OMB Control# 1660-0072

Expiration Date: 3/30/2014

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 12 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 required to obtain or retain benefits. 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 Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC, 20472, and Paperwork Reduction Project (1660-0072). **NOTE: Do not send your completed form to the above address.**

Project Narrative

Applicant Information:

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| 7.Hazard Information | | | | | | |
| 8.Scope of Work 9.Properties | * Name of <u>Applicant</u> | Find Organization Help | | | | |
| 10.Decision Making Process | State | AK | | | | |
| 11.Cost Estimate 12.Match Sources | Congressional District | Look up congressional district | | | | |
| 13.Cost Effectiveness Information | * Type of Applicant | State Government | | | | |
| 14.Environmental/Historic Preservation Information | If Private Non-Profit. | | | | | |
| 15.Maintenance Schedule | " <u>Invate North Toric</u> , | Help | | | | |
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| Logout Privacy Statement Disclaimers | Federal Tax Number: | (e.g. 12-3456789) | | | | |
| | If Other, please specify: | | | | | |
| | * Enter Federal Employer Identification Number(EIN). If Indian Tribe, this is your Tribal Identification Number. | 12-3456789 (e.g. 12-3456789) Help | | | | |
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Mitigation Activity Information:

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| initigation Activity | | |
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| 3.Contact Information | ~+ | incation 62 /0 complete |
| 4.Community Information 5.Mitigation Plan Information | Please provide the following information. Click on the Add button to add activities. To replace an activity, click on the Replace button. To delete an activity, clic Please note that only one activity can be replaced at a time. When you are finished, click on the Save and Continue button below. | k on the Delete button. |
| 6.Mitigation Activity Information | | |
| 7.Hazard Information 8.Scope of Work | Note: Fields marked with an * are required. | |
| 9.Properties | • What type of activity are you proposing? Add Re | eplace Delete Help |
| 10.Decision Making Process 11.Cost Estimate | | |
| 12.Match Sources | Select Activity Code Activity Name | |
| 13.Cost Effectiveness Information | 103.2 Activity 103.2 | |
| 14.Environmental/Historic Preservation Information | If you selected Other or Miscellaneous, above, please specify: | |
| 15.Maintenance Schedule 16.Evaluation Information | | |
| 17.Comments and Attachments | * Title of your proposed activity (should include the type of activity and location) | |
| 18.Assurances and Certifications | SCR 1199 PJ test (PDMC) (e.g. City of Fairfax Retroft Project) | |
| 19.Review and Submit Application | * Are you doing construction in this project? | |
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| Return to Home Page | If you would like to make any comments, please enter them below. (Maximum 4000 characters) | |
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| 1.Application Status 2.Applicant Information 3.Contact Information 4.Community Information 5.Mitigation Plan Information | Application 82% complete Please provide the following information. When you are finished, click the Save and Continue button below. | |
| 6.Mitigation Activity Information | Problem Description Help | |
| 7.Hazard Information 8.Scope of Work | Please describe the problem to be mitigated. Include the geographic area in your description. | |
| 9.Properties | (Maximum 4000 characters) | |
| 10.Decision Making Process | | |
| 11.Cost Estimate 12.Match Sources | v | |
| 13.Cost Effectiveness Information 14.Environmental/Historic | Enter the Latitude and Longitude coordinates for the project area. | |
| Preservation Information 15.Maintenance Schedule | Latitude : (e.g. 80.4301, should be between -90 to +90) Help | |
| 16.Evaluation Information 17.Comments and Attachments | Longitude : (e.g. 89.4301, should be between -160 to +180) Help | |
| 18.Assurances and Certifications | To attach documents, click the Attachments button below. | |
| 19.Review and Submit Application | Attachments | |
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| Hazard Information | Hazard Information (Part 2 of 3) | |
| 1. Application Status 2. Applicant Information 3. Contact Information 4. Communky Information 5. Mitigation Plan Information | Please provide the following information. When you are finished, click the Save and Continue button below. | Application 82% complete |
| 6.Mitigation Activity Information | Hazards | |
| 7.Hazard Information 8.Scope of Work 9.Properties 10.Decision Making Process 11.Cost Estimate | Select hazards to be mitigated: | |
| 12.Match Sources 13.Cost Effectiveness Information | If other hazards, please specify: | |
| 14.Environmental/Historic Preservation Information | If you would like to make any comments, please enter them below. | |
| 15.Maintenance Schedule | (Maximum 4000 characters) | |
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| 19.Review and Submit Application | Te attack decourses a list the Affecture of botton below. | |
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| L'Application Status Z-Applicant Information 3.Contact Information 4.Community Information S.Mitigation Plan Information S.Mitigation Activity Information Z.Hazard Information | Please provide the following information. When you are finished, click the Save and Continue Note: Fields marked with an * are required. | Application 82% complete button below. | | | | | | |
| 8.Scope of Work | FIRM Information | | | | | | | |
| 9. Properties 10. Decision Making Process 11. Cost Estimate 12. Match Sources 13. Cost Effectiveness Information | Is the project located within a hazard area (check all that apply): | ☐ Eloodway ☐ Eloodplain ☐ Other identified high hazard area ☑ No | | | | | | |
| 14.Environmental/Historic Preservation Information | If other identified high hazard area, please specify: | | | | | | | |
| 15.Maintenance Schedule 18.Evaluation Information 17.Comments and Attachments 18.Assurances and Certifications 19.Review and Submit Application | Is there a Flood Insurance Rate Map (FIRM) or Flood Hazard Boundary Map (FHBM) available for your project area? If you have selected Yes, the following three fields are required: | O Yes No Heb | | | | | | |
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| Return to Home Page | | Check if Not Applicable | | | | | | |
| Privacy Statement Disclaimers | Mark your project site on the FIRM/FHBM (even if it is out of the floodplain) Link to create FIRMette for inclusion with application | Electronic map attached Hard copy provided Not Applicable | | | | | | |
| | Select Flood Zone Designation | (control-cick for multiple selections): C, X B, X N Help | | | | | | |
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| 3.Contact Information 4.Community Information | Application 82% complete | |
| 5.Mitigation Plan Information | Please provide the following information. When you are finished, click the Save and Continue button below. | |
| 6.Mitigation Activity Information 7.Hazard Information | Note: Fields marked with an * are required. | |
| 8.Scope of Work | | |
| 9.Properties 10.Decision Making Process | What are the goals and objectives of this activity? Hele | |
| 11.Cost Estimate | (Maximum 4000 characters) | |
| 12.Match Sources | | |
| 13.Cost Effectiveness Information | | |
| 14.Environmental/Historic Preservation Information | × | |
| 15.Maintenance Schedule | Briefly describe the need for this activity. | |
| 16.Evaluation Information | (Maximum 4000 characters) | |
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| 18.Assurances and Certifications | | |
| 19.Review and Submit Application | | |
| Print Application | | |
| Return to Home Page | Describe the problems this activity will address. | |
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| | Describe the methodology for implementing this activity. | |
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| 3.Contact Information | | | | | | | | | |
| 4.Community Information 5.Mitigation Plan Information | Describe the problems this activit (Maximum 4000 characters) | ty will address. | | | | | | | |
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| 8.Scope of Work 9.Properties | | | | | | | | | |
| 10.Decision Making Process | | | | ~ | | | | | |
| 11.Cost Estimate | * Describe the methodology for im | plementing this activity. | | | | | | | |
| 12.Match Sources | (Maximum 4000 characters) | 5, | | | | | | | |
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| 15.Maintenance Schedule | | | | | | | | | |
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| 17.Comments and Attachments | If you would like to make any com | ments, please enter them b | below. | | | | | | |
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| 8.Scope of Work 9.Properties | Enter Work Schedule | | | | | | Help |
| 10.Decision Making Process 11.Cost Estimate | Description Of Task | Starting Point | Unit Of Time | Duration | Unit Of Time | Work Complete By | Action |
| 12.Match Sources | a | 1 DA | KYS . | 4 | DAYS | | Update Delete |
| 13.Cost Effectiveness Information 14.Environmental/Historic Preservation Information | * Estimate the total duration of the (Must equal or exceed each task duration) | proposed activity: | | Day(s) 💙 | | | |
| 15.Maintenance Schedule 16.Evaluation Information | • Add Task | | | | | | |
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| 7.Hazard Information | * Description of Task | | | | |
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| 15.Maintenance Schedule 16.Evaluation Information 17.Comments and Attachments 18.Assurances and Certifications | Go Back Save Save and | Continue | | | |
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| 4.Community Information | Phone | Ext. |
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| 10.Decision Making Process 11.Cost Estimate | - | | | |
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| 13.Cost Effectiveness Information 14.Environmental/Historic | * First Name | | | |
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| Return to Home Page | Co-owner's Mailing Address: | | | |
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| 13.Cost Effectiveness Information | Age of structure (year built) | | (YYYY e.g. 2001) | |
| 14.Environmental/Historic Preservation Information | SHPO Review | ~ | | Help |
| 15.Maintenance Schedule 16.Evaluation Information | SHPO Reviewed Date | | (MM-DD-YYYYY e.g. 02-05-2003) | |
| 17.Comments and Attachments | * Structure Type | 2-4 Family | ~ | |
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| Properties | Property Tax Identification Number | |
| 1.Application Status 2.Applicant Information | Latitude | (e.g. 80.43014 Should be between -90 to +90) |
| 3.Contact Information 4.Community Information | Longitude | (e.g. 179.43014 Should be between -180 to +180) |
| 5.Mitigation Plan Information 6.Mitigation Activity Information | Does this property have a <u>NFIP Policy Number</u> ? (Note: For FMA, SRL and RFC grants, a positive response to this question is required) | O Yes 🖲 No |
| 7.Hazard Information 8.Scope of Work | If Yes, then provide policy Number | Нер |
| 9.Properties 10.Decision Making Process | Insurance Company | |
| 11.Cost Estimate 12.Match Sources 13.Cost Effectiveness Information 14.Environmental/Historic Preservation Information | Select hazards to be mitigated: | (control-click for multiple selections): Biological Chemical Civil Unrest Coastal Storm |
| 15.Maintenance Schedule 16.Evaluation Information | If other hazards, please specify | |
| 17.Comments and Attachments | * Damage Category | 0-49% Damaged 💌 |
| 18.Assurances and Certifications 19.Review and Submit Application | Pre-Event Fair Market Value | S Help |
| Print Application | Benefit Cost Analysis Performed | Help |
| Return to Home Page | Benefit Cost Ratio | |
| Privacy Statement Disclaimers | * <u>Repetitive Loss</u> Structure | No You may click on <u>www.NFIPBureau.FEMA.gov</u> and then select Request an account under MY PROFILE on the left menu bar in order to check for Repetitive Loss Property data. |
| | If yes, <u>Property Locator Number</u> | Heip |
| | If yes, Number of Claims | · · · · · · · · · · · · · · · · · · · |
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| Properties | Insurance Company | | | |
| Application Status Applicant Information Gontact Information A.Community Information S.Mitigation Plan Information | Select hazards to be mitigated: | (control-click for multiple selections): Biological ▲ Chemical Civil Unrest Coastal Storm ▼ | | |
| 6.Mitigation Activity Information 7.Hazard Information | If other hazards, please specify | | | |
| 8.Scope of Work 9.Properties | * Damage Category | 0-49% Damaged 🔻 | | |
| 10.Decision Making Process 11.Cost Estimate | Pre-Event Fair Market Value | S Help | | |
| 12.Match Sources 13.Cost Effectiveness Information | Benefit Cost Analysis Performed | Help | | |
| 14.Environmental/Historic | Benefit Cost Ratio | | | |
| Preservation Information 15.Maintenance Schedule 16.Evaluation Information 17.Comments and Attachments | * Repetitive Loss Structure | No You may click on <u>www.NFPBureau.FEMA.gov</u> and then select Request an account under MY PROFILE on the left menu bar in order to check for Repetitive Loss Property data. | | |
| 18.Assurances and Certifications 19.Review and Submit Application | If yes, <u>Property Locator Number</u> | Нер | | |
| | If yes, Number of Claims | × | | |
| Print Application Return to Home Page | Legal Description | | | |
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| 3.Contact Information | | | |
| 4.Community Information 5.Mitigation Plan Information | Please provide the following information. When you are finished, click the Save and Co down menu below then click the Go button. | ontinue button below. Or, you may select the section you would like to complete from the drop | |
| 6.Mitigation Activity Information | down mena below then elect the ob batton. | | |
| 7.Hazard Information | Note: Fields marked with an * are required. | | |
| 8.Scope of Work 9.Properties | Property Owner Information 🗸 Go | | |
| 10.Decision Making Process | | | |
| 11.Cost Estimate 12.Match Sources | | | |
| 13.Cost Effectiveness Information | Property Information II: Primary Property Action Note: Participation in open space property acquisition or relocation by | | |
| 14.Environmental/Historic | a property owner is voluntary. Consistent with the 44 CFR Part 80.13(a)(4), documentation of | Acquisition of Vacant Land | _ |
| Preservation Information 15.Maintenance Schedule | voluntary interest must be signed by each property owner. | | |
| 16.Evaluation Information | If Other Primary Action, please specify | | |
| 17.Comments and Attachments | | Acquisition of Vacant Land | |
| 18.Assurances and Certifications 19.Review and Submit Application | Secondary Property Actions | Acquisition/Demolition Acquisition/Relocation | |
| Torrection and coording Application | Secondary Property Actions | Elevation | |
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| Return to Home Page | If Other Secondary Property Action, please specify | | |
| Privacy Statement | Flood Hazard | | |
| <u>Disclaimers</u> | Base Flood Elevation (only applicable when Property Action is Elevation) | feet (e.g. 10.3) | |
| | First Floor Elevation (only applicable when Property Action is Elevation) | feet (e.g. 10.5) | |
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| | Number of feet the lowest floor elevation of the structure is being raised above Base Flood Elevation (only applicable when Property Action is Elevation) | feet (e.g. 10) | ~ |
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| Properties | Flood Source | Select Flood Source 🗸 | ^ |
| 1.Application Status 2.Applicant Information | If Other Flood Source, please specify | | |
| 3.Contact Information | Is the property located within | Select location | |
| 4.Community Information 5.Mitigation Plan Information 6.Mitigation Activity Information | If Other Location, please specify | | |
| 7.Hazard Information 8.Scope of Work | Is there a <u>Flood Insurance Rate Map (FIRM</u>) or other Flood Maps available for your project area? | ○ Yes ○ No ⑧ Unknown | |
| 9.Properties 10.Decision Making Process 11.Cost Estimate | Is the property site marked on the map? Link to create FiRIMette for inclusion with application | Yes, map attached No, hard copy of map will be provided Not Applicable | |
| 12.Match Sources 13.Cost Effectiveness Information 14.Environmental/Historic Preservation Information 15.Maintenance Schedule 16.Evaluation Information | Select <u>Flood Zone Designation</u> (only applicable when Property Action is Elevation) | (control-click for multiple selections): C. X ▲ B. X Help AR A99 ✓ | |
| 17.Comments and Attachments 18.Assurances and Certifications | If Other Flood Zone Designation, please specify | | |
| 19.Review and Submit Application | Enter EIDM Information (or other Elead Mana) | | |
| Print Application | Enter FIRM Information (or other Flood Maps) Community Name CID Number | FIRM Panel Number Effective Date Action | |
| Return to Home Page | Add FIRM Information | | |
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| Disclaimers | If you would like to make any comments, please enter them below. | | |
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| 1.Application Status 2.Applicant Information 3.Contact Information | Is the property site marked on the map? Link to create FIRMette for inclusion with application | | Yes, map attached No, hard copy of map will be prov Not Applicable | vided | |
| 4.Community Information 5.Mitigation Plan Information 6.Mitigation Activity Information 7.Hazard Information 8.Scope of Work | Select Flood Zone Designation (only applicable when Property Action | r is Elevation) | (control-click for multiple selections): C, X B, X B, X N AR A99 | | Help |
| 9.Properties 10.Decision Making Process 11.Cost Estimate | If Other Flood Zone Designation, please specify | | | | |
| 12.Match Sources | Enter FIRM Information (or other Flood Maps) | | | | |
| 13.Cost Effectiveness Information 14.Environmental/Historic | | CID Number | FIRM Panel Number | Effective | Date Action |
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| 15.Maintenance Schedule 16.Evaluation Information | | | | | |
| 17.Comments and Attachments | If you would like to make any comments, please enter them be | low. | | | |
| 18.Assurances and Certifications | (Maximum 4000 characters) | | 1 | | |
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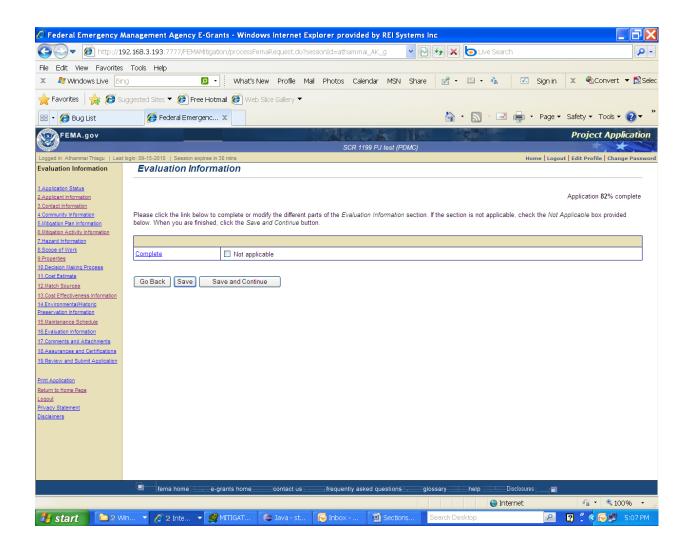
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| 1.Application Status 2.Applicant Information | Application 82% complete |
| 3.Contact Information 4.Community Information | Please provide the following information. When you are finished, click the Save and Continue button below. |
| 5.Mitigation Plan Information | r reade provide une rollowing innormation. Vener year and ministree, onex the care and contained backen below. |
| 6.Mitigation Activity Information | Describe the process you used to decide that this project is the best solution to the problem. Below are some questions to consider as you write your narrative: |
| 7.Hazard Information | Are you focusing on the area in your community that has the greatest potential for losses? |
| 8.Scope of Work 9.Properties | |
| 10.Decision Making Process | |
| 11.Cost Estimate | Have you considered the risks to critical facilities and structures and benefits to be obtained by mitigating this vulnerability? |
| 12.Match Sources | |
| 13.Cost Effectiveness Information 14.Environmental/Historic Preservation Information | Have you considered those areas or projects that present the greatest opportunities given the current situation and interest in your community? |
| 15.Maintenance Schedule 16.Evaluation Information | • Are you addressing a symptom or the source of the problem? Addressing the source of the problem is a long-term solution which provides the most mitigation benefits. |
| 17.Comments and Attachments | |
| 18.Assurances and Certifications 19.Review and Submit Application | If impacts to the environment, natural, cultural or historic resources have been identified, explain how your alternatives and proposed project address, minimize, or avoid these impacts? |
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| | Explain why this project is the best alternative. |
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| Liteard Information Sacede of Work: Sacede of Work: Properties 10 Decision Making Process Incest Estimate 12 Locat Estimate Explain why this project is the best alternative. 12 Locat Estimate (Maximum 4000 characters) 12 Locat Effectiveness Information (Maximum 4000 characters) 15 Maintenance Schedule Image: Schedule |
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| 17.Comments and Attachments If you would like to make any comments, please enter them below. |
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| Maintenance Schedule | |
| 1.Application Status | |
| 2.Applicant Information | Application 82% complete |
| 3.Contact Information | |
| 4.Community Information 5.Mitigation Plan Information | The subgrant applicant or owner of the area to be mitigated is responsible for maintenance - including costs of long-term care - after the project is completed. Please provide the following information. When you are finished, click the Save and Continue button below. |
| 6.Mitigation Activity Information | nisming information. When you are innoised, eller the care and contraine backet action. |
| 7.Hazard Information | Provide a maintenance schedule including cost information. |
| 8.Scope of Work | (Maximum 4000 characters) |
| 9.Properties 10.Decision Making Process | |
| 11.Cost Estimate | |
| 12.Match Sources | |
| 13.Cost Effectiveness Information | Identify the entity that will perform any long-term maintenance. |
| 14.Environmental/Historic | |
| Preservation Information 15.Maintenance Schedule | If you would like to make any comments, please enter them below. |
| 16.Evaluation Information | I you would like to make any comments, please enter them below. (Maximum Wook characters) |
| 17.Comments and Attachments | |
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| 19.Review and Submit Application | |
| | Attach letter from entity accepting performance responsibility by clicking the Attachments button below. |
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| perties ecision Making Process | * Is the recipient participating in the Comm | nunity Rating System (CRS)? | |
| ost Estimate | If yes, what is their <u>CRS rating?</u> | | |
| atch Sources ost Effectiveness Information | * Is the recipient a Cooperating Technical Pa | artner (CTP)? | No <u>Help</u> |
| vironmental/Historic ervation Information | * Is the recipient a Firewise Community? | O Yes 🖲 | No <u>Help</u> |
| aintenance Schedule | If yes, please provide their Firewise C | Community number. | |
| aluation Information | * Has the recipient adopted building codes | consistent with the International Codes? | No <u>Help</u> |
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| mments and Attachments ssurances and Certifications | * Has the recipient adopted the National Fin | ire Protection Association (NFPA) 5000 Code? | No <u>Help</u> |
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| valuation information pamenta and Atlachmenta pamenta and Atlachmenta eview and Submt Application Application in to Home Page st cv.Statement amers | Has the recipient adopted the <u>National Fin</u> Have the recipient's building codes been If yes, what is their <u>BCEGS</u> rating? Is the recipient a <u>Disaster Resistant Univer</u> | n assessed on the <u>Building Code Effectiveness Grading Schedule (BCEGS)?</u> O Yes (e) | No <u>Helo</u> No |

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| 3.Contact Information 4.Community Information | Please provide the following information. When you are finished, click the Save and Continue button below. | | | |
| 5.Mitigation Plan Information | Prease provide the ronowing information, which you are initiated, click the Save and Continue button below. | | | |
| 6.Mitigation Activity Information | Note: Fields marked with an * are required. | | | |
| 7.Hazard Information | | | | |
| 8.Scope of Work 9.Properties | Describe the desired outcome and methodology of the mitigation activity in terms of mitigation objectives to be achieved. | | | |
| 10.Decision Making Process | (Maximum 4000 characters) | | | |
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| 14.Environmental/Historic Preservation Information | Describe performance expectations and timeline for interim milestones and overall completion of mitigation activity. | | | |
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| 19.Review and Submit Application | Describe how you will manage the costs and schedule, and how you will ensure successful performance. | | | |
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| | Describe the staff and resources needed to implement this mitigation activity and the applicant's ability to provide these resources. | | | |
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| Evaluation Information | Note: Fields marked with an *are required. | ^ | |
| 1.Application Status 2.Applicant Information | * How will this mitigation activity leverage involvement of partners to enhance its outcome? | | |
| 3.Contact Information 4.Community Information | (Maximum 4000 characters) | | |
| 5.Mitigation Plan Information | a 🗠 | | |
| 6.Mitigation Activity Information | | | |
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| 8.Scope of Work 9.Properties | * How will this mitigation activity offer long-term financial and social benefits? | | |
| 10.Decision Making Process | (Maximum 4000 characters) | | |
| 11.Cost Estimate | a 🗠 | | |
| 12.Match Sources | | | |
| 13.Cost Effectiveness Information 14.Environmental/Historic | v. | | |
| Preservation Information | How does this mitigation activity comply with Federal laws and Executive Orders, and how is it complementary to other Federal programs? | | |
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| To:Review and Submit Application | * What outreach activities are planned relative to this mitigation activity (e.g., signs, press releases, success stories, developing package to share with other communities, losses | | |
| Print Application | avoided analysis) and/or how will this mitigation activity serve as a model for other communities (i.e. Do you intend to mentor other communities, Tribes or States? Do you intend | | |
| Return to Home Page | to prepare a description of the process followed in this activity so that others may learn from the example?)? | | |
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| Lappication Status 2.Appicant Information 3.Contact Information 4.Community Information 5.Mitigation Activity Information 7.Hispation Data Information 5.Scope of Views | Please provide the following information. When you are finished, click the Save and Co Note: Fields marked with an * are required. | Application 82% complete | | | |
| 9.Properties | | | | | |
| 10.Decision Making Process | * Please provide the percent of the population benefiting from this mitigation activity. | 1.0 % (e.g. 78.5) Help | | | |
| 11.Cost Estimate 12.Match Sources 13.Cost Effectiveness Information 14.Environmental/Historic Preservation Information | * Please explain your response to the above question | (Maximum 300 words) | | | |
| 15.Maintenance Schedule 16.Evaluation Information | * Net Present Value of Project Benefits (A) | s 1.00 | | | |
| 17.Comments and Attachments | * Total Project Cost Estimate (B) | \$ 1.00 | | | |
| 18.Assurances and Certifications 19.Review and Submit Application | * What is the Benefit Cost Ratio for the entire project (A/B)? | 1.000 | | | |
| | * Analysis Type | FEMA BCA software methodology | | | |
| Print Application Return to Home Page | • What is the primary hazard data used for the BCA? | Coastal Storm 💌 Help | | | |
| Locout Privacy Statement Disclaimers | What secondary hazards were considered during the BCA? | (control-click for multiple selections): | | | |
| | Other Secondary Hazard | | | | |
| | • Does this mitigation activity protect a <u>critical facility</u> ? | ○ Yes No Help V | | | |
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| Evaluation Information | What is the Benefit Cost Ratio for the entire project (A/B)? | 1.000 | | | |
| 1.Application Status | * Analysis Type | FEMA BCA software methodology | | | |
| 2.Applicant Information 3.Contact Information | * What is the primary hazard data used for the BCA? | Coastal Storm 💌 | | | |
| 4.Community Information | | (control-click for multiple selections): | | | |
| 5.Mitigation Plan Information 6.Mitigation Activity Information | What secondary hazards were considered during the BCA? | Biological Chemical | | | |
| 7.Hazard Information 8.Scope of Work | | Civil Unrest | | | |
| 9.Properties | Other Secondary Hazard | | | | |
| 10.Decision Making Process 11.Cost Estimate | * Does this mitigation activity protect a <u>critical facility</u> ? | O Yes No Help | | | |
| 12.Match Sources 13.Cost Effectiveness Information 14.Environmental/Historic Preservation Information 15.Maintenance Schedule | If yes, please select the type of <u>critical facilities</u> ? to be protected | (control-click for multiple selections): Hazardous Materials Facilities Emergency Operation Centers Power Facilities Water Facilities | | | |
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| 8.Scope of Work 9.Properties | Mitigation Plan Information | | | N | ew Word 2007 Document.doc | 03-16-2010 Update Delete |
| 10.Decision Making Process | | EHP | Comments and Attachments | | | |
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| 5.Mitigation Plan Information | Name of section: | | |
| 6.Mitigation Activity Information | Application Level | | |
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| Preservation Information | To attach documents, click the Attachments button below. (You may includ Insurance settlements/documentation; Engineering or design specifications; etc.) | ie Photographs; Property deed; Tax assessment; Tax parcel map; Flood Insu | rance Rate Map (FIRM) with project site marked; |
| 15.Maintenance Schedule | Name | Date Attached | Action |
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| 7.Hazard Information 8.Scope of Work | "Select Option | Regular Mail Electronic File | | | | |
| 9.Properties 10.Decision Making Process | If you selected Regular Mail, above, please specify the following: | | | | | |
| 11.Cost Estimate 12.Match Sources | Mail Date: | (MM-DD-YYYY e.g. 02-05-2003) | | | | |
| 13.Cost Effectiveness Information 14.Environmental/Historic Preservation Information 15.Maintenance Schedule | Mail Description (documents sent): | | | | | |
| 16.Evaluation Information | If you selected Electronic File, above, please specify the following: | | | | | |
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| 7.Hazard Information 8.Scope of Work 9.Properties | Operating System: | Windows 💌 | | | |
| 10.Decision Making Process 11.Cost Estimate | If other, please specify: | | | | |
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