

THIS SECTION FOR STATE USE ONLY

FEMA-____-DR-FL

- Standard HMGP 5% Initiative Application Application Complete
 Initial Submission or Re- Submission

Support Documents

- Conforms w/ State 409 Plan
 In Declared Area
 Statewide

Eligible Applicant

- State or Local Government
 Private Non-Profit (Tax ID Received)
 Recognized Indian Tribe or Tribal Organization

Project Type(s)

- Wind
 Flood
 Other:

Community NFIP Status: (Check all that apply)

- Participating Community ID#: _____
 In Good Standing Non-Participating CRS

LMS Ranking: _____

County: _____

State Application ID: _____

(TIME-DATE STAMP HERE)

This application is for all Federal Emergency Management Agency (FEMA Region IV) Hazard Mitigation Grant Program (HMGP) proposals. Complete ALL sections and provide the documents requested. If you require technical assistance, contact the Florida Division of Emergency Management at DEM_HazardMitigationGrantProgram@em.myflorida.com.

Section I – Applicant

A. Applicant Instruction: Complete all sections that correspond with the type of proposed project

<u>Application Sections I-IV:</u>	All Applicants must complete these sections
<u>Environmental Review:</u>	All Applicants must complete these sections
<u>Maintenance Agreement:</u>	Any Applications involving public property, public ownership, or management of property
<u>Flood Control – Drainage Improvement Worksheet:</u>	Acquisition, Elevation, Dry Flood Proofing, Drainage Improvements, Flood Control Measures, Floodplain and Stream Restoration, and Flood Diversion – one worksheet per structure
<u>Generator Worksheet:</u>	Permanent, portable generators, and permanent emergency standby pumps
<u>Tornado Safe Room Worksheet:</u>	New Safe Room, Retrofit of existing structure, Community Safe Room, Residential Safe Room
<u>Hurricane Safe Room Worksheet:</u>	New Safe Room, Retrofit of existing structure
<u>Wind Retrofit Worksheet:</u>	Wind Retrofit projects only – one worksheet per structure
<u>Wildfire Worksheet:</u>	Defensible Space, Hazardous Fuels Reduction, Ignition Resistant Construction, other
<u>Drought Worksheet:</u>	Aquifers, other
<u>Utility Mitigation Worksheet</u>	Upgrades to sewer systems, upgrading electrical components for a utility, undergrounding electrical systems, etc.
<u>Request for Public Assistance Form:</u>	FEMA Form 90-49 (Request for Public Assistance): All applicants must complete, if applicable.
<u>Acquisition Forms:</u>	If project type is Acquisition, these forms must be completed. (Only one of the two <i>Notice of Voluntary Interest</i> forms is necessary.) <i>Model Statement of Assurances for Property Acquisition Projects</i> <i>Declaration and Release</i> <i>Notice of Voluntary Interest (Town Hall Version)</i> <i>Notice of Voluntary Interest (Single Site Version)</i> <i>Statement of Voluntary Participation</i> <i>FEMA Model Deed Restriction Language</i>
<u>Application Completeness Guidance / Checklist :</u>	All applicants are recommended to complete this checklist and utilize the guidance for completing the application.

B. Applicant Information:

FEMA-4673-DR-FL

DISASTER NAME: Hurricane Ian

Title of Project: City of North Port Lift Station Fortification Project / Bypass Pumps (TB)

1. Applicant (Organization): City of North Port
2. Applicant Type: State or Local Government Native American Tribe Private Non-Profit Special District
3. County: Sarasota
4. State Legislative Senate District(s): 22; State Legislative House District(s): 74 ;
Congressional House District(s): 17
5. Federal Tax I.D. Number: 59-6072-227
6. Data Universal Numbering System (DUNS): 039567821
7. Federal Information Processing Standards (FIPS) Code*: 115-49675-00 (*if your FIPS code is not known, see guidance)
8. National Flood Insurance Program (NFIP) Community Identification Number: 120279
(this number can be obtained from the FIRM map for your area)
9. **Point of Contact:** (Applicant staff serving as the coordinator of project)

Ms. Mr. First Name: Jennifer Last Name: Sadonis
Title: Grants Coordinator
Address: 4970 City Hall Blvd.
City: North Port State: FL Zip Code: 34286
Telephone: 941-429-7006 Email: jsadonis@northportfl.gov

10. Application Prepared by:

Ms. Mr. First Name: Jennifer Last Name: Sadonis
Title: Grants Coordinator
Address: 4970 City Hall Blvd.
City: North Port State: FL Zip Code: 34286
Telephone: 941-429-7006 Email: jsadonis@northportfl.gov
Organization: City of North Port

11. Authorized Applicant Agent (proof of authorization authority required)

Ms. Mr. First Name: Jennifer Last Name: Sadonis
Title: Grants Coordinator
Address: 4970 City Hall Blvd.
City: North Port State: FL Zip Code: 34286
Telephone: 941-429-7006 Email: jsadonis@northportfl.gov

Signature: 

Date: 08/28/2023

12. Local Mitigation Strategy (LMS) Compliance

- a. All proposed projects must be included in the county's Local Mitigation Strategy (LMS) Project List, and on file with FDEM's Mitigation Bureau Planning Unit. Does your jurisdiction have a current FEMA Approved Mitigation Plan and this project is listed? Yes No
- b. Attached is a letter of endorsement for this project from the county's LMS Coordinator. Yes No
Ensure the LMS endorsement letter contains both the Total Estimated Projects Cost (Section IV. D.), along with the Estimated Federal Share (Section IV. I.1.) allocated to this project.
- c. The LMS project list and endorsement letter both have an estimated cost column and Federal Share amount that is within \$500.00 between the two. Yes No

13. Has this project been submitted under a previous disaster event? No

Yes, provide the disaster number and project number (as applicable): N/A

Section II – Project Description

A. Hazards to be Mitigated / Level of Protection

- Select the type of hazards the proposed project will mitigate:
 Flood Wind Storm surge Wildfire Other (list): **Utility Mitigation**
- Identify the type of proposed project:
 Elevation and retrofitting of residential or non-residential structure
 Acquisition and Relocation Acquisition and Demolition
 Wind retrofit Drainage project that reduces localized flooding
 Generator Other (explain) **Utility Mitigation**
- List the total number of persons that will be protected by the proposed project (*include immediate population affected by the project only*):
Pursuant to the most recent data available from the United States Census Bureau, the proposed project will protect 85,099 citizens of the City of North Port.
- List how many acres of “Total Impacted Area” is to be protected by the proposed project (*include immediate area affected by the project only*):
The City of North Port, Florida occupies 103 square miles of southeast Sarasota County, midway between the cities of Sarasota and Fort Myers.
- Fill in the level of protection and the magnitude of event the proposed project will mitigate. (e.g. 23 structures protected against the 100-year storm event (1% chance)
43 structure(s) protected against the **100** -year storm event (10, 25, 50, 100, or 500 year storm event)
_____ structure(s) protected against _____ mile per hour (mph) winds
- Check **all** item(s) the project may impact:

<input type="checkbox"/> Wetlands	<input checked="" type="checkbox"/> Water Quality	<input type="checkbox"/> Previously Undisturbed Soil
<input type="checkbox"/> Floodplain	<input type="checkbox"/> Coastal Zone	<input checked="" type="checkbox"/> Toxic or Hazardous Substances
<input type="checkbox"/> Historic Resources	<input type="checkbox"/> Fisheries	<input type="checkbox"/> Threatened & Endangered Species
<input type="checkbox"/> Vegetation Removal	<input type="checkbox"/> Public Controversy	<input checked="" type="checkbox"/> Potential for Cumulative Impacts
<input checked="" type="checkbox"/> Health & Safety	<input type="checkbox"/> Other _____	
- Engineered projects:** If your project has been already designed and engineering information is available, attach to your application **ALL** calculations, H&H study and design plans (e.g. Drainage Improvement, Erosion Control, or other special project types). No Yes If so, see Attachment #(s) _____.

B. Project Description, Scope of Work, and Protection Provided (Must be Completed in Detail)

Describe, in detail, the existing problem, the proposed project, and the scope of work. Explain how the proposed project will **solve** the problem(s) and provide the level(s) of protection described in Part A. Also, if available, attach a vendor’s estimate and/or a contractor’s bid for the scope of work. **Ensure that each proposed project is mitigation and not maintenance.**

- Describe the existing problems:

On September 28, 2022, the City of North Port took a direct hit from a major category 4 hurricane, Hurricane Ian, which resulted in catastrophic damage including flooding the City had never experienced. Because of power outages and equipment failures, many of the City’s sanitary sewer lift stations were offline and not able to keep up with the needs of the wastewater collection network, creating a challenge in moving raw sewage to the processing plant. Additionally, the massive volume of rain produced by Hurricane Ian resulted in excess inflow (surface) and infiltration (subsurface) groundwaters, also overwhelming the collection network. Power outages lasted anywhere from a few hours to weeks, depending on the location of the lift station and the storm-related damage in the area surrounding it. To address the overloaded collection system, prevent sanitary sewer overflows, and avoid environmental contamination during this critical time, manual bypass pumps were moved by staff throughout the City multiple times per day to pump excess sewage into tanker trucks for transport to an area that could manage processing the raw sewage accordingly and within regulatory guidelines.

2. Describe the type(s) of protection that the proposed project will provide:

Installing permanent diesel bypass pumps on sanitary sewer lift stations will provide protection against property damage, environmental contamination, and public health emergencies. Raw sewage backing up into structures and private properties will be avoided by ensuring that sanitary sewer lift stations have the ability to stay online during power outages in order to manage their loads as they would during periods of normal operation. Sanitary sewer overflows which cause harm to the environment by contaminating surface water, ground water, and soil, will be avoided as the diesel bypass pumps will assist in managing additional volume experienced during rain and other tropical events. The public health emergencies associated with exposure to raw sewage will also be minimized through the use of diesel bypass pumps that are able to manage flow and avoid sanitary sewer overflows.

3. Scope of Work (describe in detail what you are planning to do):

This project will allow the City of North Port to design, plan, acquire, install, test and commission 43 diesel bypass pumps in order to alleviate and mitigate past functional losses due to hurricanes, severe storms, and other flooding events. The diesel bypass pumps are intended to provide temporary backup pumping capacity during equipment repairs and emergencies at various locations across the City of North Port. The project involves planning, procurement, installation, testing, and commissioning of the diesel bypass pumps on existing lift stations.

The City will use its normal procurement and contracting functions to solicit requests for proposal for acquisition of bypass pumps and their installation. During the installation phase, pumps will be inspected and installed as per the manufacturers guidelines, City of North Port engineering specifications, and in compliance with all governing regulations. Pumps will be connected to the existing piping and electrical systems. Installers will conduct thorough testing to ensure proper functionality and performance of each pump. There will be documentation of the installation process including photographs, equipment serial numbers, and any additional information required for future reference. When installation is complete, final testing and performance evaluation will take place for each pump and lift station to ensure they meet specified operational criteria and regulatory standards. Training for troubleshooting and annual maintenance schedules for the pumps will be provided to the City upon sign-off of final inspections. Upon complete completion of the installation of each diesel bypass pump, the City will commission the pumps. The City will prepare and submit all required project documentation including reports and invoices at predetermined deadlines. The finalization of all project documentation and records will occur upon project completion. Grant closeout activities and reports will be completed and submitted for review and approval per predetermined deadlines.

4. Describe any other on-going or proposed projects in the area that may impact, positively or negatively, the proposed HMGP Project:

There are many Hurricane lan-related projects on-going throughout Sarasota County. However, no negative impacts are anticipated as a result of this project. The North Port Utilities department budgets the installation of four (4) to five (5) diesel bypass pumps annually as funds allow. The upcoming fiscal year's anticipated budget for bypass pump installation was withheld due to budget constraints.

Section III – Project Location (Fully describe the location of the proposed project.)

A. Site

- Describe the physical location of this project, including street numbers (or neighborhoods) and project site zip code(s). Provide precise longitude and latitude coordinates for the site utilizing a hand-held global positioning system (GPS) unit or the equivalent:

Site Location: **43 City-owned sanitary sewer lift stations throughout the City of North Port**

Address(es): **See attachment - Lift Station Inventory**

GPS coordinates (decimal degree format): **See attachment - Lift Station Inventory**

Project Zip Code(s): **See attachment - Lift Station Inventory**

- Titleholder: **City of North Port**
- Is the project site seaward of the Coastal Construction Control Line (CCCL)? Yes No
- Provide the number of each structure type (listed below) in the project area that will be affected by the project. Include **all** structures in project area.

- | | |
|--|---|
| <input type="checkbox"/> Residential property: _____ | <input type="checkbox"/> Public buildings: _____ |
| <input type="checkbox"/> Businesses/commercial property: _____ | <input type="checkbox"/> Schools/hospitals/houses of worship: _____ |
| <input checked="" type="checkbox"/> Other: <u>43 City owned Lift Stations</u> | |

B. Flood Insurance Rate Map (FIRM) Showing Project Site

1. <input checked="" type="checkbox"/> Attach one (1) copy of the FIRM map, a copy of the panel information from the FIRM, and, if available, the Floodway Map. <i>FIRM maps are required for this application (if published for your area). Also, all attached maps must have the project site and structures clearly marked on the map.</i> FIRMs are typically available from your local floodplain administrator who may be located in a planning, zoning, or engineering office. Maps can also be ordered from the Map Service Center at 1-800-358-9616. For more information about FIRMs, contact your local agencies or visit the FIRM site on the FEMA Web-page at https://msc.fema.gov/portal .
2. Using the FIRM, determine the flood zone(s) of the project site (Check all zones in the project area) (See FIRM legend for flood zone explanations) (A Zone must be identified)
<input type="checkbox"/> VE or V 1-30 <input checked="" type="checkbox"/> AE or A 1-30
<input type="checkbox"/> AO or AH <input type="checkbox"/> A (no base flood elevation given)
<input checked="" type="checkbox"/> B or X (shaded) <input checked="" type="checkbox"/> C or X (unshaded)
<input type="checkbox"/> Floodway <input checked="" type="checkbox"/> See attached FIRMettes for each site (43)
<input checked="" type="checkbox"/> Coastal Barrier Resource Act (CBRA) Zone (Federal regulations strictly limit Federal funding for projects in this Zone; coordinate with your state agency before submitting an application for a CBRA Zone project).
3. <input type="checkbox"/> If the FIRM Map for your area is not published, attach a copy of the Flood Hazard Boundary Map (FHBM) for your area, with the project site and structures clearly marked on the map.
4. <input type="checkbox"/> Attach a copy of a Model Acknowledgement of Conditions for Mitigation in Special Flood Hazard Area

C. Maps with Project Site and Photographs

- Attach a copy of a city or county scale map (large enough to show the entire project area) with the project site and structures marked on the map.
- Attach a USGS 1:24,000 TOPO map with project site **clearly** marked on the map.
- For **acquisition** or **elevation** projects, include copy of Parcel Map (Tax Map, Property Identification Map, etc.) showing each property to be acquired or elevated. Include the Tax ID numbers for each parcel, and Parcel information – including year built and foundation.
- Attach photographs (at a minimum 4 photographs) for each project site per application. The photographs should be representative of the project area, including any relevant streams, creeks, rivers, etc. and drainage areas that affect the project site or will be affected by the project, and labeled. For each structure, include the following angles: front, back and both sides.

Section IV – Budget/Costs

In order to assist applicants with filling out the following Budget section, we have provided the following instructions for your convenience. For this section, we ask that you provide details of all the estimated costs of the project, as it is used for the benefit-costs analysis as well as for the feasibility and effectiveness review.

For the cost sections relating to Materials, Labor, and Fees, it is important to note,

- Lump sums without supporting documentation showing a breakdown of those costs are not acceptable. For those items that will not fit in the spaces provided, attach the appropriate documentation to your application.
- Identify your match sources in sections B and I.
- Sub-Total cells will auto sum the costs in their respective columns.
- Do not factor management costs into parts A-C. If management costs are being requested, see part G.
- Contingency Costs need to be justified and reported as a separate line item in part E of this section. From left to right in that part, enter the desired percentage (maximum 5% of Material/Labor), the amount the percentage is to be applied to, and the resulting amount. **PLEASE NOTE-** These cells will not auto-calculate across the row, but the final cell will be calculated into the Final Project Cost below it. Take care that everything is calculated correctly.
- Pre-Award Costs: costs must be identified as a separate line item, AND a completed HMGP Pre-Award Cost Request Form MUST be submitted with this application, detailing the items/cost and requested start date.
- Mark all In-kind (donated) services with (**); In-house (employee) services with (***), per each line item.
- All funding sources (In-kind, In-house, Global Match, and Other Agencies) must be identified (below) AND identified on the Funding Sources - Section IV I.

For project management costs, in compliance with Disaster Relief and Recovery Act of 2018 (DRRA) and the subsequent FEMA Interim Policy #104-11-1, the Florida Division of Emergency Management has included a section for applicants to request, or refuse, project management funds that are available to them. Under this new policy, HMGP projects awarded under disasters declared on or after August 1, 2017, are eligible for project management costs up to 5 percent of their total project costs.

Applicants choosing to apply for this funding must detail the specific administrative costs in Part G of this section. These costs must be eligible administrative costs, conforming to the requirements set in 2 CFR Part 200 Subpart E. Applicants must ensure that their administrative costs are reasonable, allowable, allocable, and necessary for the performance of the federal award.

The State will allot these management costs on a project-by-project basis per the amount requested by the sub-recipient, up to 5 percent of the total project cost. A sub-recipient may request less than this, but no higher. These management costs will be considered a separate pool of funding, and **WILL NOT** affect a project's benefit-cost analysis.

Management costs will be reimbursed per reimbursement request, and no more than 5 percent of any given reimbursement request amount. All management costs reimbursements will be contingent upon adequate documentation from the sub-recipient.

Management costs will be reimbursed at 100 percent of the amount of management costs requested, so far as they are adequately documented and are no more than 5 percent of the request. Any unused management costs at closeout following the final payment will be de-obligated. If the final total project cost results in an under-run, management costs will be reduced accordingly.

Applicants must make the determination to request or refuse management costs at the time of formal application submittal. The State will accept the initial determination from the applicant. There will be no recourse from the State for applicants wishing to change their initial determination after the application has been formally submitted.

All funding sources (In-kind, In-house, Global Match, and Other Agencies) must be identified (above) AND identified on the Funding Sources - Section IV I.

G. Project Management Costs

Based on the amount of total project cost being requested in Part D (above), your project is eligible for up to an additional 5% of that amount for project management costs. Indicate below whether or not you would like to request these funds and follow the directions for your selected choice.

Total Estimated Management Costs Available (5% of Total Project Costs) \$249,989.57

Note: This number will be generated automatically after Part I is completed

YES, I would like to request these funds (Fill out the itemized table below, then continue to Part I)*

NO, I do not wish to request these funds. (continue to Part I)*

<u>Description</u>	<u>Hours</u>	<u>Rate</u>	<u>Cost</u>
<i>Procurement of CEI Services</i>	321	\$225.00	\$72,225.00
<i>Contract Filing</i>	41	\$120.00	\$4,920.00
<i>Progress Reporting</i>	150	\$120.00	\$18,000.00
<i>Records Administration</i>	150	\$120.00	\$18,000.00
<i>Project Monitoring</i>	360	\$150.00	\$54,000.00
<i>Grants Management</i>	360	\$150.00	\$54,000.00
<i>Closeout Processing</i>	120	\$150.00	\$18,000.00
<i>Records Retention</i>	90	\$120.00	\$10,800.00

H. Total Estimated Management Costs Requested \$249,945.00

***Note:** By selecting either “yes” or “no” the applicant is acknowledging that they understand what is being offered to them as it is described in this application.

Section V. Environmental Review and Historic Preservation Compliance

(NOTE: This application cannot be processed if this section is not completed.)

Because the HMGP is a federally funded program, all projects are required to undergo an environmental and historic preservation review as part of the grant application process. Moreover, all projects must comply with the National Environmental Policy Act (NEPA) and associated Federal, State, Tribal, and Local statutes to obtain funding. **NO WORK can be done prior to the NEPA review process. If work is done on your proposed project before the NEPA review is completed, it will NOT be eligible for Federal funding.**

A. The following information is required for the Environmental and Historic Preservation review:

All projects must have adequate documentation to determine if the proposed project complies with NEPA and associated statutes. The State Environmental Staff provide comprehensive NEPA technical assistance for Applicants, with their consent, to complete the NEPA review. The type and quantity of NEPA documents required to make this determination varies depending upon the project's size, location, and complexity. However, at a minimum, provide the applicable documentation from this section to facilitate the NEPA compliance process.

1. Detailed project description, scope of work, and budget/costs (Section II and Section IV of this application).
2. Project area maps (Section III, part B & C of this application).
3. Project area/structure photographs (Section III, part C of this application).
4. Preliminary project plans.
5. Project alternatives description and impacts (Section V of the application).
6. Complete the applicable project worksheets.
Documentation showing dates of construction are required for all structures.
7. Environmental Justice – Provide any applicable information or documentation regarding low income or minority populations in the project area. See Section V.B of this application for details.
8. Provide any applicable information or documentation referenced on the *Information and Documentation Requirements by Project Type* below.

B. Executive Order 12898; Environmental Justice for Low Income and Minority Population:

1. Are there low income or minority populations in the project area or adjacent to the project area?
 No Yes; describe any disproportionate and adverse effects to these populations:

The City of North Port, Florida has an estimated population of 85,099 according to the U.S. Census Bureau, Population Estimates Program (PEP) in 2022. The minority populations in the City include 10.8% Hispanic or Latino, 5.6% Black or African American, and 1.9% Asian. 5.6% of the total population is below poverty level. This project would prevent loss of service to these individuals and will therefore have a positive impact. The City sees no disproportionate or adverse effects on these populations from this project.
2. To help evaluate the impact of the project, explain below or attach any other information that describes the population, or portion of the population, that would be either disproportionately or adversely affected. Include specific efforts to address the adverse impacts in your proposal narrative and budget.

Please see Attachment M - CONP Census Data.

C. Tribal Consultation *(Information Required)*

Section 106 of the National Historic Preservation Act (NHPA) requires federal agencies to take into account the effect of their undertakings on historic properties. The NHPA requires that agencies must complete this process prior to the expenditure of any Federal funds on the undertaking. A Tribal Consultation is required for any project disturbing ground or moving soil, including but not limited to: drainage projects; demolition; construction; elevation; communication towers; tree removal; utility improvements.

1. Describe the current and future use of the project location. A land use map may be provided in lieu of a written description.

The sanitary sewer lift stations are used to provide sanitary services City wide. On an as needed basis pursuant to manufacture's specifications and installation requirements, concrete pads will be constructed.

2. Provide information on any known site work or historic uses for project location.

All lift station sites are located on previously disturbed ground and no additional or new disturbances are expected.

- Attach a copy of a city or county scale map (large enough to show the entire project area) with the horizontal limits (feet) and vertical depths (square feet) of all anticipated ground disturbance of 3 inches or more.

D. Alternative Actions *(Information Required)*

The NEPA process requires that at least two alternative actions be considered that address the same problem/issue as the proposed project. In this section, list **two feasible** alternative projects to mitigate the hazards faced in the project area. One alternative is the "No Action Alternative".

1. No Action Alternative

Discuss the impacts on the project area if no action is taken.

1. If no action is taken, the sanitary sewer lift stations will remain vulnerable to power outages and system failures during tropical events, potentially resulting in sanitary sewer overflows and environmental disasters. If the lift stations are without power and unable to operate in a bypass mode, repair costs will be incurred and the City will experience loss of function, which will in turn further burden residents and taxpayers. Resumption to normal sanitary sewer operations will be impacted, delaying recovery efforts. Due to current budget constraints, anticipated damage is likely to occur until all lift stations have been outfitted with bypass pumps. This alternative is not preferred.

2. Current sites are static and not able to be relocated due to prohibitive costs and availability of alternative sites. Additionally, significant ground disturbance would occur when creating a new lift station at a new site.

2. Other Feasible Alternative

Describe a feasible alternative project that would be the next best solution if the primary alternative is not accomplished. This could be an entirely different mitigation method or a significant modification to the design of the current proposed project. Include a Scope of Work, engineering details (if applicable), estimated budget and the impacts of this alternative. Complete *all* of parts **a-e** (below).

a. Project Description for the Alternative

Describe, in detail, the alternative project, and explain how the alternative project will solve the problem(s) and/or provide protection from the hazard(s). Also, provide pros and cons for this alternative and a reason for why it was not selected.

Because lift stations are static and service specific geographic areas and neighborhoods, a project alternative is not available or applicable to this project.

b. Project Location of the Alternative *(describe briefly, if different from proposed project)*

None.

- Attach a map or diagram showing the alternative site in relation to the proposed project site *(if different from proposed project)*

c. Scope of Work for Alternative Project

None.

d. Impacts of Alternative Project

Discuss the impact of this alternative on the project area. Include comments on these issues as appropriate: Environmental Justice, Endangered Species, Wetlands, Hydrology (Upstream and Downstream Surface Water Impacts), Floodplain/Floodway, Historic Preservation and Hazardous Materials.

None.

e. Estimated Budget/Costs for Alternative Project

In this section, provide details of all the estimated costs of the alternative project (round figures to the nearest dollar). A lump sum budget is acceptable.

Materials:	\$0.00
Labor:	\$0.00
Fees:	\$0.00
Total Estimated Project Cost:	\$ 0.00

HMGP ENVIRONMENTAL REVIEW
Information and Documentation Requirements by Project Type

<p><i>Retrofits to Existing Facilities/Structures</i></p> <p><i>Elevations</i></p> <p><i>Acquisitions with Demolition</i></p>
<ul style="list-style-type: none">✓ Dates of Construction✓ Ground disturbance map for projects with 3 inches or more of ground disturbance✓ Structure photographs
<p><i>Drainage Improvements</i></p>
<ul style="list-style-type: none">✓ Engineering plans/drawings✓ Permit or Exemption letter to address any modifications to water bodies and wetlands<ul style="list-style-type: none">o Department of Environmental Protectiono Water Management Districto U.S. Army Corps of Engineers✓ Ground disturbance map for projects with 3 inches or more of ground disturbance.✓ Concurrence from U.S. Fish and Wildlife addressing any impacts to wildlife, particularly endangered and threatened species and their habitats.✓ If the project is in a coastal area, attach a letter from the National Marine Fisheries Service addressing impacts to marine resources.✓ Concurrence from Natural Resource Conservation Service if project is located outside city limits and may impact prime or unique farmland.✓ Concurrence from your Local Floodplain Manager – if project is located in a floodplain.

Note: This is a general guideline for most projects. However, there will be exceptions. Consult with state environmental staff on project types not listed.

Section VI – Maintenance Agreement

All applicants whose proposed project involves the retrofit or modification of existing public property or whose proposed project would result in the public ownership or management of property, structures, or facilities, must first sign the following agreement prior to submitting the application to FEMA.

(NOTE: Not applicable to projects solely related to residential or private property.)

The _____ City _____ of _____ North Port _____, State of Florida, hereby agrees that if it receives any Federal aid as a result of the attached project application, it will accept responsibility, at its own expense if necessary, for the ***routine*** maintenance of any real property, structures, or facilities acquired or constructed as a result of such Federal aid. Routine maintenance shall include, but not be limited to, such responsibilities as keeping vacant land clear of debris, garbage, and vermin; keeping stream channels, culverts, and storm drains clear of obstructions and debris; and keeping detention ponds free of debris, trees, and woody growth.

The purpose of this agreement is to make clear the Sub-recipient's maintenance responsibilities following project award and to show the Sub-recipient's acceptance of these responsibilities. It does not replace, supersede, or add to any other maintenance responsibilities imposed by Federal law or regulation and which are in force on the date of project award.

Signed by _____ Jennifer Sadonis _____ the duly authorized representative
(printed or typed name of signing official)

Grants Coordinator _____,
(title)

This 28th (day) of August (month), 2023 (year).

Signature* 

***Note: The above signature must be by an individual with legal signing authority for the respective local government or county (e.g., the Chairperson, Board of County Commissioners or the County Manager, etc.)**

HMGP Application Completeness Guidance/Checklist

This guidance/checklist contains an explanation, example and/or reference for information requested in the application. Use this list to assure your application is complete and includes the required information for HMGP projects. The appropriate documentation must also be attached. It is important to note that this list is similar to the form that will be used during the application sufficiency review by the HMGP staff.

Project Title: City of North Port Lift Station Fortification Project / Bypass Pumps (TB)

Applicant: City of North Port

Application Information	Explanation of Information Required	✓
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Section I

B. Applicant Information

FEMA__-DR-FL	Type in the four digit number FEMA assigned to the disaster that this application is being submitted under. (Example: 4337, 4283)	<input type="checkbox"/>
DISASTER NAME	Type in the Disaster name. (Example: Hurricane Irma, Tropical Storm Fay)	<input type="checkbox"/>
Title of Project	The project title should include: 1) Name of Applicant, 2) Name of Project, 3) Type of Project. (Example: City of Tallahassee, City Hall Building, Wind Retrofit)	<input type="checkbox"/>
1. Applicant	Name of organization applying. Must be an eligible applicant.	<input type="checkbox"/>
2. Applicant Type	State or local government, recognized Native American tribe, or private non-profit organization. If private non-profit, attach documentation showing legal status as a 501(C). (Example: IRS letter, Tax Exempt Certificate)	<input type="checkbox"/>
3. County	Indicate county in which the project is located.	<input type="checkbox"/>
4. State Legislative and Congressional District(s)	Specify the appropriate State Senate, House and Congressional District code for the project site . For multiple sites, list codes for each site. http://www.myfloridahouse.gov/sections/representatives/myrepresentative.aspx	<input type="checkbox"/>
5. Federal Tax I.D. Number	List the Federal Employer's Identification Number (FEIN), also known as Federal Tax Identification number, 9-digit code. May be obtained from your finance/accounting department.	<input type="checkbox"/>
6. DUNS Number	Include Data Universal Numbering System (DUNS) number in appropriate location on application. Typically, this number can be obtain through your finance department. If not, use the link below to look up your entity. If none, exists you can use the same link to request one. https://www.dnb.com/duns-number.html	<input type="checkbox"/>
7. FIPS Code	List the Federal Information Processing Standards (FIPS) Code. May be obtained from your finance/accounting/grants department. If none, submit FEMA Form 90-49. See state website under the relevant disaster (https://floridadisaster.org/dem/mitigation/hazard-mitigation-grant-program/)	<input type="checkbox"/>
8. NFIP ID Number	List the National Flood Insurance Program (NFIP) number. You must be a participating NFIP member to be eligible for HMGP funding. Make sure that the number is the same as the panel number on the FIRM provided with the application.	<input type="checkbox"/>
9. Point of Contact	Provide all pertinent information for the point of contact. This person serves as the coordinator of the project. If this information changes once the application is submitted, please contact the HMGP staff immediately.	<input type="checkbox"/>
10. Application Prepared By	Provide the preparer information. May be different from the point of contact (line 9) and/or the applicant's agent (line 11).	<input type="checkbox"/>
11. Authorized Applicant Agent	An authorized agent must sign the application. <i>"An authorized agent is the chief elected official of a local government who has signature authority, so for a county it would be the Chairman of the Board of County Commissioners and for a municipality it would be the Mayor (the exact title sometimes varies). Any local government may delegate this authority to a subordinate official (like a City or County Manager) by resolution of the governing body (the Board of County Commissioners or Board of City Commissioners). If a local government delegates signature authority, a copy of the <u>resolution</u> by the governing body authorizing the signature authority for the individual signing must be provided."</i>	<input type="checkbox"/>

	For Private Non-Profit: A member of its Board of Directors or whoever has authority to authorize funding for such a project. If this task is delegated down, a copy of a resolution confirming this must be provided.	
12. LMS Compliance	<p>a) LMS Project List: All proposed projects must be included in the county's Local Mitigation Strategy (LMS) Project List and must be on file with FDEM's Mitigation Bureau Planning Unit.</p> <p>b) LMS Endorsement Letter: All proposed projects must include an endorsement letter from the county's Local Mitigation Strategy Coordinator. You may use 1 letter as long as it includes every proposed project.</p> <p>c) Estimated Costs & Application Costs: The LMS Project List must include an Estimated Cost column and each HMGP project application must be within \$500.00 of that Project List's estimated cost. Also ensure that the Federal Cost Share indicated on the LMS Coordinator's Endorsement Letter exactly matches the Federal Cost Share indicated within the application. Ensure the LMS endorsement letter contains both the Total Estimated Projects Cost (Section IV. D.), along with the Estimated Federal Share (Section IV. I.1.) allocated to this project.</p> <p>A letter of endorsement for the project and its priority number from the Local Mitigation Strategy Project List must be included. Refer to Sample LMS Letter. Applications without a letter of endorsement will not be processed. (44 CFR 201.6 Local Mitigation Plans)</p>	<input checked="" type="checkbox"/>
13. Previous Submittal	If the project has been previously submitted under another disaster, provide the disaster number, the project number, and the title of the project.	<input checked="" type="checkbox"/>

Section II - Project Description

A. Hazards to be Mitigated/Level of Protection

1. Type of Hazards	Type of Hazards the Proposed Project will Mitigate: Identify the hazard(s) that the proposed project will mitigate. More than one hazard may be selected.	<input checked="" type="checkbox"/>
2. Identify the Type of Project	Identify the Type of Proposed Project: Describe the mitigation project being proposed. (Example: drainage, wind retrofit, generator etc.)	<input checked="" type="checkbox"/>
3. Number of Persons Protected	Explain how many people will be protected by or benefit from the proposed project. (Example: A drainage project improving a residential area of 23 homes, with an average household of 2 people = 46 people)	<input checked="" type="checkbox"/>
4. Total Impacted Area	Explain how many acres will be impacted from the proposed project: Drainage/Berm/Pond/Culverts/Flood hazard projects: combination of the area to be protected and ground disturbance must not exceed 25 acres.	
5. Level of Protection	Specify the level of protection and magnitude of the event the proposed project will mitigate. Attach support documentation that verifies the stated level of protection. (Example: In a wind retrofit project, it will be the design wind speed to comply with the Florida Building Code requirements. In a drainage project, it will be the implemented design level, e.g. a 25-year FDOT design standard for culvert.)	<input checked="" type="checkbox"/>
6. Project Impact	Identify all the items the project may impact or are within the project area.	<input checked="" type="checkbox"/>
7. Engineered Projects (e.g. Drainage)	Include available engineering calculations, studies, and designs for the proposed project showing results from applied Recurrence Interval scenarios before and after mitigation. (Number of structures, building replacement value, depth of the water, structural damages, content damages, displacement, road closures, etc.)	<input checked="" type="checkbox"/>

B. Project Description, Scope of Work, and Protection Provided (Must be Completed in Detail)

1. Existing Problem	Describe the existing problem, location, source of the hazard, and the history and extent of the damage. Include newspaper articles, insurance documentation, photographs, etc. If this project is eligible for PA (406) mitigation activities, describe the 406 activities.	<input checked="" type="checkbox"/>
2. Type of Protection	Determine how the funding will solve the existing problem and provide protection.	<input checked="" type="checkbox"/>
3. Scope of Work:	What the Project Proposes to Do: Determine the work to be done. The scope of work must meet eligibility based on HMGP regulations and guidance. Explain how the proposed problem will be solved. (NOTE: The proposed project must be a	<input checked="" type="checkbox"/>

	mitigation action, not maintenance.) <i>Does the proposed project solve a problem independently or constitute a functional part of a solution where there is assurance that the project as a whole will be completed (44 CFR 206.434[c][4])? Does the proposed project address a problem that has been repetitive or that poses a significant risk to public health and safety if left unresolved (44 CFR 206.434[c][5][i])?</i> Projects that merely identify or analyze hazards or problems are not eligible.	
4. On-Going or Proposed Projects in the Area	Determine if other projects, zoning changes, etc. are planned (particularly in the same watershed if flooding is being addressed) that may negatively or positively impact the proposed project. If there is a drainage project or downstream issue elsewhere, it may eliminate the current flooding issue, erasing the need for the proposed project. Response applies to drainage and acquisition projects. N/A is appropriate in wind retrofit shutter projects only. If this project is also being considered under the Public Assistance Program (406), describe in detail the 406 mitigation activities and/or services. Do not include project costs associated with this HMGP application.	<input checked="" type="checkbox"/>

Section III - Project Location

A. Site

1. Physical Location	List the physical location of the project site(s) including the street number(s), zip code(s) and GPS coordinates (latitude/longitude, in decimal degrees). The physical address must correspond with the address locations specified on maps submitted with the application.	<input checked="" type="checkbox"/>
2. Titleholder	Provide the titleholder's name.	<input checked="" type="checkbox"/>
3. Project Seaward of the CCCL?	Determine if the project site is located seaward of the Coastal Construction Control Line. https://floridadep.gov/water/coastal-construction-control-line	<input checked="" type="checkbox"/>
4. Number and Types of Structures Affected	Specify the number and type of properties affected by the project. (Example: Drainage project that affects 100 homes, 15 businesses and 2 schools.) What does the project protect? Should have a number next to the box that is checked. (See Section II, Item A.5 – detail of these totals)	<input checked="" type="checkbox"/>

B. Flood Insurance Rate Map (FIRM) Showing Project Site

1. Copies of FIRM	Attach a copy (or copies) of the FIRM and clearly identify the project site. The FIRM Panel number must be included. To obtain a FIRM map, go to https://msc.fema.gov/portal . See instructions on How to make a FIRMette.	<input checked="" type="checkbox"/>
2. Flood Zone Determination	Specify the flood zone(s) of the project site(s). If project is located in a Special Flood Hazard Area. Amount of coverage must be equal to or greater than the amount of Federal mitigation funding obligated to the project.	<input checked="" type="checkbox"/>
3. Flood Hazard Boundary Map (FHBM)	Not required if a copy of the FIRM is attached.	<input type="checkbox"/>
4. Model Acknowledgement of Conditions form	The Model Acknowledgement of Conditions for Mitigation in Special Flood Hazard Area form is required for those structures receiving federal funds that will also remain in the special flood hazard area by the close of the project. This form is required at application. It can be found on FEMA's website at https://www.fema.gov/media-library/assets/documents/15677	<input type="checkbox"/>

D. C. Maps with Project Site and Photographs

1. City/County Map with Project Site	The project site and staging location (if applicable) should be clearly marked on a legible City/County map. The map should be large enough to show the project site. More than one map may be required.	<input checked="" type="checkbox"/>
2. USGS TOPO with Project Site	The project site should be clearly marked on a legible USGS 1:24,000 TOPO map. To obtain a TOPO map, go to https://ngmdb.usgs.gov/topoview/	<input checked="" type="checkbox"/>
3. Parcel/Tax Map	A Parcel, Tax or Property Identification map is required <u>only</u> for acquisition and elevation projects. The location of the structure must be clearly identified.	<input type="checkbox"/>
4. Site Photographs	At least four photographs are required that clearly identify the project site. The photos must be representative of the project area, including any relevant streams, creeks, rivers, etc., and drainage areas that affect the project site or will be affected by the project. The front, back and both side angles are required for each structure. For acquisition and elevation projects, a photo taken away from the structure (in front toward the street, and in back toward backyard) to show the area along with	<input checked="" type="checkbox"/>

	photographs of specific elements of the structure affected by the project (windows for shutters or window replacements) should also be provided. Label photographs appropriately. In addition, CDs may be submitted.	
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Section IV - Budget/Costs

Make sure all calculations are correct. Provide a breakdown of materials, labor and fees for the proposed project. Support documentation must be attached, i.e. vendor's quote, professional estimate (from engineer, architect, local building official, etc.). The proposed budget line items should represent allowable costs associated with the scope of work. Contingency Cost should be included as a line item in the budget section, and justified – Maximum allowed is 5%, and is required to complete this section; it will be used for the Benefit-Cost Analysis (BCA). Costs should be accurate, complete and reasonable compared to industry standards. Make sure the total cost is correct on the entire application.

A. Materials	List materials and their associated costs. Provide breakdown.	<input checked="" type="checkbox"/>
B. Labor	Provide a breakdown of description, hours, rate, and cost or lump sum labor cost. Can use in-kind contribution as part of the 25% match. (Attach support documentation for in-kind, in-house to detail wages and salaries charged for any contribution. No overtime wages can be used to satisfy match contributions).	<input checked="" type="checkbox"/>
C. Fees Paid	Provide a breakdown of associated fees i.e., consultants, studies, engineering, permits, and project management. Maintenance is not an allowable cost under HMGP. <i>Pre-award costs may be requested (See Pre-award Costs guidance).</i>	<input checked="" type="checkbox"/>
D. Total Estimated Project Cost	This number includes all project costs without contingency costs included. Make sure all calculations are correct.	<input checked="" type="checkbox"/>
E. Contingency Cost	Per FEMA's HMA Guidance (Section VI Part D.3.4), a contingency cost is, "an allowance in the total cost estimate to cover situations that cannot be fully defined at the time the cost estimate is prepared but that will likely result in additional eligible costs. Allowances for major project scope changes, unforeseen risks, or extraordinary events may not be included as contingency costs." The applicant may request up to 5% of material/labor costs. As with other line items, the applicant must justify these contingency costs based on the nature of the project at application. If an applicant wants to include contingency costs, they will need to enter the percentage that they require as well as what amount they want that percentage to be applied to. Type the resulting calculation in the final cell on the right. These cells will NOT auto-calculate. Be sure that they are calculated correctly.	<input checked="" type="checkbox"/>
F. Final Project Cost	This number includes any contingency costs that were requested. The final BCA will use this number in its final calculation.	<input checked="" type="checkbox"/>
G. Project Management Costs	After reading the guidance provided on pg. 5, select either YES or NO to indicate your need for management costs for this project. If YES , provide a breakdown of description, hours, rate and costs for requested management costs. If NO , continue to Part I.	<input checked="" type="checkbox"/>
H. Total Estimated Management Costs Requested	This will auto complete based on what is entered into the cost cells above. Your request must not exceed 5 percent of the total project cost available for this project.	<input checked="" type="checkbox"/>

I. Funding Sources (round figures to the nearest dollar)

The proposed sources of non-federal matching funds must meet eligibility requirements. (Except as provided by Federal statute, a cost-sharing or matching requirement may not be met by costs borne by another Federal grant.) 2 CFR Part 200.306.

1. Estimated Federal Share	The estimated Federal share is generally 75%. If the Federal share is not 75%, assure actual amount is entered. It could be 50.1234% or 35.1234%, etc. of the total dollar amount of project depending on county LMS allocation and priority. This figure cannot exceed 75%.	<input checked="" type="checkbox"/>
2. Non-Federal Share	May include all 3 sources, i.e. cash, in-kind and global match, as long as the total is a minimum of 25%. Match cannot be derived from a federal agency except Federal funds that lose their federal identity (e.g., CDBG funding and certain tribal funding).	<input checked="" type="checkbox"/>
3. Cash	Cash- Local funding will be utilized for the non-federal share. Enter amount of cash and percentage of total that amount represents.	<input checked="" type="checkbox"/>
4. Total In-Kind	May use materials, personnel, equipment, and supplies owned, controlled and operated from within governing jurisdiction as an in-kind match. <i>Third party in-kind contributions would be volunteer services, employee services from other</i>	<input type="checkbox"/>

	<i>organizations furnished free of charge, donated supplies, and loaned equipment or space. The value placed on these resources must be at a fair market value and must be documented. If in-kind is claimed from outside the applicant jurisdiction, it must be cash only. ** Identify proposed eligible activities in Section IV B. and C. as a separate line with In-kind written as a part of the description.</i>	
5. Total In-house	Sub-Recipient employees, equipment, etc. – internal services (must utilize the Personnel Activity Report or the Equipment Activity Report for the Request for Reimbursement)	<input type="checkbox"/>
6. Total Project (Global) Match	Project (global) match must 1) meet all the eligibility requirements of HMGP; and 2) begin after FEMA's approval of the match project. A separate HMGP application must be submitted for global match projects. Indicate which project(s) will be matched. <i>The global match is not required to be an identical project. Projects submitted as global match for another project must meet the same period of performance time constraints as the HMGP.</i>	<input type="checkbox"/>
7. Other Agency Share	Identify Non-Federal Agency and availability date; provide the documentation from the agency. (e.g., CDBG funding, and certain tribal funding)	<input type="checkbox"/>
8. Total Funding	Total must represent (100%) of the total estimated project cost. Ensure that percentages match corresponding cost-shares and the total matches the Budget (in Section IV. F. - Total Estimated Project Cost).	<input checked="" type="checkbox"/>
9.	Your requested amount must be equal to or less than 5 percent of the total project cost	<input checked="" type="checkbox"/>

J. Project Milestones/Schedule of Work

1. Milestones (Schedule)	Identify the major milestones in the proposed project and provide an estimated time-line (e.g. <i>Designing, Engineering – 3 months, Permitting – 6 months, Procurement – 30 days, Installation – 6 months, Contracting – 1 month, Delays, Project Implementation, Inspections, Closeout, etc.</i>) for the critical activities not to exceed a period of 3 years (36-months) for performance. Milestones should not be grouped together but listed individually. Allot for the appropriate amount of time for final inspection and closeout (about 3 months).	<input checked="" type="checkbox"/>
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Section V - Environmental Review & Historic Preservation Compliance

No work can begin prior to the completion of the environmental (NEPA) review. In order for the Environmental staff to conduct the NEPA review, all sections listed below must be completed.

1. Description, SOW & Budget	Detailed Project Description, Scope of Work & Budget/Costs. Complete Sections II & IV of the application.	<input checked="" type="checkbox"/>
2. Area Maps	Project area Maps - Attach a copy of the maps and clearly mark the project site, and place the specific project structure(s) on map(s). Complete Section III, part B & C of the application.	<input checked="" type="checkbox"/>
3. Project Area/Structure Photographs	Complete Section III part C of the application.	<input checked="" type="checkbox"/>
4. Preliminary Project Plans	For shutters see the scope of work and for drainage & elevation see engineering drawings.	<input checked="" type="checkbox"/>
5. Project Alternatives	Complete Section V part D. of this application.	<input checked="" type="checkbox"/>
6. Project Worksheets	Dates of construction are required for all structures. See worksheets.	<input checked="" type="checkbox"/>
7. Environmental Justice Documentation	See Section V.B for applicable information.	<input checked="" type="checkbox"/>
8. Information/ Documentation Requirements by Project Type	Provide any of the required documentation as listed at the end of Section V in the Information and Documentation Requirements by Project Type that may have already been obtained.	<input checked="" type="checkbox"/>

B. Executive Order 12898, Environmental Justice for Low Income and Minority Population

1. Disproportionate Effects	Determine if there are populations in either the project zip code or city that are characterized as having a minority background or living below the poverty level. If yes,	<input checked="" type="checkbox"/>
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	complete the rest of Section V, part B. Describe any disproportionate effects that these populations would experience if the project were completed.	<input type="checkbox"/>
2. Population Affected	Describe the population affected by this project and the portion of the population adversely impacted. Attach any documentation and list the attachments here.	<input checked="" type="checkbox"/>

C. Information required for Tribal Consultation

Documentation for Tribal Consultation	For all projects with any ground disturbing activities of 3 inches or more, complete Section V part C.	<input checked="" type="checkbox"/>
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D. Alternative Actions

1. No Action Alternative	Discuss the impacts on the project area if no action is taken.	<input checked="" type="checkbox"/>
2. Other Feasible Alternative Action	This is a FEMA and FDEM requirement for any Application Review. A narrative discussion of at least three project alternatives (from No Action to the most effective, practical solution) and their impacts, both beneficial and detrimental is required. It is expected that the jurisdiction has completed sufficient analysis to determine the proposed project can be constructed as submitted and it supports the goals and objectives of the FEMA approved hazard mitigation plan. Has the proposed project been determined to be the most practical, effective and environmentally sound alternative after consideration of a range of options? (44 CFR 206.434[c][5][iii])	<input checked="" type="checkbox"/>
a. Project Description	It is very important and a requirement that an Alternative project is submitted. NEPA requires that at least three alternatives must be presented to mitigate the problem. In addition to the proposed action and no action, one other feasible alternative must be provided.	<input checked="" type="checkbox"/>
b. Project Location of the Alternative	Describe the surrounding environment. Include information regarding both natural (i.e., fish, wildlife, streams, soils, plant life) and built (i.e., public services, utilities, land/shoreline use, population density) environments.	
c. Scope of Work – Alternative Project	Describe how the alternative project will solve the problem and provide protection from the hazard. Provide enough detail to describe the project for the evaluation panel to decide the best course of action for the state. Include any appropriate diagrams, sketch maps, amount of materials and equipment, dimensions of project, amount of time required to complete, etc.	
d. Impacts of the Alternative Project		
e. Estimated Budget/Costs for the Alternative Project	Total cost is required.	<input checked="" type="checkbox"/>
Materials, Labor, and Fees Paid	Detailed line items are not required. Just enter a total amount.	<input checked="" type="checkbox"/>
Total Estimated Project Costs	Total cost is required. Vendor quote is not required. A lump sum budget may be submitted as justification to why this alternative was not chosen.	<input checked="" type="checkbox"/>

Section VI – Maintenance Agreement

Maintenance Agreement	Complete, sign and date the maintenance agreement. The maintenance agreement must be signed by an individual with signature authority, preferably the authorized agent.	<input checked="" type="checkbox"/>
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Other Required Documentation

Go to www.floridadisaster.org/dem/mitigation/hazard-mitigation-grant-program/ for additional documents

1. Maps	All maps must be included with the application.	<input type="checkbox"/>
2. FFATA Form	During contracting with the state, complete, sign and date the FFATA Project File Form. Instructions are provided for your convenience in the document provided. This is not required at the time of application submittal.	<input type="checkbox"/>
3. SFHA Acknowledgement of Conditions	Required for all projects in the Special Flood Hazard Area. Read and sign the SFHA Acknowledgement of Conditions document. This form must be notarized, signed by the local jurisdiction and the property owner.	<input type="checkbox"/>
4. Pre-award Cost Form	If pre-award costs are being requested with your project, be sure to identify all pre-award costs in the application budget per instructions. The pre-award cost form must be completed and submitted with your application.	<input type="checkbox"/>

5. Request for Public Assistance Form	Applicable if no FIPS number is assigned to applicant/recipient.	<input type="checkbox"/>
6. Model Statement of Assurances for Property Acquisition Projects	For Acquisition projects only.	<input type="checkbox"/>
7. Declaration and Release	For Acquisition projects only. Must be signed by all persons whose names are on the property deed.	<input type="checkbox"/>
8. Notice of Voluntary Interest	For Acquisition projects only. Two forms are available for your convenience. Use the form that is most appropriate to your situation. Must be signed by all persons whose names are on the property deed.	<input type="checkbox"/>
9. Statement of Voluntary Participation for Acquisition of Property for Purpose of Open Space	For Acquisition projects only. Must be signed by all persons whose names are on the property deed.	<input type="checkbox"/>
10. Worksheets	The appropriate worksheet(s) must be completed and submitted with the application. a. Flood Control – Drainage Improvement b. Generator c. Tornado Safe Room d. Hurricane Safe Room e. Wind Retrofit f. Wildfire g. Drought	<input checked="" type="checkbox"/>

***Submit 1 original (signed) and 1 full copy** of the entire application and backup documentation. Include a full copy of the submittal and all documentation on CD or thumb drive.

Attachment Index

Use the following template to list any supporting documentation that is **included on the CD or flashdrive**. Clearly and concisely label each attachment on this form to correspond with the file name on the CD or flashdrive. In the first column list which section and item (from the HMGP application) the attachment refers to. *Example: Section 2, Item 1.* **If any required documentation is not included on the CD or flashdrive, the application will be considered incomplete and will not be considered for possible funding.**

Section # & Item		Attached Document Name
1	1.B.11	Attachment A - Resolution 2020-R-19 - Signing Authority Designation
2	1.B.12	Attachment B - LMS Endorsement Letter
3	3.A.1	Attachment C - Lift Station Inventory
4	3.A.3	Attachment D - CCCL Map - North Port
5	3.B.1	Attachment E - Lift Station Photos and FIRMette Powerpoint
6	3.B.2	Attachment F - CBRS Map - North Port
7	3.C.1	Attachment G - Plotted Lift Station Project Map
8	3.C.2	Attachment H - USGS Topo Map - North Port
9	3.C.2	Attachment I -Wetlands Map - North Port
10	4	Attachment J - FDEM Budget Workbook - CONP Lift Station
11	5.A.4	Attachment K - CONP Lift Station Specifications
12	5.A.6	Attachment L - Utility Mitigation Worksheet
13	5.B.2	Attachment M - CONP Census Data
14		Attachment N - Aerial Map CONP City Limits
15		Attachment O - FDEP Power Outage Contingency Plan Requirements
16		Attachment P - CONP Typical Lift Station Plans
17		
18		
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