

OMB Control# 1660-0072

Expiration Date: 6/30/2017

PAPERWORK BURDEN DISCLOSURE NOTICE

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Cost Estimate:

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Cost Estimate

Please correct the following error(s) before proceeding:

- At least two line items are needed for Activity Codes: 103.2

Application 82% complete

Please provide a detailed line item budget that reflects elements identified in the [Scope of Work](#). The budget and scope of work must be linked. All costs should be reasonable and based on industry standards. To add a line item, click the [Add Item](#) button. To update or delete a line item, click the appropriate link under the *Action* column. When you are finished, click the [Save and Continue](#) button below.

Note: Fields marked with an * are required.

| 103.2 - Activity 103.2 | | | | | | | Federal Share: \$ 0.00 |
|------------------------|--------------------|-----------------------|---------------|-----------------|----------------|--------------------|--|
| Item Name | Grant Budget Class | Subgrant Budget Class | Unit Quantity | Unit of Measure | Unit Cost (\$) | Cost Estimate (\$) | Action |
| a | Personnel | Personnel | 1.00 | Acre | \$ 9,000.00 | \$ 9,000.00 | Update Delete |
| Total Cost | | | | | | \$ 9,000.00 | |

Total Cost Estimate: \$ 9,000.00

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Cost Estimate

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Update Item

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

Note: Fields marked with an * are required.

| | |
|--------------------------|---|
| * Item Name | <input type="text" value="a"/> |
| * Grant Budget Class | Personnel <input type="button" value="v"/> |
| If other, please specify | <input type="text"/> |
| * Subgrant Budget Class | Personnel <input type="button" value="v"/> Help |
| If other, please specify | <input type="text"/> |
| * Unit Quantity | <input type="text" value="1.00"/> |
| * Unit of Measure | Acre <input type="button" value="v"/> |
| * Unit Cost | <input type="text" value="\$ 9000.00"/> |

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Match Sources:

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Match Sources

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Match Sources

Application 82% complete

Please provide the following information. When you are finished, click the *Save and Continue* button below. For this section to be completed, please add the funding source records whose total amount should be greater than or equal to the proposed non-federal share amount.

Note: Fields marked with an * are required.

| | |
|---|---|
| Activity Cost Estimate (If you modify the Federal Share Percentage or Non-Federal Share amount, click the Recalculate Share button to compute the new Federal Share.) | \$ 9,000.00 |
| Federal Share Percentage | 0% Help |
| Non-Federal Share Percentage | 100% Help |
| | Dollars Percentage |
| * Proposed Federal Share (Calculated based on the Federal Share Percentage) Notes: for L-PDM grants, Federal Share may be up to 90% for small, impoverished community. For SRL, Federal share may be up to 90% when the Applicant has an approved State Mitigation Plan that specifies how it intends to reduce the number of SRL properties. | \$ 0.00 0% |
| * Proposed Non-Federal Share (Calculated based on the Non-Federal Share Percentage) Notes: for FMA grants, 12.5% can be from 3rd party in-kind matches, ICC coverage up to \$30K as eligible non-Fed cost share. | \$ 9,000.00 100% <input type="button" value="Recalculate Share"/> |

Please add your [matching funds](#) below by clicking the *Add Match* Source button. To update or delete funds click the appropriate link under the *Action* column.

| Matching Funds | | | | |
|----------------------|-----------------------|----------------|-------------|--|
| Source Agency | Name of Source Agency | Funding Type | Amount (\$) | Action |
| Local Agency Funding | asd | Administration | \$ 9,000.00 | View Details Update Delete |
| Grand Total | | | \$ 9,000.00 | |

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Match Sources

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Proposed **Non-Federal Share** (Calculated based on the Non-Federal Share Percentage) Notes: for FMA grants, 12.5% can be from 3rd party in-kind matches; ICC coverage up to \$30K as eligible non-Fed cost share.

\$ 9,000.00 100% Recalculate Share

Please add your **matching funds** below by clicking the **Add Match** Source button. To update or delete funds click the appropriate link under the **Action** column.

| Matching Funds | | | | |
|----------------------|-----------------------|----------------|-------------|--|
| Source Agency | Name of Source Agency | Funding Type | Amount (\$) | Action |
| Local Agency Funding | asd | Administration | \$ 9,000.00 | View Details Update Delete |
| Grand Total | | | \$ 9,000.00 | |

Add Match Source

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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Match Sources

Add Match Sources

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

Note: Fields marked with an * are required.

| | |
|--------------------------------|---|
| * Funding Source | Local Agency Funding |
| If other, please specify | <input type="text"/> |
| * Name of Funding Source | <input type="text"/> |
| * Funding Type | Administration |
| If other, please specify | <input type="text"/> |
| * Amount | \$ <input type="text"/> |
| Date of availability | <input type="text"/> (MM-DD-YYYY e.g. 02-05-2002) |
| Funds commitment letter date | <input type="text"/> (MM-DD-YYYY e.g. 02-05-2002) |
| Attach funds commitment letter | To attach documents, click the Attachments button below. <input type="button" value="Attachments"/> (You will be able to add attachments, once this form is saved.) |

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Cost Effectiveness Information:

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Cost Effectiveness Information (Part 1 of 2)

Application 82% complete

Please provide the following information. [Cost Effectiveness](#) is based on the **entire project**. When complete, click the **Save and Continue** button below to continue to the next cost effectiveness section.

Note: Fields marked with an * are required. All Projects require [Cost Effectiveness](#) data. Please see the [Benefit Cost web page](#) for more information.

Attach the [Benefit Cost Analysis \(BCA\)](#), if completed for this project.

| Name | Date Attached | Action |
|--|---------------|----------------------|
| Attachments | | |
| *What is the source and type of the problem? <small>(Maximum 4000 characters)</small> | | |
| asdf | | |
| *How frequent is the event? <small>(Maximum 4000 characters)</small> | | Help |
| asdf | | |
| *How severe is the damage? <small>(Maximum 4000 characters)</small> | | Help |
| asdf | | |

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Cost Effectiveness

How severe is the damage?

(Maximum 4000 characters)

asdf

What kinds of property are at risk?

(Maximum 4000 characters)

asdf

Are there better, alternative ways to solve the problem?

(Maximum 4000 characters)

adf

Are the mitigation project costs well documented and reasonable?

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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Done

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Cost Effectiveness Information (Part 2 of 2)

Application 82% complete

In the table below please provide a detailed past history of damages in the area. Include information for as many past events as possible. When you are finished, click the Save and Continue button below.

| Damage History | | | | |
|------------------------|-------|-----------------------|------------------|--------|
| Date | Event | Description of damage | Amount of Damage | Action |
| Total Amount of Damage | | | \$ 0.00 | |
| AddEvent | | | | |

Go Back Save Save and Continue

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Cost Effectiveness

Add Event to Damage History

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

Note: Fields marked with an * are required.

| | |
|--------------------------|--|
| * Date | <input type="text"/> (MM-YYYY e.g. 02-2002) |
| * Event | Select Event |
| If other, please specify | <input type="text"/> |
| * Description of Damage | <input type="text"/> (Maximum 4000 characters) |
| * Amount of Damage | \$ <input type="text"/> 0.00 |

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