

OMB Control#: 1660-0072

Expiration Date: 6/30/2017

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Project Narrative

Applicant Information:

The screenshot shows a web browser window displaying the FEMA.gov Project Application form. The browser is Internet Explorer, and the URL is http://192.168.3.193:7777/FEMAMitigation/processFemaRequest.do?sessionId=athammai_AK_g. The page title is "Federal Emergency Management Agency E-Grants - Windows Internet Explorer provided by REI Systems Inc". The page shows the "Applicant Information" section, which is 82% complete. The form includes fields for Name of Applicant, State, Congressional District, Type of Applicant, and various identification numbers. A sidebar on the left lists navigation links for different sections of the application.

Applicant Information

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.

| | |
|--|--|
| * Name of Applicant | <input type="text" value="a"/> <input type="button" value="Find Organization"/> Help |
| * State | AK |
| Congressional District | <input type="text"/> Look up congressional district |
| * Type of Applicant | State Government <input type="button" value="Help"/> |
| If Private Non-Profit: | |
| (Maximum 4000 characters) | |
| <input type="text"/> | |
| Describe the legal status, function, and facilities owned: | |
| <input type="text"/> | |
| State Tax Number: | <input type="text"/> (e.g. 12-3456789) |
| Federal Tax Number: | <input type="text"/> (e.g. 12-3456789) |
| If Other, please specify: | |
| <input type="text"/> | |
| * Enter Federal Employer Identification Number(EIN). If Indian Tribe, this is your Tribal Identification Number. | <input type="text" value="12-3456789"/> Help |
| What is your DUNS Number? | <input type="text" value="123456789"/> Help |

Navigation links: [Print Application](#), [Return to Home Page](#), [Logout](#), [Privacy Statement](#), [Disclaimers](#)

Footer: [fema home](#), [e-grants home](#), [contact us](#), [frequently asked questions](#), [glossary](#), [help](#), [Disclosures](#)

Mitigation Activity Information:

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

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Mitigation Activity

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9. Properties
10. Decision Making Process
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12. Match Sources
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Mitigation Activity Information

Application 82% complete

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, click on the *Delete* button. Please note that only one activity can be replaced at a time. When you are finished, click on the *Save and Continue* button below.

Note: Fields marked with an * are required.

* What type of activity are you proposing? Add Replace Delete Help

| Select | Activity Code | Activity Name |
|--------------------------|---------------|----------------|
| <input type="checkbox"/> | 103.2 | Activity 103.2 |

If you selected Other or Miscellaneous, above, please specify:

* Title of your proposed activity (should include the type of activity and location)
SCR 1199 PJ test (PDMC) (e.g. City of Fairfax Retrofit Project)

* Are you doing construction in this project?
☐ Yes ☒ No

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

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

Attachments

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Hazard Information:

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Hazard Information

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.

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Hazard Information (Part 2 of 3)

Application 82% complete

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

| Hazards | |
|---|---|
| Select hazards to be mitigated: | (control-click for multiple selections): Biological Chemical Civil Unrest Coastal Storm |
| If other hazards, please specify: | |
| 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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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): | <input type="checkbox"/> Floodway <input type="checkbox"/> Floodplain <input type="checkbox"/> Other identified high hazard area <input checked="" type="checkbox"/> No |
| If other identified high hazard area, please specify: | <input type="text"/> |
| Is there a Flood Insurance Rate Map (FIRM) or Flood Hazard Boundary Map (FHBH) available for your project area? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| If you have selected Yes, the following three fields are required: | |
| Enter FIRM Panel Number: | <input type="text"/> |
| | <input type="checkbox"/> check if Not Applicable |
| Mark your project site on the FIRM/FHBM (even if it is out of the floodplain) Link to create FIRMette for inclusion with application | <input type="radio"/> Electronic map attached <input type="radio"/> Hard copy provided <input type="radio"/> Not Applicable |
| Select Flood Zone Designation | (control-click for multiple selections): <input type="checkbox"/> C.X <input type="checkbox"/> B.X <input type="checkbox"/> N |

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Scope of Work:

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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)
asdf

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

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asdf

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

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

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

To attach documents, click the Attachments button below.

Attachments

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Done

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Scope of Work

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](#)

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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 | | | |
| <input type="text" value="e.g. Ordering Shutters."/> | | | |
| *Starting Point | Unit Of Time | *Duration | Unit Of Time |
| <input type="text" value="(start day of the task e.g. 4)"/> | Day(s) (e.g. Days) | <input type="text" value="(a number e.g. 3)"/> | Day(s) (e.g. Days) |
| Who will complete the work? | | | |
| <input type="text"/> | | | |

Go Back Save Save and Continue

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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 | | | |
|---|--------------------|--|--------------------|
| <input type="text" value="a"/> (e.g. Ordering Shutters.) | | | |
| *Starting Point | Unit Of Time | Duration | Unit Of Time |
| <input type="text" value="1"/> (start day of the task e.g. 4) | Day(s) (e.g. Days) | <input type="text" value="4"/> (a number e.g. 3) | Day(s) (e.g. Days) |
| Who will complete the work? | | | |
| <input type="text"/> | | | |

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Properties:

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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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Properties

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

Note: Fields marked with an * are required.

| Damaged Property Address: | | | | |
|---|--|-----------|------------------------------|--------------------------------|
| * Address line 1 | Street Number | Direction | Street Name | Street Type |
| | 1 | East | a | Boulevard |
| | | | | 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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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

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Properties

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

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 | <input type="text"/> | | | | |
| Middle Name | <input type="text"/> | | | | |
| * Last Name | <input type="text"/> | | | | |
| Phone | Home (e.g. 703-456-7890) | | Office (e.g. 703-456-7890) | | |
| | <input type="text"/> | | <input type="text"/> | | Ext. <input type="text"/> |
| | Cell (e.g. 703-456-7890) | | Other (e.g. 703-456-7890) | | |
| | <input type="text"/> | | <input type="text"/> | | Ext. <input type="text"/> |
| Co-owner's Mailing Address: | | | | | |
| Select radio button to copy appropriate address information (Note: "None" can be selected to edit address after you copy) | | | | | |
| <input type="radio"/> Owner's Mailing Address <input type="radio"/> Property Address <input checked="" type="radio"/> None | | | | | |
| Address line 1 | Street Number | Direction | Street Name | Street Type | Direction |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | If Other, Select Street Type: <input type="text"/> | | | | |

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☐ Owner's Mailing Address ☐ Property Address ☒ None

Address line 1 Street Number Direction Street Name Street Type Direction

Address line 2 Unit Type Number

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

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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) | <input type="text"/> (YYYY e.g. 2001) |
| SHPO Review | <input type="text"/> Help |
| SHPO Reviewed Date | <input type="text"/> (MM-DD-YYYY e.g. 02-05-2003) |
| * Structure Type | 2-4 Family |
| If Other Structure Type, please specify | <input type="text"/> |
| * Foundation Type | Basement |
| If Other Foundation Type, please specify | <input type="text"/> |
| * Basement | Yes |
| Type of Residence | <input type="text"/> |
| If Other Type of Residence, please specify | <input type="text"/> |
| Parcel Number | <input type="text"/> |
| Property Tax Identification Number | <input type="text"/> |

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| | |
|---|---|
| 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) | <input type="radio"/> Yes <input checked="" type="radio"/> 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 Help |
| 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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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: \$

Benefit Cost Analysis Performed

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

If yes, Number of Claims

Legal Description
(Maximum 4000 characters)

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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

| | |
|--|---|
| Property Information II: | |
| Primary Property Action <small>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.</small> | 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 <small>(only applicable when Property Action is Elevation)</small> | feet (e.g. 10.3) |
| First Floor Elevation <small>(only applicable when Property Action is Elevation)</small> | feet (e.g. 10.5) Help |
| Number of feet the lowest floor elevation of the structure is being raised above Base Flood Elevation <small>(only applicable when Property Action is Elevation)</small> | feet (e.g. 10) |

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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?
☐ 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

If Other Flood Zone Designation, please specify:

Enter FIRM Information (or other Flood Maps)

| Community Name | CID Number | FIRM Panel Number | Effective Date | Action |
|---|------------|-------------------|----------------|--------|
| <input type="button" value="Add FIRM Information"/> | | | | |

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

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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) [Help](#)

(control-click for multiple selections):
C, X
B, X
N
AR
A99

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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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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- 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)

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

(Maximum 4000 characters)

To attach documents, click the Attachments button below.

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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.

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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 | <input type="checkbox"/> Not applicable |
|--------------------------|---|

Go Back Save Save and Continue

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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.

| | |
|---|--|
| * Is the recipient participating in the Community Rating System (CRS) ? | <input type="radio"/> Yes <input checked="" type="radio"/> No Help |
| If yes, what is their CRS rating ? | <input type="text"/> |
| * Is the recipient a Cooperating Technical Partner (CTP) ? | <input type="radio"/> Yes <input checked="" type="radio"/> No Help |
| * Is the recipient a Firewise Community ? | <input type="radio"/> Yes <input checked="" type="radio"/> No Help |
| If yes, please provide their Firewise Community number. | <input type="text"/> |
| * Has the recipient adopted building codes consistent with the International Codes ? | <input type="radio"/> Yes <input checked="" type="radio"/> No Help |
| * Has the recipient adopted the National Fire Protection Association (NFPA) 5000 Code ? | <input type="radio"/> Yes <input checked="" type="radio"/> No Help |
| * Have the recipient's building codes been assessed on the Building Code Effectiveness Grading Schedule (BCEGS) ? | <input type="radio"/> Yes <input checked="" type="radio"/> No Help |
| If yes, what is their BCEGS rating? | <input type="text"/> |
| * Is the recipient a Disaster Resistant University ? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| * Is the recipient a Historically Black College or University or a Tribal College or University ? | <input type="radio"/> Yes <input checked="" type="radio"/> No |

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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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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

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Evaluation Information

Note: Fields marked with an * are required.

1. Application Status
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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
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* 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

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Done

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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? | <input type="radio"/> Yes <input checked="" type="radio"/> No Help | |

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Evaluation Information

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* 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](#)

If yes, please select the type of [critical facilities](#)? to be protected (control-click for multiple selections):
Hazardous Materials Facilities
Emergency Operation Centers
Power Facilities
Water Facilities

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

To attach documents, click the [Attachments](#) button below.

[Attachments](#)

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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

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 | | |

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Attach Document

You have two attachment options, regular mail or electronic. If you are sending your attachment through the mail please check the regular mail button and enter the information asked below. If you would like to attach your document electronically, check electronic file. Enter the information asked below and click the Browse button to find your file. When you find your file click Open. When you are finished, click the Save and Continue button below.

| | |
|---|---|
| Select Option | <input type="radio"/> Regular Mail <input type="radio"/> Electronic File |
| If you selected Regular Mail, above, please specify the following: | |
| Mail Date: | <input type="text"/> (MM-DD-YYYY e.g. 02-05-2003) |
| Mail Description (documents sent): | <input type="text"/> |
| If you selected Electronic File, above, please specify the following: | |
| Operating System: | Windows |
| If other, please specify: | <input type="text"/> |
| File Format: | MS Word |
| If other, please specify: | <input type="text"/> |
| Compression Format: | None |
| If other, please specify: | <input type="text"/> |
| Upload File: | <input type="text"/> |

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If you selected Regular Mail, above, please specify the following:

Mail Date: (MM-DD-YYYY e.g. 02-05-2003)

Mail Description (documents sent):

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If other, please specify:

File Format: MS Word

If other, please specify:

Compression Format: None

If other, please specify:

Upload File: Browse...

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