DEPARTMENT OF HOMELAND SECERITY FEDERAL EMERGENCY MANAGEMENT AGENCY

Mitigation Best Practice Submission Worksheet

OMB 1660-0089

Expiration Date: XX-XX-XXXX

PAPERWORK BURDEN DISCLOSURE NOTICE

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Indicate Required Field Activity/Project Title (Best Practice Headline) Enter the title you wish to appear as headline for you Best Practice. The title must be 75 characters of less. State Enter the name of the state to territory where your Best Practice was implemented. For Best Practice implemented in Tribal areas (Federal recognized Indian Reservations), enter the name of the state in which the Reservation is located. If the Reservation transverses state boundaries, enter the name of the state containing the portion of Reservation where the Activity/Project was actually implemented. If the Activity/Project os Reservation-wide, any of the states in which the Reservation lies may be entered. What is the geographical area for this Activity/Project? Select the region description that best fits the implementation area for this Activity/Project by placing an 'X' in the appropriate box below. Select ONLY 1. Regional (multiple Counties) State-wide Within a Single County Federal recognized Indian Reservation In this a Country-wide Activity/Project? ☐ Yes Place an 'X' in the "Yes" box above ONLY if you answered "Within a Single County" to the previous question AND this Activity/Project was implemented throughout an entire County. Leave the box blank if your answer is NO. **County/Counties** (required unless otherwise indicated in the instruction below) DO NOT enter any Counties if this Activity/Project has a geographical area of "State-wide" or "Federal recognized Indian Reservation". If the geographical area selected was "Regional (multiple Counties)", enter the names of ALL counties that apply; but if the geographical are for this Activity/Project was "Within a Single County" enter ONLY that one County name. Note: The County field also supports Boroughs and census Area (Alaska), Parishes (Louisiana), and both Counties and Cities in Virginia. County/Counties (NOT required) DO NOT enter any Counties if this Activity/Project if the geographical area selected above was "State-wide", "Regional 9multiple Counties)", or "Federal recognized Indian Reservation". Enter one to more Communities (as man as apply) if the geographical area selected was "Within a Single County" AND you did NOT answer 'Yes' to "Is this a County-wide Activity/Project".

Sector Select 1 of the choices below by placing an 'X' in the appropriate box. Public Sector: A publicly funded project for community benefits (e.g., park land creation, infrastructure improvement, school=based shelters) Private Sector: A project with private sector funding that benefits a private sector business or individual (e.g.' improved drainage for an industrial park, downtown revitalization) Public/Private Partnership: Any project that combines both public and private sector funding.					
Private	Public	☐ Public/Private Partnership			
Hazard Select as many as apply by pla fima/bp/type.shtm	acing an 'X' in each of the appropriat	e boxes below. For help determining Hazard types please refer to: http://www.fema.gov/			
Chemical/Biological	Flooding	Tornado			
Coastal Storm	Hurricane/Tropica	al Storm Tsunami			
Dam/Levee	Mud slide/Landsli	de Typhoon			
Drought	Nuclear	Volcano			
Earthquake	Severe Storm	Wildfire			
Extreme Temp a tu res	Technological	Winter Storm			
Fire	Terrorism				
Category/Activity/Project	Туре				
_	in each of the appropriate boxes be				
Acquisition/Buyout		HAZUS-MH			
☐ Building Codes		Land Use/Planning			
Community Rating Syste		Relocation			
Cooperative Technical P	•	Retrofitting, Non-Structural			
	rsities/Mitigation Planning	Retrofitting, Structural			
Education/Outreach/Pub	lic Awareness	Safe Rooms/Community Shelters			
Elevation, structural		Safe Rooms/Community Shelters			
Elevation, utilities		Training			
Flood Control		Utility Protective Measures			
Flood Insurance		Vegetation Management			
Flood Insurance Marketin	ng	Warning Systems			
Floodplain Management		Wetland Restoration			
Flood-proofing		Other:			
Flood Study Map Rollout	/MAP Modernization				
Structure Type (NOT required) Select up to 2 by placing a 'X' in the appropriate box below. You may continue without making a selection if this a=is an Activity/Project(such as outreach, education, marketing, and training activities) that DOES NOT affect a specific structure type. DO NOT select more than 2. For Structure Type definition please refer to: http://www.fema.gov/fima/bp/structure.shtm					
Concrete, Reinforced		Mobile Home			
Insulated Concrete Form	(ICF)	Safe Room/Community Shelter			
Light Gauge Metal		Sheer Walls			
Manufactured Housing		Steel Frame			
Masonry, Reinforced		Tilt-UP (Concrete Pre-Cast)			
Masonry, Unreinforced/P	lain	Wood Frame			
Metal Building		Other:			

Activity/Project Start Date (Enter as: Month - Enter the Month and year the Activity/Project start NOT enter a future Start Date or a Start Date prior	ed. This field is required so	you will need to approximate if you are not of the exact Month and Year. DO
Date		
Activity/Project End Date (Enter as: Month - Enter the Month and year the Activity/Project ender going"box. If an End Date is entered, the date mutation in the second second second second second second second second sec	ed. If the Activity/Project ha	is not ended or if an End Date does not apply at this time, place an 'X' in the "On- ate entered above.
Date	On-going	
Funding Select as many Funding sources as apply by place	ing an 'X' in each appropria	ite box below.
Academic		National Earthquake Technical Assistance Program (NETAP)
Business Owner		National Flood Insurance Program (NFIP)
Community Assistance Program (CAP)		National Hurricane Program (NHP)
Community Rating Systems (CRS)		Non-profit organization (NPO)
Cooperating Technical Partners (CTP)		Other Federal Agencies (OFA)
Environmental/Historical Preservation		Other FEMA funds/US Department of Home land Security
Flood Mitigation Assistance (FMA)		Pre-Disaster Mitigation (PDM)
Hazard Mitigation Grant Program (HMGP)		Private Funds
Hazard Mitigation Technical Assistance Program (HMTAP)		Property owner, residential
Homeowner		Property owner, commercial
Local Sources		State sources
Map Modernization		U.S. Small Business Administration (SBA)
Mitigation Planning		Wind and Water Technical Assistance Program (WATAP)
National Dam Safety Program (NDSP)		Other:
National Earthquake Hazards Reduction Pro	ogram (NEHRP)	
Funding Recipient (Not required) If applicable, select only 1 Funding Recipient by p	placing an 'X' in the approp	riate box below.
Academic	Local Governm	ent
Business/Industry	Non Profit - En	vironmental
Critical Facility - Medical	Non Profit - Re	ligious
Critical Facility - Police/Fire	Property Owne	r - Residential
Critical Facility - School	Property Owne	r - Commercial
Cultural Facility	State Governm	ent
Lifelines - Gas/Electric	Transportation	
Lifelines - Telephone	Tribal Organiza	ations/Government
Lifelines - Water/Sewer	Other:	
Name of Organizational Funding Recipier If applicable , enter the name of the Organization (NOT enter the name of an individual.

the appropriate box. If the	ost (\$ amount ONLY) in the space he Activity/Project cost is not kn u must also enter a \$ amount.	ice provided below; then indicate whether the amount entered is Actual or Estimated by placing an 'X' in nown and can't be reasonably estimated, place and 'X' in the "Unknown at this time" box. If 'Actual' or Do not enter a \$ amount. Do not enter a \$ amount if "Unknown at this time' is selected. You must
Cost \$		Unknown at this time
Actual	Estimated	
that it is not possible to pamount (Benefits-to-cost	perform economic analyses or c	de the information as requested for the Benefits to Costs and Losses Avoided fields. It is understood determined benefits for all activities (e.g. CRS, Outreach, Marketing, and Training). If neither benefit calculated to estimated, place an 'X' in the "Not Applicable/Not Program/Project Oriented " box. Please oject Detail" section below.
Benefits	Not Applicable/Not P	rogram/Project Oriented
Benefits-to-Cost \$		
Benefit-Cost Analysis wa		ded damages, determined in evaluating the cost-effectiveness of the proposed mitigation measure. If a ent value of the benefits or avoided damages as determined by the analysis. Please clarify the /Project Details" section below.
Losses Avoided		
		ested by a subsequent event and calculations can be made on savings realized from avoiding damages Please clarify in "Category/Activity/Project Details" any overlap with values entered in the Benefits-to-
Place an 'X' in either the disaster. Not all Activitie	es or Project have a direct relati	declared disaster? /hether or not the mitigation efforts undertaken in this Activity/Project result from Federally declared ionship to a particular disaster; as could be the case for outreach, education, marketing, and training his question can't be made with assurance, place an 'X' in the 'Unknown' box below.
Yes	☐ No	Unknown
	ride a Federal Disaster Declarat	ntion Number ONLY if you answer "Yes" to the previous question. If your answer was 'No' or 'Unknown', Number, please refer to the listing at: http://www.fema.gov/library/drcys.shtm
		ject resulted from disaster (Federally Declared or other), enter the Year that disaster occurred (use able to you Activity/Project or if you do to have the information.
Answer 'Yes' below if a		ter tested its value? on effort of your Activity/Project. If the mitigation effort has not yet been tested by disaster, answer 'No' he answer to this question. You must place an ;'X' in one box, and one box only.
Yes	☐ No	Unknown
		equired) u know the Year that the mitigation effort was first tested by disaster, enter that year below (in YYYY
(NFIP) by placing 'X' in 6	volves a property and is flood re	related, indicate if it is a repetitive loss property as defined under the National Flood Insurance Program w. If it is not flood to property related, or if you do not know the answer to this question, place and 'X' in, and one box only.
Yes	☐ No	Unknown

Activity/Project Contact Name	e the contact information below so that a FEMA representative can contact you should we have questio
or require additional information about your Best Pra	actice submission. This information will ONLY be accessible to designated FEMA staff, and will under r
	rchable by the public. Of these fields, we only REQUIRE that you provide a Contact Name; however, if s or obtain clarification, your story may be approved for posting on FEMA's Website. Of you choose no
	all FEMA mitigation staff in you FEMA Regional Office (see www.gov/mitigationss/regionalOffices.d
or at MITsuccess@dhs.go	
Activity/Project Contact Name	
	ted if FEMA has any questions or needs clarification your submission. This information is required.
Activity/Project Contact Phone (optional)	
Enter the contact phone number for the person enter	ered above.
Activity/Project Contact E-Mail address (op	
Enter the contact e-mail address for the person enter	ered above.
	_
Category/Activity/Project Details	
	elp you, we have included a sample format "Mitigation Best Practice Guide Format" a
the end of this document that provides a g	uide for organizing your information. Please use the guide to complete this section.
-	

Category/Activity/Project Details, continued
URL References: You may supply up to 2 URL(s) (full website addresses) to related websites, such as your community web site that offers more detail information about your Activity/Project. If applicable, enter the URL(s) in the spaces provided below.
Activity/1 Toject: If applicable, effici the Offices provided below.
Attachments: A variety of supporting material such as photos, maps, graphics, and /or PDF files can also be included to enhance your Best Practice. You may sent us up to 6 attachments per Best Practice. If you are submitting attachments you must agree to the following statement by placing and 'X' in the box below.
I want and represent that I own or otherwise control the right necessary to submit this material (documents, photographs, images), and acknowledge that i am granting the U.S. Government permission to (1) use, modify, copy, distribute, transmit, publicly display, reproduce, publish, and transfer any such work, photograph or images, and (2) publish my name in connection with any such communication. I also understand that I will not be compensated for the U.S. government's or the general public's use of the submitted materials and that the U.S. Government is under no obligation to post or use any materials I may provide and ay remove my materials at any time.
Image File Attachment Rules
All photographs must be JPEG file type (.jpg,.jpeg) Other acceptable images file types (for non-photo images) are . gif, .png, bmp, JPEG (,jpg,.jpeg), and TIFF (.tif,.tiff) All images files must be given a cation or title (maximum 100 characters) All images must include a short description (maximum 150 characters) Longer descriptions (up to 1500 characters) ay also be provided, but are not required. Maximum acceptable image file size is 5MB
Document File Attachment Rules
Acceptable document file type are .doc, .xls, .pdf, .txt, .ppt, .rtf, .html, and .xml Accessibility regulations require that for each .pdf file submitted a .txt version of that same file must also be submitted or we will not be able to use the .pdf file on the FEMA Web site All document file must be given a cation of title (maximum 100 character) Maximum acceptable document file size is 5MB
If you send file attachments via e-mail, please sent each file attachment separately to ensure we receive them properly through the FEMA e-mail system.

Mitigation Best Practice Guide Format

Activity/Project Title - Best Practice Headline

Select a short, descriptive phrase that will draw interest to Best Practice.

The paragraph descriptions that follow are a "format guide" for the "Category/ activity/Project Detail" section of the Best Practice Submission Worksheet. This will be the "body" of the Best Practice story.

First Paragraph - Synopsis

Give a brief overview of the situation - Who? What? When? Why? - including the positive results of the risk mitigation measures used. If the reader only sees the first few sentences, he/she leaves with the message that mitigation works!

Second Paragraph - Introduction

Acquainted the reader with the "star of the story", and why this testimonial is germane to the recent disaster and any state /local/community hazard mitigation efforts. Is there a FEMA partner in this story? Link all involved and clarify the collaborative effort. This is a good place to use the first quote of the story.

Third/Fourth Paragraph - Tell the Tale

Begin weaving the factual, cultural and emotional elements if the story, and how the activity introduced earlier produced results. Reinforce the value/benefit of the risk mitigation measure taken. What were the economic savings? The emotional savings? What secondary impact of a hazard were spared? Here is where you gain the reader's trust, and validate his/her reason for wanting to continue reading.

Fifth Paragraph - Promote change

Risk mitigation measure come in all sizes; many are simple to implement and incredibly affordable. Is it clear the reader DOES have the capacity to take the mitigation measure(s) promoted in the story. Can the reader substitute him/herself in the story?

Sixth Paragraph - Take Action

Provide the reader with the information necessary to be successful. Where can the reader get help? Be supported in future efforts"? Is it a phone number? Web site? Community meeting? Home improvement store?

Final Paragraph - Positive Reinforcement

In the final sentence, reinforce the message that mitigation works and that the action(s) taken are likely to make a difference in the future. Consider using a strong quote from the story participant to send the message they're safer because of mitigation.