | STATE: | | | |  | | ZIP CODE: | | |  |
|  |  | | | | | | | | | | | | | | | | | |
|  | TELEPHONE: |  | | | | | | | |  | | FAX: | |  | | | | |
|  |  | | | | | | | | | | | | | | | | | |
|  | EMAIL: |  | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
| 7. | ALTERNATIVE CONTACT: | | | | | | | | | | | | | | | | | |
|  | Back-up point of contact. | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | |  | | | | | |  | | |  | |
|  | 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: |

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 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 | | |
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|  |  |  |  |  | | | |
|  |  | 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 | | |
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|  |  |  |  |  | | | |
|  |  | 7. |  | Other Planning-Related Activities | | | |
|  | Describe planning activities: | | | | |
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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: |

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| --- | --- | --- |
|  | 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/RandM/). A separate LOC must be executed by each participating jurisdiction and submitted to the lead agency and NV DEM jointly. The subapplication must include a 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 if they meet the participation criteria set forth in the letter. |

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|  |  | * 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. * 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. |  |  |  |  |  |
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|  |  | 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 previously selected 8.A.2. OR 8.A.4. OR 8.A.6.: |

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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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| --- | --- | --- | --- |
| SCOPE OF WORK INFORMATION | | | |
|  | |  | |
| 10. | | Introductory Statement: | |
|  | | Provide a brief statement that describes the proposed activity and what will be accomplished by the end of the Period of Performance (POP). | |
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| SCOPE OF WORK - ACTIVITIES DESCRIPTION |

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| --- | --- |
| 11. | Provide clear and concise descriptions of the following activities: |

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|  | A. | Planning Area: Provide a narrative describing the planning area, including any non-contiguous land holding or assets, and demographics. Include the proposed number and names of all participating governments, PNPs, or other partners. |
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|  | B. | Planning Process: Provide a narrative that includes a description of the proposed planning process to engage stakeholders and the public. This description should explain the proposed role of the planning team (steering committee). This description should also provide the anticipated number of meetings for the planning team, identify stakeholders, and explain public outreach. |
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|  | C. | Previous Mitigation Planning: Provide a narrative that includes a description of previous mitigation planning efforts, including an evaluation of the past plan as a basis to identify priorities for plan updates. |
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|  | D. | Available Data and Risk Assessment Process: Provide a narrative that identifies the process the team will use to research, collect, analyze, and summarize hazard and risk data. If a specific risk assessment methodology or software (e.g., Hazus) will be used, the narrative must describe how this will influence the level of effort, timeframe, and planning costs. It is advised to make use of existing data and risk assessments when developing a new mitigation plan or updating a mitigation plan; the narrative should describe any known data sources to be used in the risk assessment. Similarly, if it is intended to develop new risk data, the proposed process and sources must be described as well. |
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|  | E. | Development of Mitigation Strategy: Provide a narrative that describes the proposed process to develop a mitigation strategy for each participating jurisdiction based on the risk assessment completed for the plan. |
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|  | F. | Plan Adoption: Provide a narrative that describes the plan drafting process, including State and FEMA reviews (i.e., approval pending adoption), adoption by participating jurisdictions, and final approval by FEMA. |
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| SCOPE OF WORK - DELIVERABLES & TASKS |

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| 12. | Deliverables: Provide a narrative to describe the deliverables of the proposed activity. |
|  | * A new or updated FEMA-approved mitigation plan consistent with mitigation planning regulations for State (44 CFR Sections 201.4 or 201.5), tribal (44 CFR Sections 201.7 or 201.5), or local governments (44 CFR Section 201.6), as well as the applicable mitigation planning guidance. * A mitigation planning–related activity eligible under HMGP only that enhance an existing mitigation plan consistent with mitigation planning regulations for State (44 CFR Sections 201.4 or 201.5), tribal (44 CFR Sections 201.7 or 201.5), or local governments (44 CFR Section 201.6), as well as the applicable mitigation guidance. |
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| 13. | Tasks: Provide a narrative that describes the tasks, including the proposed planning process, as well as procurement. |
|  | If yes, include the following information in the box below or attach copies:   * Request for Proposals (RFP’s) and bid process * Description of responsibilities * Clarify at what point the consultant responsibilities will be fulfilled. |
|  |  |

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| 14. | Consultant: Will a consultant assist with the planning development process?  Yes  No |
|  | If yes, include the following information in the box below or attach copies:   * Request for Proposals (RFP’s) and bid process * Description of responsibilities * Clarify at what point the consultant responsibilities will be fulfilled. |
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| WORK SCHEDULE INFORMATION |

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| 15. | PLANNING WORK SCHEDULE: | | | |
|  |  | | | |
| 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 Cal OES/FEMA review/revisions/approval, appropriate time for local adoption and 90 days for grant closeout. * Cannot exceed 36 months | | WORK SCHEDULE EXAMPLE | | |
| # | DESCRIPTION | TIMEFRAME |
| 1. | Procure consultant | 3 months |
| 2. | Develop planning team | 2 months |
| 3. | Stakeholder outreach | 3 months |
| 4. | Hazard identification | 3 months |
| 5. | Risk assessment | 3 months |
| 6. | Mitigation strategy | 2 months |
| 7. | Maintenance plan | 1 month |
| 8. | Plan draft | 3 months |
| 9. | NV DEM/FEMA Review/Revisions | 6 months |
| 10. | Local Plan Adoption | 2 months |
| 11. | Grant Closeout | 3 months |
| TOTAL MONTHS: | | 31 months |

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| --- | --- | --- | --- |
| # | DESCRIPTION | | TIMEFRAME |
| 1. |  | |  |
| 2. |  | |  |
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| 14. |  | |  |
| 15. |  | |  |
| 16. | Standard Value | NDEM/FEMA Review/Revisions | 6 months |
| 17. | Local Plan Adoption | |  |
| 18. | Standard Value | Grant Close-out | 3 months |
|  | TOTAL MONTHS: | |  |

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| Cost Estimate Information |

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| 16. | HMGP Cost-Estimate Spreadsheet: |

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|  | A. | Cost-Estimate Instructions: | | | | | |
|  |  |  | | | | | |
|  | Using the [HMGP Cost-Estimate Spreadsheet](https://dem.nv.gov/About/RandM/) on the next page, provide a detailed cost-estimate breakdown.   * Documentation to support the cost estimate is necessary. * 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 |

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| --- | --- | --- | --- | --- | --- | --- |
|  |  | B. | INELIGIBLE COSTS: | | | |
|  |  | The following are ineligible line items: | | | | |
|  |  | * Lump Sums | | * Contingency Costs | * Miscellaneous Costs | * “Other” 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 subapplication may be funded. | | |
|  | * Preparation 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 each projected expenditure in detail. The cost estimate narrative must mirror the cost estimate spreadsheet and should include a detailed narrative explaining and supporting each cost 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 attach to this subapplication form. |



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| 17. | 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. The state does not contribute to local cost share. |
|  |  |  |
|  | Image result for information icon | A jurisdiction may contribute an amount greater than the 25% non-federal share. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 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 the [HMGP Cost Estimate Spreadsheet](https://dem.nv.gov/About/RandM/) | | | 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: | | | | | |
|  |  |  | Complete the Match Commitment Letter using the template on the next page. | | | | |
|  |  | * Match Commitment Letter should be submitted in an organizations letter head and it must be signed by an Authorized Agent. * The non-federal source of matching funds must be identified by name and type. * If “other” is selected for funding type, provide a description. * Exact date of availability for all matching funds must be provided. * Funds must be available at the time of submission unless prior approval has been received from Cal OES. * 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 line listed in the cost estimate spreadsheet. * Requirements for donated contributions can be found in 2 CFR 200.306. | | | | | |

Local Match Fund Commitment Letter

|  |
| --- |
| <DATE> |

|  |
| --- |
| <COMPANY NAME> |
| <ADDRESS LINE 1> |
| <ADDRESS LINE 2> |
| <CITY, STATE, ZIP> |

|  |  |
| --- | --- |
| RE: | < DISASTER #> Subapplication Match Commitment Letter |

Dear State Hazard Mitigation Officer:

As part of the Hazard Mitigation Grant Program process, a local funding match of at least 25% is required. This letter serves as <NAME OF SUBAPPLICANT>’s commitment to meet the local match fund requirements for the Hazard Mitigation Grant Program.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Source of Non-Federal Funds: | Local Agency Funding | Other Agency Funding | PNP Funding | State Agency Funding |
|  |  | | | |
| Name of Funding Source: |  | | | |
|  |  | | | |
| Funds Availability Date: |  | | | |
|  | Provide exact date of availability of funds | | | |
| Federal Share Amount Requested: | $ | | | |
|  | Must match $ amount in subapplication | | | |
| Local Share Amount Match: | $ | | | |
|  | Must equal 25% minimum of total project cost | | | |
| Funding Type: |  | | | |
|  | Examples: Administration, Cash, Consulting Fees, Engineering Fees, Force Account Labor, Agency Personnel, Program Income, Etc. | | | |

If additional federal funds are requested, an additional local match fund commitment letter will be required.

Please contact <NAME OF CONTACT> at <PHONE NUMBER & EMAIL> with questions.

Sincerely,

<SIGNATURE OF AUTHORIZED AGENT>

|  |
| --- |
| <FIRST/LAST NAME OF AUTHORIZED AGENT> |
| <TITLE> |
| <PHONE> |
| <FAX> |
| <EMAIL> |

PRINT THIS PAGE – ORIGINAL SIGNATURE IS REQUIRED

|  |
| --- |
| AUTHORIZATION |

|  |  |  |
| --- | --- | --- |
| 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. | | |
|  | | |
| Subapplicant Authorized Agent | | |
|  |  |  |
|  | Name: |  |
|  |  |  |
|  | Title: |  |
|  |  |  |
|  | Organization: |  |
|  |  |  |
|  | Signature: |  |
|  |  |  |
|  | Date: |  |