DEPARTMENT OF HOMELAND SECERITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
Mitigation Best Practice Submission Worksheet

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PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this information collection is estimated to average between 1.5 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, and submitting this form. This collection of information is voluntary. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collection Management, Department of Homeland Security, Federal Emergency Agency, 500 C Street, SW, Washington, DC, 20472, and Paperwork Reduction Project (1660-0089). **Note: Do not send your completed form to the above address.** If you have any questions or comments, please e-mail them to us at **MITsuccess@dhs.gov**

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**.

☐ State-wide   ☐ Regional (multiple Counties)

☐ 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. <u>Note</u>: 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.
<u>Public Sector:</u> A publicly funded project for community benefits (e.g., park land creation, infrastructure improvement, school=based shelters)
<u>Private Sector</u>: A project with private sector funding that benefits a private sector business or individual (e.g.' improved drainage for an industrial park, downtown revitalization)
<u>Public/Private Partnership</u>: Any project that combines both public and private sector funding.

☐ Private   ☐ Public   ☐ Public/Private Partnership

Hazard
Select as many as apply by placing an **'X'** in each of the appropriate boxes below. For help determining Hazard types please refer to: http://www.fema.gov/fima/bp/type.shtm

☐ Chemical/Biological   ☐ Flooding   ☐ Tornado
☐ Coastal Storm   ☐ Hurricane/Tropical Storm   ☐ Tsunami
☐ Dam/Levee   ☐ Mud slide/Landslide   ☐ Typhoon
☐ Drought   ☐ Nuclear   ☐ Volcano
☐ Earthquake   ☐ Severe Storm   ☐ Wildfire
☐ Extreme Temp a tu res   ☐ Technological   ☐ Winter Storm
☐ Fire   ☐ Terrorism

Category/Activity/Project Type
Select up to 3 by placing an **'X'** in each of the appropriate boxes below. **DO NOT select more than 3**.

☐ Acquisition/Buyout   ☐ HAZUS-MH
☐ Building Codes   ☐ Land Use/Planning
☐ Community Rating System Activity   ☐ Relocation
☐ Cooperative Technical Partner Activity   ☐ Retrofitting, Non-Structural
☐ Disaster Resistant Universities/Mitigation Planning   ☐ Retrofitting, Structural
☐ Education/Outreach/Public 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 Marketing   ☐ 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/Plain   ☐ Wood Frame
☐ Metal Building   ☐ Other: _____

Activity/Project Start Date (Enter as: Month - Year)

Enter the Month and year the Activity/Project started. This field is required so you will need to approximate if you are not of the exact Month and Year. **DO NOT** enter a future Start Date or a Start Date prior to 1950.

Date [ ]

Activity/Project End Date (Enter as: Month - Year)

Enter the Month and year the Activity/Project ended. If the Activity/Project has not ended or if an End Date does not apply at this time, place an **'X'** in the "On-going" box. If an End Date is entered, the date must be later than the Start Date entered above.

Date [ ]   ☐ On-going

Funding

Select as many Funding sources as apply by placing an **'X'** in each appropriate box below.

☐ Academic

☐ Business Owner

☐ Community Assistance Program (CAP)

☐ Community Rating Systems (CRS)

☐ Cooperating Technical Partners (CTP)

☐ Environmental/Historical Preservation

☐ Flood Mitigation Assistance (FMA)

☐ Hazard Mitigation Grant Program (HMGP)

☐ Hazard Mitigation Technical Assistance Program (HMTAP)

☐ Homeowner

☐ Local Sources

☐ Map Modernization

☐ Mitigation Planning

☐ National Dam Safety Program (NDSP)

☐ National Earthquake Hazards Reduction Program (NEHRP)

☐ National Earthquake Technical Assistance Program (NETAP)

☐ National Flood Insurance Program (NFIP)

☐ National Hurricane Program (NHP)

☐ Non-profit organization (NPO)

☐ Other Federal Agencies (OFA)

☐ Other FEMA funds/US Department of Home land Security

☐ Pre-Disaster Mitigation (PDM)

☐ Private Funds

☐ Property owner, residential

☐ Property owner, commercial

☐ State sources

☐ U.S. Small Business Administration (SBA)

☐ Wind and Water Technical Assistance Program (WATAP)

☐ Other: [ ]

Funding Recipient (Not required)

If applicable, **select only 1** Funding Recipient by placing an **'X'** in the appropriate box below.

☐ Academic

☐ Business/Industry

☐ Critical Facility - Medical

☐ Critical Facility - Police/Fire

☐ Critical Facility - School

☐ Cultural Facility

☐ Lifelines - Gas/Electric

☐ Lifelines - Telephone

☐ Lifelines - Water/Sewer

☐ Local Government

☐ Non Profit - Environmental

☐ Non Profit - Religious

☐ Property Owner - Residential

☐ Property Owner - Commercial

☐ State Government

☐ Transportation

☐ Tribal Organizations/Government

☐ Other: [ ]

Name of Organizational Funding Recipient (NOT required)

If applicable , enter the name of the Organization that received funding. **DO NOT** enter the name of an individual.

[ ]

Economic Analysis

Enter Activity/Project Cost ($ amount ONLY) in the space provided below; then indicate whether the amount entered is Actual or Estimated by placing an 'X' in the appropriate box. If the Activity/Project cost is not known and can't be reasonably estimated, place and 'X' in the "Unknown at this time" box. If 'Actual' or 'Estimate' is selected you must also enter a $ amount. Do not enter a $ amount. Do not enter a $ amount if "Unknown at this time" is selected.   You must place an 'X' in one box, and one box only.

Cost $ [   ]   ☐ Unknown at this time

☐ Actual   ☐   Estimated

For program and project related activities, please provide the information as requested for the Benefits to Costs and Losses Avoided fields. It is understood that it is not possible to perform economic analyses or determined benefits for all activities (e.g. CRS, Outreach, Marketing, and Training). If neither benefit amount (Benefits-to-costs to Losses Avoided) can be calculated to estimated, place an 'X' in the "Not Applicable/Not Program/Project Oriented " box. Please describe intangible benefits in the Category/Activity/Project Detail" section below.

Benefits   ☐ Not Applicable/Not Program/Project Oriented

Benefits-to-Cost $ [   ]

Provide $ amount of estimated benefits, or project avoided damages, determined in evaluating the cost-effectiveness of the proposed mitigation measure. If a Benefit-Cost Analysis was conducted entered the present value of the benefits or avoided damages as determined by the analysis. Please clarify the Benefits-Cost Analysis source in the "Category/Activity/Project Details" section below.

Losses Avoided [   ]

Provide $ amount ONLY IF mitigation effort has been tested by a subsequent event and calculations can be made on savings realized from avoiding damages that have previously occurred in pre mitigation events . Please clarify in "Category/Activity/Project Details" any overlap with values entered in the Benefits-to-Cost field.

Did mitigation effort(s) result from a federally declared disaster?

Place an 'X' in either the 'Yes' or 'No' box if you know whether or not the mitigation efforts undertaken in this Activity/Project result from Federally declared disaster. Not all Activities or Project have a direct relationship to a particular disaster; as could be the case for outreach, education, marketing, and training activities. In instances where a Yes or No answer to this question can't be made with assurance, place an 'X' in the 'Unknown' box below.

☐ Yes   ☐ No   ☐ Unknown

Federal Disaster Declaration Number

You are required to provide a Federal Disaster Declaration Number ONLY if you answer "Yes" to the previous question. If your answer was 'No' or 'Unknown', skip this field. For assistance in locating the Disaster Number, please refer to the listing at: http://www.fema.gov/library/drcys.shtm

[   ]

Year (NOT - required)

If the mitigation effort undertaken with your Activity/Project resulted from disaster (Federally Declared or other), enter the Year that disaster occurred (use YYYY format). You may skip this field if it is not applicable to you Activity/Project or if you do to have the information.

[   ]

Since the mitigation effort began, has a disaster tested its value?

Answer 'Yes' below if a disaster has tested the mitigation effort of your Activity/Project. If the mitigation effort has not yet been tested by disaster, answer 'No' Place and 'X' in the 'Unknown' box if you do not know the answer to this question. You must place an ;'X' in one box, and one box only.

☐ Yes   ☐ No   ☐ Unknown

Year That disaster First Tested Value (NOT - required)

If you answered "YES" to the previous question and you know the Year that the mitigation effort was first tested by disaster, enter that year below (in YYYY format). Otherwise you may skip this field.

[   ]

Is this a Repetitive Loss Property?

If your Activity/Project involves a property and is flood related, indicate if it is a repetitive loss property as defined under the National Flood Insurance Program (NFIP) by placing 'X' in either the 'Yes' or 'No' box below. If it is not flood to property related, or if you do not know the answer to this question, place and 'X' in the 'Unknown' box. You must place and 'X' in one box, and one box only.

☐ Yes   ☐ No   ☐ Unknown

Activity/Project Contact Name

IMPORTANT NOTE: We request that you provide the contact information below so that a FEMA representative can contact you should we have questions or require additional information about your Best Practice submission. This information will ONLY be accessible to designated FEMA staff, and will under no circumstances be visible on FEMA's Web sit or searchable by the public. Of these fields, we only REQUIRE that you provide a Contact Name; however, if FEMA staff is unable to contact you to ask questions or obtain clarification, your story may be approved for posting on FEMA's Website. Of you choose not provide this information, you may, at any time, e-mail FEMA mitigation staff in you FEMA Regional Office (see www.gov/mitigationss/regionalOffices.do) or at MITsuccess@dhs.go

Activity/Project Contact Name

Enter the name of the person that should be contacted 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 entered above.

Activity/Project Contact E-Mail address (optional)

Enter the contact e-mail address for the person entered above.

Category/Activity/Project Details

Here is where you tell us your story. To help you, we have included a sample format "Mitigation Best Practice Guide Format" at the end of this document that provides a guide 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.

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? Where? 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.