Project Narrative

Applicant Information:

Mitigation Activity Information:

Hazard Information:

http://192.168.3.193:7777/FEMAMitigation/processFemaRequest.do?sessionId=athammai_AK_g

File   Edit   View   Favorites   Tools   Help

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SCR 1199 PJ test (PDMC)

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Hazard Information

1.Application Status
2.Applicant Information
3.Contact Information
4.Community Information
5.Mitigation Plan Information
6.Mitigation Activity Information
7.Hazard Information
8.Scope of Work
9.Properties
10.Decision Making Process
11.Cost Estimate
12.Match Sources
13.Cost Effectiveness Information
14.Environmental/Historic Preservation Information
15.Maintenance Schedule
16.Evaluation Information
17.Comments and Attachments
18.Assurances and Certifications
19.Review and Submit Application

Print Application
Return to Home Page
Logout
Privacy Statement
Disclaimers

Hazard Information (Part 1 of 3)

Application 82% complete

Please provide the following information. When you are finished, click the *Save and Continue* button below.

Problem Description	Help
Please describe the problem to be mitigated. Include the geographic area in your description.	

(Maximum 4000 characters)

Enter the Latitude and Longitude coordinates for the project area.

Latitude :		(e.g. 80.4301, should be between -90 to +90)	Help
Longitude :		(e.g. 89.4301, should be between -180 to +180)	Help

To attach documents, click the *Attachments* button below.

[Attachments]

[Go Back]   [Save]   [Save and Continue]

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Done   Internet   100%

start   2 Win...   Federal ...   MITIGAT...   Java - p...   Inbox - ...   Sections...   Search Desktop   1:07 PM

http://192.168.3.193:7777/FEMAMitigation/processFemaRequest.do?sessionId=athammai_AK_g

File   Edit   View   Favorites   Tools   Help

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Favorites   Suggested Sites ▼   Free Hotmail   Web Slice Gallery ▼

Bug List   Federal Emergenc... X   Home ▼   ᐅ   ᐧ   Page ▼   Safety ▼   Tools ▼   ᐧ   »

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Hazard Information   *Hazard Information (Part 2 of 3)*

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
6.Mitigation Activity Information | Hazards |
7.Hazard Information
8.Scope of Work   (control-click for multiple selections):
9.Properties   Biological
10.Decision Making Process   Select hazards to be mitigated: Chemical
11.Cost Estimate   Civil Unrest
12.Match Sources   Coastal Storm
13.Cost Effectiveness Information
14.Environmental/Historic   If other hazards, please specify:
Preservation Information
15.Maintenance Schedule | If you would like to make any comments, please enter them below. |
16.Evaluation Information
17.Comments and Attachments   (Maximum 4000 characters)
18.Assurances and Certifications
19.Review and Submit Application

Print Application | To attach documents, click the *Attachments* button below. |
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Logout   [Attachments]
Privacy Statement
Disclaimers

                                    [Go Back] [Save] [Save and Continue]

Done   Internet   100% ▼

start   2 Win...   Federal ...   MITIGAT...   Java - p...   Inbox - ...   Sections...   Search Desktop   1:07 PM

http://192.168.3.193:7777/FEMAMitigation/processFemaRequest.do?sessionId=athammai_AK_g

File   Edit   View   Favorites   Tools   Help

X   Windows Live   Bing   What's New   Profile   Mail   Photos   Calendar   MSN   Share   Sign in   X   Convert   Selec

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Hazard Information

1.Application Status
2.Applicant Information
3.Contact Information
4.Community Information
5.Mitigation Plan Information
6.Mitigation Activity Information
7.Hazard Information
8.Scope of Work
9.Properties
10.Decision Making Process
11.Cost Estimate
12.Match Sources
13.Cost Effectiveness Information
14.Environmental/Historic Preservation Information
15.Maintenance Schedule
16.Evaluation Information
17.Comments and Attachments
18.Assurances and Certifications
19.Review and Submit Application

Print Application
Return to Home Page
Logout
Privacy Statement
Disclaimers

Hazard Information (Part 3 of 3)

Application 82% complete

Please provide the following information. When you are finished, click the *Save and Continue* button below.

Note: Fields marked with an * are required.

FIRM Information	
*Is the project located within a hazard area (check all that apply):	☐ Floodway ☐ Floodplain ☐ Other identified high hazard area ☑ No Help
If other identified high hazard area, please specify:	
*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:	○ Yes ● No Help
Enter FIRM Panel Number:	☐ check if Not Applicable Help
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 Help
Select Flood Zone Designation	(control-click for multiple selections): C, X B, X N Help

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Scope of Work:

http://192.168.3.193:7777/FEMAMitigation/processFemaRequest.do?sessionId=athammai_AK_g

File   Edit   View   Favorites   Tools   Help

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Scope of Work

1.Application Status
2.Applicant Information
3.Contact Information
4.Community Information
5.Mitigation Plan Information
6.Mitigation Activity Information
7.Hazard Information
8.Scope of Work
9.Properties
10.Decision Making Process
11.Cost Estimate
12.Match Sources
13.Cost Effectiveness Information
14.Environmental/Historic
Preservation Information
15.Maintenance Schedule
16.Evaluation Information
17.Comments and Attachments
18.Assurances and Certifications
19.Review and Submit Application

Print Application
Return to Home Page
Logout
Privacy Statement
Disclaimers

Scope of Work (Part 1 of 2)

Application 82% complete

Please provide the following information. When you are finished, click the *Save and Continue* button below.

Note: Fields marked with an * are required.

* What are the goals and objectives of this activity?   Help
(Maximum 4000 characters)

    asdf

* Briefly describe the need for this activity.
(Maximum 4000 characters)

    asdf

* Describe the problems this activity will address.
(Maximum 4000 characters)

    adsf

* Describe the methodology for implementing this activity.
(Maximum 4000 characters)

    adsf

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Internet   100%

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Bug List   Federal Emergenc...

Page   Safety   Tools

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Scope of Work

1.Application Status
2.Applicant Information
3.Contact Information
4.Community Information
5.Mitigation Plan Information
6.Mitigation Activity Information
7.Hazard Information
8.Scope of Work
9.Properties
10.Decision Making Process
11.Cost Estimate
12.Match Sources
13.Cost Effectiveness Information
14.Environmental/Historic
Preservation Information
15.Maintenance Schedule
16.Evaluation Information
17.Comments and Attachments
18.Assurances and Certifications
19.Review and Submit Application

Print Application
Return to Home Page
Logout
Privacy Statement
Disclaimers

asdf

* Describe the problems this activity will address.
(Maximum 4000 characters)

adsf

* Describe the methodology for implementing this activity.
(Maximum 4000 characters)

adsf

If you would like to make any comments, please enter them below.
(Maximum 4000 characters)

To attach documents, click the *Attachments* button below.

[Attachments]

[Go Back]   [Save]   [Save and Continue]

Done   Internet   100%

start   2 Win...   Federal ...   MITIGAT...   Java - p...   Inbox - ...   Sections...   Search Desktop   1:09 PM

http://192.168.3.193:7777/FEMAMitigation/processFemaRequest.do?sessionId=athammai_AK_g

File   Edit   View   Favorites   Tools   Help

Windows Live   Bing

What's New   Profile   Mail   Photos   Calendar   MSN   Share   Sign in   Convert   Selec

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Scope of Work

1.Application Status
2.Applicant Information
3.Contact Information
4.Community Information
5.Mitigation Plan Information
6.Mitigation Activity Information
7.Hazard Information
8.Scope of Work
9.Properties
10.Decision Making Process
11.Cost Estimate
12.Match Sources
13.Cost Effectiveness Information
14.Environmental/Historic
Preservation Information
15.Maintenance Schedule
16.Evaluation Information
17.Comments and Attachments
18.Assurances and Certifications
19.Review and Submit Application

Print Application
Return to Home Page
Logout
Privacy Statement
Disclaimers

Scope of Work (Part 2 of 2)

Application 82% complete

Please provide the following information. When you are finished, click the *Save and Continue* button below.

Note: Fields marked with an * are required. You need to add at least one task and each individual task can't be greater than the total duration of the proposed activity for the section to be complete.

Enter Work Schedule						Help
Description Of Task	Starting Point	Unit Of Time	Duration	Unit Of Time	Work Complete By	Action
a	1	DAYS	4	DAYS		Update Delete
* Estimate the total duration of the proposed activity: (Must equal or exceed each task duration)			4	Day(s)		

Add Task

Go Back   Save   Save and Continue

Done   Internet   100%

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Scope of Work

1.Application Status
2.Applicant Information
3.Contact Information
4.Community Information
5.Mitigation Plan Information
6.Mitigation Activity Information
7.Hazard Information
8.Scope of Work
9.Properties
10.Decision Making Process
11.Cost Estimate
12.Match Sources
13.Cost Effectiveness Information
14.Environmental/Historic
Preservation Information
15.Maintenance Schedule
16.Evaluation Information
17.Comments and Attachments
18.Assurances and Certifications
19.Review and Submit Application

Print Application
Return to Home Page
Logout
Privacy Statement
Disclaimers

Add Task

Please provide the following information. When you are finished, click the *Save and Continue* button below.

Note: Fields marked with an * are required.

* Description of Task			
_____ (e.g. Ordering Shutters.)			
* Starting Point	Unit Of Time	* Duration	Unit Of Time
_____ (start day of the task e.g. 4)	Day(s) ▾ (e.g. Days)	_____ (a number e.g. 3)	Day(s) ▾ (e.g. Days)
Who will complete the work?			
_____			

[Go Back] [Save] [Save and Continue]

http://192.168.3.193:7777/FEMAMitigation/processFemaRequest.do?sessionId=athammai_AK_g

File   Edit   View   Favorites   Tools   Help

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Scope of Work

1.Application Status
2.Applicant Information
3.Contact Information
4.Community Information
5.Mitigation Plan Information
6.Mitigation Activity Information
7.Hazard Information
8.Scope of Work
9.Properties
10.Decision Making Process
11.Cost Estimate
12.Match Sources
13.Cost Effectiveness Information
14.Environmental/Historic Preservation Information
15.Maintenance Schedule
16.Evaluation Information
17.Comments and Attachments
18.Assurances and Certifications
19.Review and Submit Application

Print Application
Return to Home Page
Logout
Privacy Statement
Disclaimers

Update Task

You have chosen to update the following information. When you are finished, click the *Save and Continue* button below.

Note: Fields marked with an * are required.

* Description of Task			
a	(e.g. Ordering Shutters.)		
* Starting Point	Unit Of Time	* Duration	Unit Of Time
1 (start day of the task e.g. 4)	Day(s) (e.g. Days)	4 (a number e.g. 3)	Day(s) (e.g. Days)
Who will complete the work?			

[Go Back]   [Save]   [Save and Continue]

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File   Edit   View   Favorites   Tools   Help

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Properties

1.Application Status
2.Applicant Information
3.Contact Information
4.Community Information
5.Mitigation Plan Information
6.Mitigation Activity Information
7.Hazard Information
8.Scope of Work
9.Properties
10.Decision Making Process
11.Cost Estimate
12.Match Sources
13.Cost Effectiveness Information
14.Environmental/Historic Preservation Information
15.Maintenance Schedule
16.Evaluation Information
17.Comments and Attachments
18.Assurances and Certifications
19.Review and Submit Application

Print Application
Return to Home Page
Logout
Privacy Statement
Disclaimers

Properties

Application 82% complete

This section will enable you to add properties to be mitigated. To add a property, click the *Add Property* button below. To update or delete a property already added to your project, click the appropriate link under the *Action* column. Depending on the activity you selected from the Mitigation Activity Information section, some activities may require additional information and some may not. If you do not want to add additional property information for an activity that has the option to, check the *Property Information Not Applicable* checkbox. When you are finished, click the *Save and Continue* button below.

Note: Fields marked with an * are required. Properties marked with an ** are incomplete.

Activity 103.2 (103.2)							
Property Owner's Name	Damaged Property Address	City	State	ZIP	Repetitive Loss	Action	
a a	1 E a Blvd E	a	AK	12312	No	Update Delete	

*   [Add Property]   [Import Properties]

[Go Back]   [Save]   [Save and Continue]

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Favorites   Suggested Sites ▼   Free Hotmail   Web Slice Gallery ▼

Bug List   Federal Emergenc... X   Page ▼   Safety ▼   Tools ▼

Properties

1.Application Status
2.Applicant Information
3.Contact Information
4.Community Information
5.Mitigation Plan Information
6.Mitigation Activity Information
7.Hazard Information
8.Scope of Work
9.Properties
10.Decision Making Process
11.Cost Estimate
12.Match Sources
13.Cost Effectiveness Information
14.Environmental/Historic Preservation Information
15.Maintenance Schedule
16.Evaluation Information
17.Comments and Attachments
18.Assurances and Certifications
19.Review and Submit Application

Print Application
Return to Home Page
Logout
Privacy Statement
Disclaimers

Property (Part 1 of 3)

Application 82% complete

Please provide the following information. When you are finished, click the *Save and Continue* button below to continue to the next property section. Or, you may select the section you would like to complete from the drop down menu below then click the *Go* button.

[Property Information ▼]   [Go]

Note: Fields marked with an * are required.

Damaged Property Address:

* Address line 1	Street Number	Direction	Street Name	Street Type	Direction
	1	East	a	Boulevard	East
				If Other, Specify Street Type:	

| Address line 2 | Unit Type [▼]   Number [ ] |
| | If Other, Specify Unit Type: [ ] |

* City	a
* County	COUNTY1 ▼
* State	AK
* ZIP	12312 - [ ] (e.g. 70354-4456) Need help for ZIP+4?

Owner Information:
If the owner is an organization, then split this information in the First and Last Name.

| * First Name | a |

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Bug List   Federal Emergenc...   Home ▾   Page ▾   Safety ▾   Tools ▾

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Properties

1.Application Status
2.Applicant Information
3.Contact Information
4.Community Information
5.Mitigation Plan Information
6.Mitigation Activity Information
7.Hazard Information
8.Scope of Work
9.Properties
10.Decision Making Process
11.Cost Estimate
12.Match Sources
13.Cost Effectiveness Information
14.Environmental/Historic Preservation Information
15.Maintenance Schedule
16.Evaluation Information
17.Comments and Attachments
18.Assurances and Certifications
19.Review and Submit Application

Print Application
Return to Home Page
Logout
Privacy Statement
Disclaimers

Middle Name	
* Last Name	a

Phone

Home (e.g. 703-456-7890)	Office (e.g. 703-456-7890)	Ext.
Cell (e.g. 703-456-7890)	Other (e.g. 703-456-7890)	Ext.

☑ Owner's Mailing Address (check if this address is the same as Property Address above):

Address line 1	Street Number	Direction	Street Name	Street Type	Direction
	1	East	a	Boulevard	East
				If Other, Specify Street Type:	

Address line 2	Unit Type	Number
	If Other, Specify Unit Type:	

Other (PO Box, Route, etc)	
City	a
State	Alaska
ZIP	12312 - (e.g. 70354-4456) Need help for ZIP+4?
* Does this property have other co-owners or holders of recorded interest?	○ Yes ◉ No

Go Back   Save   Save and Continue

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Done   Internet   100%

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Properties

1.Application Status
2.Applicant Information
3.Contact Information
4.Community Information
5.Mitigation Plan Information
6.Mitigation Activity Information
7.Hazard Information
8.Scope of Work
9.Properties
10.Decision Making Process
11.Cost Estimate
12.Match Sources
13.Cost Effectiveness Information
14.Environmental/Historic Preservation Information
15.Maintenance Schedule
16.Evaluation Information
17.Comments and Attachments
18.Assurances and Certifications
19.Review and Submit Application

Print Application
Return to Home Page
Logout
Privacy Statement
Disclaimers

Property (Part 1 of 3)

Application **76%** complete

Please provide the following information. When you are finished, click the *Save and Continue* button below to continue to the next property section. Or, you may select the section you would like to complete from the drop down menu below then click the *Go* button.

[Property Information]   Go

Note: Fields marked with an * are required.

Co-owner or Owner of Property Interest Information:		
If the co-owner is an organization, then split this information in the First and Last Name.		
* First Name		
Middle Name		
* Last Name		
Phone	Home (e.g. 703-456-7890) Office (e.g. 703-456-7890) Ext.	
	Cell (e.g. 703-456-7890) Other (e.g. 703-456-7890) Ext.	

Co-owner's Mailing Address:
Select radio button to copy appropriate address information (Note: "None" can be selected to edit address after you copy)

○ Owner's Mailing Address   ○ Property Address   ● None

Address line 1	Street Number	Direction	Street Name	Street Type	Direction
				If Other, Select Street Type:	

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SCR 1199 PJ test (PDMC)

Properties

1.Application Status
2.Applicant Information
3.Contact Information
4.Community Information
5.Mitigation Plan Information
6.Mitigation Activity Information
7.Hazard Information
8.Scope of Work
9.Properties
10.Decision Making Process
11.Cost Estimate
12.Match Sources
13.Cost Effectiveness Information
14.Environmental/Historic Preservation Information
15.Maintenance Schedule
16.Evaluation Information
17.Comments and Attachments
18.Assurances and Certifications
19.Review and Submit Application

Print Application
Return to Home Page
Logout
Privacy Statement
Disclaimers

Select radio button to copy appropriate address information (Note: 'None' can be selected to edit address after you copy)

○ Owner's Mailing Address   ○ Property Address   ● None

Address line 1	Street Number	Direction	Street Name	Street Type	Direction
				If Other, Select Street Type:	

Address line 2	Unit Type		Number	
	If Other, Select Unit Type:			

Other (PO Box, Route, etc)	

City	

State	Choose...

ZIP		-		(e.g. 70354-4456) Need help for ZIP+4?

If you would like to make any comments, please enter them below.

(Maximum 4000 characters)

To attach documents, click the *Attachments* button below.

[Attachments]

[Go Back]   [Save]   [Save and Continue]

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File   Edit   View   Favorites   Tools   Help

X   Windows Live   Bing   What's New   Profile   Mail   Photos   Calendar   MSN   Share   Sign in   X   Convert   Selec

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SCR 1199 PJ test (PDMC)

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Properties

1.Application Status
2.Applicant Information
3.Contact Information
4.Community Information
5.Mitigation Plan Information
6.Mitigation Activity Information
7.Hazard Information
8.Scope of Work
9.Properties
10.Decision Making Process
11.Cost Estimate
12.Match Sources
13.Cost Effectiveness Information
14.Environmental/Historic
Preservation Information
15.Maintenance Schedule
16.Evaluation Information
17.Comments and Attachments
18.Assurances and Certifications
19.Review and Submit Application

Print Application
Return to Home Page
Logout
Privacy Statement
Disclaimers

Property (Part 2 of 3)

Application 82% complete

Please provide the following information. When you are finished, click the *Save and Continue* button below to continue to the next property section. Or, you may select the section you would like to complete from the drop down menu below then click the *Go* button.

Property Owner Information [▼]   [Go]

Note: Fields marked with an * are required.

Property Information	
Age of structure (year built)	[_____] (YYYY e.g. 2001)
SHPO Review	[_____▼] Help
SHPO Reviewed Date	[_____] (MM-DD-YYYY e.g. 02-05-2003)
* Structure Type	2-4 Family [▼]
If Other Structure Type, please specify	[_____]
* Foundation Type	Basement [▼]
If Other Foundation Type, please specify	[_____]
* Basement	Yes [▼]
Type of Residence	[_____▼]
If Other Type of Residence, please specify	[_____]
Parcel Number	[_____]
Property Tax Identification Number	

Done   Internet   100%

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Properties

1.Application Status
2.Applicant Information
3.Contact Information
4.Community Information
5.Mitigation Plan Information
6.Mitigation Activity Information
7.Hazard Information
8.Scope of Work
9.Properties
10.Decision Making Process
11.Cost Estimate
12.Match Sources
13.Cost Effectiveness Information
14.Environmental/Historic
Preservation Information
15.Maintenance Schedule
16.Evaluation Information
17.Comments and Attachments
18.Assurances and Certifications
19.Review and Submit Application

Print Application
Return to Home Page
Logout
Privacy Statement
Disclaimers

Property Tax Identification Number	
Latitude	(e.g. 80.43014 Should be between -90 to +90) Help
Longitude	(e.g. 179.43014 Should be between -180 to +180) Help
Does this property have a NFIP Policy Number? (Note: For FMA, SRL and RFC grants, a positive response to this question is required)	○ Yes ● No
If Yes, then provide policy Number	Help
Insurance Company	
* Select hazards to be mitigated:	(control-click for multiple selections): Biological / Chemical / Civil Unrest / Coastal Storm
If other hazards, please specify	
* Damage Category	0-49% Damaged
Pre-Event Fair Market Value	$ Help
Benefit Cost Analysis Performed	Help
Benefit Cost Ratio	
* Repetitive Loss Structure	No You may click on www.NFIPBureau.FEMA.gov 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, Property Locator Number	Help
If yes, Number of Claims	

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Properties

1.Application Status
2.Applicant Information
3.Contact Information
4.Community Information
5.Mitigation Plan Information
6.Mitigation Activity Information
7.Hazard Information
8.Scope of Work
9.Properties
10.Decision Making Process
11.Cost Estimate
12.Match Sources
13.Cost Effectiveness Information
14.Environmental/Historic
Preservation Information
15.Maintenance Schedule
16.Evaluation Information
17.Comments and Attachments
18.Assurances and Certifications
19.Review and Submit Application

Print Application
Return to Home Page
Logout
Privacy Statement
Disclaimers

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* Select hazards to be mitigated:	(control-click for multiple selections): Biological / Chemical / Civil Unrest / Coastal Storm
If other hazards, please specify	
* Damage Category	0-49% Damaged
Pre-Event Fair Market Value	$ Help
Benefit Cost Analysis Performed	Help
Benefit Cost Ratio	
* Repetitive Loss Structure	No — You may click on www.NFIPBureau.FEMA.gov 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, Property Locator Number	Help
If yes, Number of Claims	

Legal Description

(Maximum 4000 characters)

[Go Back]   [Save]   [Save and Continue]

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Home   Page   Safety   Tools

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SCR 1199 PJ test (PDMC)

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Properties

1.Application Status
2.Applicant Information
3.Contact Information
4.Community Information
5.Mitigation Plan Information
6.Mitigation Activity Information
7.Hazard Information
8.Scope of Work
9.Properties
10.Decision Making Process
11.Cost Estimate
12.Match Sources
13.Cost Effectiveness Information
14.Environmental/Historic Preservation Information
15.Maintenance Schedule
16.Evaluation Information
17.Comments and Attachments
18.Assurances and Certifications
19.Review and Submit Application

Print Application
Return to Home Page
Logout
Privacy Statement
Disclaimers

Property (Part 3 of 3)

Application 82% complete

Please provide the following information. When you are finished, click the *Save and Continue* button below. Or, you may select the section you would like to complete from the drop down menu below then click the *Go* button.

Note: Fields marked with an * are required.

[Property Owner Information ▼]   [Go]

Property Information II:	
* Primary Property Action Note: Participation in open space property acquisition or relocation by a property owner is voluntary. Consistent with the 44 CFR Part 80.13(a)(4), documentation of voluntary interest must be signed by each property owner.	[Acquisition of Vacant Land ▼]
If Other Primary Action, please specify	[ ]
Secondary Property Actions	Acquisition of Vacant Land Acquisition/Demolition Acquisition/Relocation Elevation Floodproofed
If Other Secondary Property Action, please specify	[ ]

Flood Hazard

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) Help
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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Project Application

SCR 1199 PJ test (PDMC)

Properties

1.Application Status
2.Applicant Information
3.Contact Information
4.Community Information
5.Mitigation Plan Information
6.Mitigation Activity Information
7.Hazard Information
8.Scope of Work
9.Properties
10.Decision Making Process
11.Cost Estimate
12.Match Sources
13.Cost Effectiveness Information
14.Environmental/Historic Preservation Information
15.Maintenance Schedule
16.Evaluation Information
17.Comments and Attachments
18.Assurances and Certifications
19.Review and Submit Application

Print Application
Return to Home Page
Logout
Privacy Statement
Disclaimers

Flood Source	Select Flood Source
If Other Flood Source, please specify	
Is the property located within	Select location
If Other Location, please specify	
* Is there a Flood Insurance Rate Map (FIRM) or other Flood Maps available for your project area?	○ Yes ○ No ⦿ Unknown
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 provided ⦿ Not Applicable
Select Flood Zone Designation (only applicable when Property Action is Elevation)	(control-click for multiple selections): C, X B, X N AR A99 Help
If Other Flood Zone Designation, please specify	

Enter FIRM Information (or other Flood Maps)

Community Name	CID Number	FIRM Panel Number	Effective Date	Action
Add FIRM Information				

If you would like to make any comments, please enter them below.

(Maximum 4000 characters)

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Properties

1.Application Status
2.Applicant Information
3.Contact Information
4.Community Information
5.Mitigation Plan Information
6.Mitigation Activity Information
7.Hazard Information
8.Scope of Work
9.Properties
10.Decision Making Process
11.Cost Estimate
12.Match Sources
13.Cost Effectiveness Information
14.Environmental/Historic
Preservation Information
15.Maintenance Schedule
16.Evaluation Information
17.Comments and Attachments
18.Assurances and Certifications
19.Review and Submit Application

Print Application
Return to Home Page
Logout
Privacy Statement
Disclaimers

project area?   ○ Yes ○ No ⦿ Unknown

Is the property site marked on the map?   ○ Yes, map attached
Link to create FIRMette for inclusion with application   ○ No, hard copy of map will be provided
                                                     ⦿ Not Applicable

                                                     (control-click for multiple selections):
Select Flood Zone Designation (only applicable when Property Action is Elevation)
                                                     C, X
                                                     B, X
                                                     N
                                                     AR
                                                     A99   Help

If Other Flood Zone Designation, please specify   [   ]

Enter FIRM Information (or other Flood Maps)

Community Name	CID Number	FIRM Panel Number	Effective Date	Action

[Add FIRM Information]

If you would like to make any comments, please enter them below.
(Maximum 4000 characters)

[   ]

To attach documents, click the *Attachments* button below.

[Attachments]

[Go Back] [Save] [Save and Continue]

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Bug List   Federal Emergenc...   Page   Safety   Tools

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SCR 1199 PJ test (PDMC)

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Decision Making

1.Application Status
2.Applicant Information
3.Contact Information
4.Community Information
5.Mitigation Plan Information
6.Mitigation Activity Information
7.Hazard Information
8.Scope of Work
9.Properties
10.Decision Making Process
11.Cost Estimate
12.Match Sources
13.Cost Effectiveness Information
14.Environmental/Historic
Preservation Information
15.Maintenance Schedule
16.Evaluation Information
17.Comments and Attachments
18.Assurances and Certifications
19.Review and Submit Application

Print Application
Return to Home Page
Logout
Privacy Statement
Disclaimers

Decision Making Process

Application 82% complete

Please provide the following information. When you are finished, click the *Save and Continue* button below.

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:

- Are you focusing on the area in your community that has the greatest potential for losses?

- Have you considered the risks to critical facilities and structures and benefits to be obtained by mitigating this vulnerability?

- Have you considered those areas or projects that present the greatest opportunities given the current situation and interest in your community?

- 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.

- 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?

(Maximum 4000 characters)

Explain why this project is the best alternative.

(Maximum 4000 characters)

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File   Edit   View   Favorites   Tools   Help

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Bug List   Federal Emergenc...   Home   Page   Safety   Tools

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SCR 1199 PJ test (PDMC)

Logged in: Athammai Thiagu | Last login: 09-15-2010 | Session expires in 30 mins   Home | Logout | Edit Profile | Change Password

Decision Making

1.Application Status
2.Applicant Information
3.Contact Information
4.Community Information
5.Mitigation Plan Information
6.Mitigation Activity Information
7.Hazard Information
8.Scope of Work
9.Properties
10.Decision Making Process
11.Cost Estimate
12.Match Sources
13.Cost Effectiveness Information
14.Environmental/Historic Preservation Information
15.Maintenance Schedule
16.Evaluation Information
17.Comments and Attachments
18.Assurances and Certifications
19.Review and Submit Application

Print Application
Return to Home Page
Logout
Privacy Statement
Disclaimers

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(Maximum 4000 characters)

Explain why this project is the best alternative.

(Maximum 4000 characters)

If you would like to make any comments, please enter them below.

(Maximum 4000 characters)

To attach documents, click the *Attachments* button below.

[Attachments]

[Go Back] [Save] [Save and Continue]

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SCR 1199 PJ test (PDMC)

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Home | Logout | Edit Profile | Change Password

Maintenance Schedule

1.Application Status
2.Applicant Information
3.Contact Information
4.Community Information
5.Mitigation Plan Information
6.Mitigation Activity Information
7.Hazard Information
8.Scope of Work
9.Properties
10.Decision Making Process
11.Cost Estimate
12.Match Sources
13.Cost Effectiveness Information
14.Environmental/Historic
Preservation Information
15.Maintenance Schedule
16.Evaluation Information
17.Comments and Attachments
18.Assurances and Certifications
19.Review and Submit Application

Print Application
Return to Home Page
Logout
Privacy Statement
Disclaimers

Maintenance Schedule and Costs

Application 82% complete

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.

Provide a maintenance schedule including cost information.

(Maximum 4000 characters)

Identify the entity that will perform any long-term maintenance.

If you would like to make any comments, please enter them below.

(Maximum 4000 characters)

Attach letter from entity accepting performance responsibility by clicking the *Attachments* button below.

[Attachments]

[Go Back]   [Save]   [Save and Continue]

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Done

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Home   RSS   Page   Safety   Tools

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SCR 1199 PJ test (PDMC)

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Evaluation Information

1.Application Status
2.Applicant Information
3.Contact Information
4.Community Information
5.Mitigation Plan Information
6.Mitigation Activity Information
7.Hazard Information
8.Scope of Work
9.Properties
10.Decision Making Process
11.Cost Estimate
12.Match Sources
13.Cost Effectiveness Information
14.Environmental/Historic
Preservation Information
15.Maintenance Schedule
16.Evaluation Information
17.Comments and Attachments
18.Assurances and Certifications
19.Review and Submit Application

Print Application
Return to Home Page
Logout
Privacy Statement
Disclaimers

Evaluation Information

Application 82% complete

Please click the link below to complete or modify the different parts of the *Evaluation Information* section. If the section is not applicable, check the *Not Applicable* box provided below. When you are finished, click the *Save and Continue* button.

Complete	☐ Not applicable

[Go Back]   [Save]   [Save and Continue]

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Favorites   Suggested Sites   Free Hotmail   Web Slice Gallery

Bug List   Federal Emergenc...   Home   Page   Safety   Tools

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SCR 1199 PJ test (PDMC)

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Evaluation Information

1.Application Status
2.Applicant Information
3.Contact Information
4.Community Information
5.Mitigation Plan Information
6.Mitigation Activity Information
7.Hazard Information
8.Scope of Work
9.Properties
10.Decision Making Process
11.Cost Estimate
12.Match Sources
13.Cost Effectiveness Information
14.Environmental/Historic
Preservation Information
15.Maintenance Schedule
16.Evaluation Information
17.Comments and Attachments
18.Assurances and Certifications
19.Review and Submit Application

Print Application
Return to Home Page
Logout
Privacy Statement
Disclaimers

Evaluation Information (Part 1 of 4)

Application 82 % complete

Please provide the following information. When you are finished, click the *Save and Continue* button below.

Note: Fields marked with an * are required.

		Help
* Is the recipient participating in the Community Rating System (CRS)?	○ Yes ● No	Help
If yes, what is their CRS rating?	[dropdown]	
* Is the recipient a Cooperating Technical Partner (CTP)?	○ Yes ● No	Help
* Is the recipient a Firewise Community?	○ Yes ● No	Help
If yes, please provide their Firewise Community number.	[ ]	
* Has the recipient adopted building codes consistent with the International Codes?	○ Yes ● No	Help
* Has the recipient adopted the National Fire Protection Association (NFPA) 5000 Code?	○ Yes ● No	Help
* Have the recipient's building codes been assessed on the Building Code Effectiveness Grading Schedule (BCEGS)?	○ Yes ● No	Help
If yes, what is their BCEGS rating?	[dropdown]	
* Is the recipient a Disaster Resistant University?	○ Yes ● No	
* Is the recipient a Historically Black College or University or a Tribal College or University?	○ Yes ● No	

[Go Back]   [Save]   [Save and Continue]

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Bug List   Federal Emergenc...   Page   Safety   Tools

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SCR 1199 PJ test (PDMC)

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Evaluation Information

1.Application Status
2.Applicant Information
3.Contact Information
4.Community Information
5.Mitigation Plan Information
6.Mitigation Activity Information
7.Hazard Information
8.Scope of Work
9.Properties
10.Decision Making Process
11.Cost Estimate
12.Match Sources
13.Cost Effectiveness Information
14.Environmental/Historic
Preservation Information
15.Maintenance Schedule
16.Evaluation Information
17.Comments and Attachments
18.Assurances and Certifications
19.Review and Submit Application

Print Application
Return to Home Page
Logout
Privacy Statement
Disclaimers

Evaluation Information (Part 2 of 4)

Application 82% complete

Please provide the following information. When you are finished, click the *Save and Continue* button below.

Note: Fields marked with an * are required.

* Describe the desired outcome and methodology of the mitigation activity in terms of mitigation objectives to be achieved.

(Maximum 4000 characters)

a.

* Describe performance expectations and timeline for interim milestones and overall completion of mitigation activity.

(Maximum 4000 characters)

a.

* Describe how you will manage the costs and schedule, and how you will ensure successful performance.

(Maximum 4000 characters)

a.

* Describe the staff and resources needed to implement this mitigation activity and the applicant's ability to provide these resources.

(Maximum 4000 characters)

a.

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Favorites   Suggested Sites   Free Hotmail   Web Slice Gallery

Bug List   Federal Emergenc...   Page   Safety   Tools

FEMA.gov   *Project Application*

SCR 1199 PJ test (PDMC)

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Evaluation Information

1.Application Status
2.Applicant Information
3.Contact Information
4.Community Information
5.Mitigation Plan Information
6.Mitigation Activity Information
7.Hazard Information
8.Scope of Work
9.Properties
10.Decision Making Process
11.Cost Estimate
12.Match Sources
13.Cost Effectiveness Information
14.Environmental/Historic
Preservation Information
15.Maintenance Schedule
16.Evaluation Information
17.Comments and Attachments
18.Assurances and Certifications
19.Review and Submit Application

Print Application
Return to Home Page
Logout
Privacy Statement
Disclaimers

a

* Describe performance expectations and timeline for interim milestones and overall completion of mitigation activity.

(Maximum 4000 characters)

a

* Describe how you will manage the costs and schedule, and how you will ensure successful performance.

(Maximum 4000 characters)

a

* Describe the staff and resources needed to implement this mitigation activity and the applicant's ability to provide these resources.

(Maximum 4000 characters)

a

If applying for multiple mitigation activities, how do these activities relate?

(Maximum 4000 characters)

a

[Go Back]   [Save]   [Save and Continue]

start   2 Win...   2 Inte...   MITIGAT...   Java - st...   Inbox - ...   Sections...   Search Desktop   5:08 PM

http://192.168.3.193:7777/FEMAMitigation/processFemaRequest.do?sessionId=athammai_AK_g

File   Edit   View   Favorites   Tools   Help

Windows Live   Bing

What's New   Profile   Mail   Photos   Calendar   MSN   Share   Sign in   Convert   Selec

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SCR 1199 PJ test (PDMC)

Logged in: Athammai Thiagu | Last login: 09-15-2010 | Session expires in 30 mins   Home | Logout | Edit Profile | Change Password

Evaluation Information

1.Application Status

2.Applicant Information

3.Contact Information

4.Community Information

5.Mitigation Plan Information

6.Mitigation Activity Information

7.Hazard Information

8.Scope of Work

9.Properties

10.Decision Making Process

11.Cost Estimate

12.Match Sources

13.Cost Effectiveness Information

14.Environmental/Historic Preservation Information

15.Maintenance Schedule

16.Evaluation Information

17.Comments and Attachments

18.Assurances and Certifications

19.Review and Submit Application

Print Application

Return to Home Page

Logout

Privacy Statement

Disclaimers

Note: Fields marked with an * are required.

* How will this mitigation activity leverage involvement of partners to enhance its outcome?

(Maximum 4000 characters)

a.

* How will this mitigation activity offer long-term financial and social benefits?

(Maximum 4000 characters)

a.

* How does this mitigation activity comply with Federal laws and Executive Orders, and how is it complementary to other Federal programs?

(Maximum 4000 characters)

a.

* 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 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 to prepare a description of the process followed in this activity so that others may learn from the example?)?

(Maximum 4000 characters)

a.

[Go Back]   [Save]   [Save and Continue]

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SCR 1199 PJ test (PDMC)

Logged in: Athammai Thiagu | Last login: 09-15-2010 | Session expires in 30 mins   Home | Logout | Edit Profile | Change Password

Evaluation Information

1.Application Status
2.Applicant Information
3.Contact Information
4.Community Information
5.Mitigation Plan Information
6.Mitigation Activity Information
7.Hazard Information
8.Scope of Work
9.Properties
10.Decision Making Process
11.Cost Estimate
12.Match Sources
13.Cost Effectiveness Information
14.Environmental/Historic Preservation Information
15.Maintenance Schedule
16.Evaluation Information
17.Comments and Attachments
18.Assurances and Certifications
19.Review and Submit Application

Print Application
Return to Home Page
Logout
Privacy Statement
Disclaimers

Evaluation Information (Part 4 of 4)

Application 82% complete

Please provide the following information. When you are finished, click the *Save and Continue* button below.

Note: Fields marked with an * are required.

* Please provide the percent of the population benefiting from this mitigation activity.	1.0 % (e.g. 78.5) Help
* Please explain your response to the above question	(Maximum 300 words) a
* Net Present Value of Project Benefits (A)	$ 1.00
* Total Project Cost Estimate (B)	$ 1.00
* What is the Benefit Cost Ratio for the entire project (A/B)?	1.000
* Analysis Type	FEMA BCA software methodology
* What is the primary hazard data used for the BCA?	Coastal Storm Help
What secondary hazards were considered during the BCA?	(control-click for multiple selections): Biological / Chemical / Civil Unrest
Other Secondary Hazard	
* Does this mitigation activity protect a critical facility?	○ Yes ● No Help

Comments and Attachments:

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SCR 1199 PJ test (PDMC)

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Comments & Attachments

1.Application Status
2.Applicant Information
3.Contact Information
4.Community Information
5.Mitigation Plan Information
6.Mitigation Activity Information
7.Hazard Information
8.Scope of Work
9.Properties
10.Decision Making Process
11.Cost Estimate
12.Match Sources
13.Cost Effectiveness Information
14.Environmental/Historic Preservation Information
15.Maintenance Schedule
16.Evaluation Information
17.Comments and Attachments
18.Assurances and Certifications
19.Review and Submit Application

Print Application
Return to Home Page
Logout
Privacy Statement
Disclaimers

Comments and Attachments

Application 82% complete

This section will enable you to add comments or attach files to supplement any section you have already completed. To add a comment or attachment, click on the *Add* button. You may also update or delete any comments. To update or delete a comment, click on the link in the *Action* column.

Name of Section	Comment	Attachment	Date Attached	Action
Mitigation Plan Information		New Word 2007 Document.docx	03-16-2010	Update Delete
EHP Comments and Attachments				
EHP - G - Farmland Protection Policy Act	zx			N/A
EHP - H - RCRA and CERCLA (Hazardous and Toxic Materials)	zaq			N/A

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Comments & Attachments

1.Application Status
2.Applicant Information
3.Contact Information
4.Community Information
5.Mitigation Plan Information
6.Mitigation Activity Information
7.Hazard Information
8.Scope of Work
9.Properties
10.Decision Making Process
11.Cost Estimate
12.Match Sources
13.Cost Effectiveness Information
14.Environmental/Historic
Preservation Information
15.Maintenance Schedule
16.Evaluation Information
17.Comments and Attachments
18.Assurances and Certifications
19.Review and Submit Application

Print Application
Return to Home Page
Logout
Privacy Statement
Disclaimers

Add Comments and Attachments

You may enter your new comments in the box below, or you may include additional information as an attachment. Please be sure to provide the name of the section to which your comment or attachment refers.

Name of section:
Application Level

If you would like to make any comments, please enter them below.
(Maximum 4000 characters)

To attach documents, click the *Attachments* button below. (You may include Photographs; Property deed; Tax assessment; Tax parcel map; Flood Insurance Rate Map (FIRM) with project site marked; Insurance settlements/documentation; Engineering or design specifications; etc.)

Name	Date Attached	Action

Attachments

Go Back   Save   Save and Continue

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Comments & Attachments

1.Application Status
2.Applicant Information
3.Contact Information
4.Community Information
5.Mitigation Plan Information
6.Mitigation Activity Information
7.Hazard Information
8.Scope of Work
9.Properties
10.Decision Making Process
11.Cost Estimate
12.Match Sources
13.Cost Effectiveness Information
14.Environmental/Historic
Preservation Information
15.Maintenance Schedule
16.Evaluation Information
17.Comments and Attachments
18.Assurances and Certifications
19.Review and Submit Application

Print Application
Return to Home Page
Logout
Privacy Statement
Disclaimers

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*Select Option	○ Regular Mail ○ Electronic File
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Mail Description (documents sent):	
If you selected Electronic File, above, please specify the following:	
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If other, please specify:	
*File Format:	MS Word
If other, please specify:	
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If other, please specify:	
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Comments & Attachments

1.Application Status

2.Applicant Information

3.Contact Information

4.Community Information

5.Mitigation Plan Information

6.Mitigation Activity Information

7.Hazard Information

8.Scope of Work

9.Properties

10.Decision Making Process

11.Cost Estimate

12.Match Sources

13.Cost Effectiveness Information

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Preservation Information

15.Maintenance Schedule

16.Evaluation Information

17.Comments and Attachments

18.Assurances and Certifications

19.Review and Submit Application

Print Application

Return to Home Page

Logout

Privacy Statement

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If other, please specify:	_____
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