

**STATE OF FLORIDA - JOINT HAZARD MITIGATION GRANT PROGRAM &
FLOOD MITIGATION ASSISTANCE APPLICATION**

APPLICANT: _____

PROJECT LOCATION: _____

PROJECT TITLE (DESCRIPTIVE): _____

ESTIMATED PROJECT COST (TOTAL): _____

THIS SECTION FOR STATE USE ONLY

FEMA-____-DR-FL-____

- Standard HMGP or
- HMGP 5% Initiative
- FMA
- Other _____

- Initial Submission or
- Resubmission

- Completeness Checklist
- State 409 Plan & Local Plan
- Eligible Applicant
- Eligibility Review

- Project Type(s):**
- Acquisition/Demolition
 - Acquisition/Relocation
 - Elevation
 - Drainage
 - Wind Retrofit
 - Tornado
 - Seismic Retrofit
 - Other _____

- Community NFIP Status:**
- Participating Community
ID #: _____
 - CRS Participant
 - In Good Standing
 - Sanctioned
 - Floodplain/Floodway
 - Substantial Improvement

State Application ID: _____

Reviewer Phone: _____

Date Application Received: _____

Reviewer Fax: _____

State Reviewer: _____

Reviewer Email: _____

This application is for all Federal Emergency Management Agency (FEMA Region IV) Hazard Mitigation Grant Program (HMGP) and Flood Mitigation Assistance (FMA) proposals. Please complete ALL sections and provide the documents requested. If you require technical assistance with this application, please contact your State Emergency Management Division at (850) 922-5269.

**STATE OF FLORIDA - JOINT HAZARD MITIGATION GRANT PROGRAM &
FLOOD MITIGATION ASSISTANCE APPLICATION**

A. To Fill Out This Application: Complete All Sections That Correspond With The Type Of Proposed Project

General Application Sections:	pp. 2-11: <i>All Applicants must complete these sections</i>
Maintenance Agreement:	p. 12: <i>All applications involving public property, public ownership, or management of property</i>
Acquisition Worksheet:	pp.14-16: <i>Acquisition Projects only -- one worksheet per structure</i>
Elevation Worksheet:	pp.17-22: <i>Elevation Projects only -- one worksheet per structure</i>
Drainage Worksheet:	p. 23: <i>Drainage Projects only (complete one application per project)</i>
Wind Retrofit Worksheet:	pp. 24-26: <i>Wind Retrofit Projects (HMGP only) one worksheet per structure</i>
Shelter Retrofit Worksheet:	pp. 27-28: <i>Shelter Retrofit Projects (HMGP only) one worksheet per structure</i>
Attachment A:	FEMA Form 90-49 (Request for Public Assistance): <i>All Applicants must complete, if applicable.</i>
Attachment B:	HMGP/FMA Application Completeness Checklist: <i>All applicants are recommended to complete this checklist</i>

B. Applicant Information

FEMA-_____-DR-FL Disaster name _____ *Ex. FEMA-1300-DR-FL; Hurricane Floyd*

Title / Brief Descriptive Project Summary _____

1. Applicant (Organization) _____
2. Applicant Type
 State or Local Government Recognized Native American Tribe Private Non-Profit
3. County _____
4. State Legislative District(s) _____ Congressional District(s) _____
5. Federal Tax I.D. Number _____
6. FIPS Code* _____ (*if your FIPS code is not known, please fill out FEMA Form 90-49 (Attachment A) so that the Department may obtain a FIPS code for you)
7. National Flood Insurance Program (NFIP) Community Identification Number (this number can be obtained from the FIRM map for your area) _____
8. NFIP Community Rating System Class Number _____
9. Attach proof of current Flood Insurance Policy (FMA only). Flood Insurance Policy Number _____

10. Point of Contact

Mr. Mrs. Ms. First Name _____ Last Name _____
 Title _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Telephone _____ Fax _____
 Email Address (if available) _____

11. Application Prepared by: Mr. Mrs. Ms. First Name _____ Last _____
 Title _____ Telephone _____ Fax _____

12. Duly Authorized Representative (proof of authorization authority to sign contracts required)

Mr. Mrs. Ms. First Name _____ Last Name _____
 Title _____ Telephone _____ Fax _____
 Street Address _____
 City _____ State _____ Zip Code _____

Signature _____ Date _____

**Please note: The above line item number (12) must be signed by an individual with legal signing authority for the respective local government or county (e.g., the Chairperson, Board of County Commissioners or the Mayor, etc.)*

13. All proposed projects should be included in the county's Local Mitigation Strategy (LMS), please attach a letter of endorsement for the project from the county's Local Mitigation Strategy Coordinator.

Section I. History of Hazards / Damages in the Area to be Protected

A. Overview of Past Damages (to the community)

Describe *all* past damages from hazardous events in the *project area* (include name of storm, if applicable), including direct and indirect costs. **Damages must be project specific.** Include Presidentially declared disasters as well as events that did not result in a Presidential declaration. Attach any supporting documents. Direct costs should include damages to structures and infrastructure in the project area as a result of the hazard. Indirect costs should include the cost to the local government to respond to victims of the hazard in the project area, any interruption to local businesses, and losses of public services (3 examples are provided for your reference).

<i><u>Date</u></i>	<i><u>Frequency of Event</u></i>	<i><u>Damages (\$)</u></i>	<i><u>Indirect costs (describe)</u></i>
Ex. 1 - 4/7/89	Spring floods of 1989 (10 year event)	Total of \$95,000 in damages to 16 homes	\$7,600 for evacuations; \$22,000 for comfort station for flood victims
Ex. 2 - 10/5/95	Hurricane Opal (Est. 12-year event)	Lift station flooded; \$7,200 in pump and control damage	Sewage backup in 14 houses; clean-up costs \$2,000/house; Total \$28,000
Ex. 3 - 3/21/98	El Nino event (10-year storm)	Gaines Road closed to traffic due to flooding - \$18,500 damage to culvert and roadway	Road closed for 20 days; 1200 one-way vehicle trips per day; Delay/detour time 10 minutes

Section II. Project Description

A. Hazards to be Mitigated / Level of Protection

1. Select the type of hazards the proposed project will mitigate:
 Flood Wind Storm surge Other (list) _____
2. Identify the type of proposed project:
 Elevation and retrofitting of residential or non-residential structure
 Acquisition and relocation Acquisition and demolition
 Wind retrofit Minor drainage project that reduces localized flooding
 Other (please explain) _____
3. List the total number of persons that will be protected by the proposed project: _____
4. 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 (1%) flood)
_____ structures protected against the _____ -year Flood (10, 25, 50, 100, or 500 year)
_____ structures protected against _____ mile per hour (mph) winds
5. *Engineered projects only* (e.g. Drainage Improvements), include (attach to this page) **ALL** engineering calculations and design plans used to determine the above level of protection.
6. Project will provide protection against the hazard(s) above for _____ years (i.e., what is the useful life of the project)

B. Project Description, Scope of Work, and Protection Provided

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. Attach a vendor's estimate and/or a contractor's bid for the scope of work. ***Please ensure that each proposed project is mitigation and not maintenance.***

Description of the existing problem-

Describe the type(s) of protection that the proposed project will give-

Scope of Work (describe in detail, what you are planning to do)-

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

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

A. Site

1. Describe the physical location of this project, including street numbers (or neighborhoods) and zip codes; and if available, please provide precise longitude and latitude coordinates for the site utilizing a hand-held global positioning system (GPS) unit or the equivalent.
2. Describe the existing and proposed development in the project area.
3. Is the project site seaward of the Coastal Construction Control Line (CCCL)? YES NO
4. Provide the number of each structure type (listed below) in the project area that will be affected by the project. That is, *all* structures in project area.

_____ residential property	_____ businesses / commercial property
_____ public buildings	_____ schools / hospitals / houses of worship
_____ other	

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

<input type="checkbox"/> Attach a copy of the FIRM map, a copy of the panel information from the FIRM, and, if available, the Floodway Map. 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. 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: http://www.fema.gov/home/MSCHardcopy.htm	
CLEARLY MARK THE PROJECT SITE AND STRUCTURES ON THE MAP	
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)	
<input type="checkbox"/> VE or V 1-30	<input type="checkbox"/> AE or A 1-30
<input type="checkbox"/> AO or AH	<input type="checkbox"/> A (no base flood elevation given)
<input type="checkbox"/> B or X (shaded)	<input type="checkbox"/> C or X (unshaded)
<input type="checkbox"/> Floodway	
<input type="checkbox"/> Coastal Barrier Resource Act (COBRA) Zone (Federal regulations strictly limit Federal funding for projects in this Zone; please coordinate with your state agency before submitting an application for a COBRA Zone project).	
<input type="checkbox"/> If the FIRM Map for your area is not published, please attach a copy of the Flood Hazard Boundary Map (FHBM) for your area, with the project site and structures clearly marked on the map.	

C. City or County Map 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 all types of projects.
- For **acquisition** or **elevation** projects, include copy of Parcel Map (Tax Map, Property Identification Map, etc.) showing each property to be acquired. The map should include the Tax ID numbers for each parcel, if possible.
- Attach photographs (2 copies each) for each project site. The photographs should be representative of the project area, including any relevant streams, creeks, rivers, etc. and drainage areas, which affect the project site or will be affected by the project. *This is in addition to the information that is required for the various worksheets.*

Section IV. Estimated Budget/Costs

In this section, provide details of all the estimated costs of the project. As this information is used for the Benefit-Cost Analysis, reasonable cost estimates are essential. Since project administrative costs are calculated on a sliding scale, *do not* include them in the budget. *Also, do not* include contingency costs in the budget. *Please attach copies of vendor estimates.*

A. Materials

<u>Item</u>	<u>Dimension</u>	<u>Quantity</u>	<u>Cost per Unit</u>	<u>Cost</u>
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B. Labor (Include equipment costs -- please indicate all "soft" or in-kind matches)

<u>Description</u>	<u>Hours</u>	<u>Rate</u>	<u>Cost</u>
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C. Fees Paid Include any other costs associated with the project.

<u>Description of Task</u>	<u>Hours</u>	<u>Rate</u>	<u>Cost</u>
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Total Estimated Project Cost \$ _____

Section V. Alternative Actions (Environmental Review)

The National Environmental Policy Act (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.

2. Other Feasible Alternative

Discuss a feasible alternative to the proposed project. This could be an entirely different mitigation method or a significant modification to the design of the current proposed project. Complete *all* of parts below and include engineering details (if applicable).

a. Project Description & Scope of Work for the Alternative

Describe, in detail, the alternative project. Also, explain how the alternative project will solve the problem(s) and/or provide protection from the hazard(s).

Description of the existing problem-

Describe the type(s) of protection that the alternate project will give-

Scope of Work (describe in detail, what you are planning to do)-

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

b. Project Location of the Alternative (describe briefly)

- Attach a map or diagram showing the alternative site in relation to the proposed project site
- Photographs (2 copies) of alternative site

Section VI. 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).
Please attach copies of vendor estimates.

A. Materials

<u>Item</u>	<u>Dimension</u>	<u>Quantity</u>	<u>Cost per Unit</u>	<u>Cost</u>
-------------	------------------	-----------------	----------------------	-------------

B. Labor (Include equipment costs -- please indicate all "soft" or in-kind matches)

<u>Description</u>	<u>Hours</u>	<u>Rate</u>	<u>Cost</u>
--------------------	--------------	-------------	-------------

C. Fees Paid Include any other costs associated with the project.

<u>Description of Task</u>	<u>Hours</u>	<u>Rate</u>	<u>Cost</u>
----------------------------	--------------	-------------	-------------

Total Estimated Project Cost \$ _____

Section VII. Environmental Review

(NOTE: This application cannot be processed if the information/document(s) requested below is incomplete.)

Because the HMGP/FMA are federally funded programs, all projects are required to undergo an environmental 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.**

National Environmental Policy Act (NEPA) Documents:

All projects must have adequate NEPA documentation that enables the FEMA Regional Environmental Officer to determine if the proposed project complies with NEPA and associated statutes. The FEMA Mitigation Division Environmental Specialists provide comprehensive NEPA technical assistance for States and 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, please provide the applicable documentation from this section to facilitate the NEPA compliance process.

If your project fits into one of the descriptions listed below, please include the following required NEPA documentation:

1. Development of mitigation plans;
2. Inspection and monitoring activities;
3. Studies involving only staff time and funding;
4. Training activities using existing facilities;

Detailed project description, scope of work, and budget/costs (Section II (p. 4) and Section V (p. 7))

For all other projects, attach/include the following NEPA documents/information:

Detailed project description, scope of work, and budget/costs (Section II (p. 4) and Section V (p. 7) of this application)

Project area/structure photographs (Section III, part C of this application (p. 5)).

Project alternatives description and impacts (Section IV of the application (p. 6)).

A letter from the State Historic Preservation Officer (SHPO) regarding cultural resources (archeological and historic) in the project area (**NOTE: Please inform the SHPO if a structure to be altered is over 50 years old.**)

Provide any applicable information or documentation referenced on the "Information and Documentation Needs by Project Type" chart (page 11 of this application).

HMGPF/FMA ENVIRONMENTAL REVIEW
Information and Documentation Needs by Project Type

<i>Information and Documentation</i>													
Project Types	Proj. Area Maps	Facility /Project Area Photos	Bldg. Constr. Dates	Eng. Plans	Concurrence from FL Dept. of Env. Protection (DEP)	Concurrence from Water Management District	Concurrence from U.S. Fish & Wildlife Service (USFWS)	Concurrence from U.S. Army Corps of Engineers (USACE)	Concurrence from U.S. Dept. of Agriculture (NRCS)	Concurrence from Natl. Marine Fish. Service (NMFS)	Concurrence from State Historic Preservation Officer (SHPO)	Public Notice	Comments
Retrofits to existing facilities	✓	✓	✓								✓		*
Elevation	✓	✓	✓	✓							✓		
Acquisitions with demolition	✓	✓	✓								✓	✓	
Drainage Improvements	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	* ** *** **** *****
New Construction	✓	✓		✓							✓		** *** **** ***** Concurrence from agencies and need for public notice depends on type of project

Key:
 * State Historic Preservation Officer (SHPO) concurrence only needed if structure is over 50 years old or if work is to be done outside the existing bldg. footprint; applicant or DCA can obtain
 ** Notice only needed for some of these projects
 *** Natural Resource Conservation Service (NRCS) concurrence only needed if project is outside city limits
 **** National Marine Fisheries Service (NMFS) concurrence only needed for coastal projects

Notes:
 1. DCA staff will forward all projects to the State Clearinghouse (SCH) for environmental consistency determinations with State laws. Most of the projects will undergo limited review. However, drainage improvement and new construction projects will be submitted to other state agencies, through SCH, for review including the Department of Environmental Protection, Water Management District, and Game and Fresh Water Fish Commission, Department of Transportation, etc.
 2. Above table applies to most projects (NEPA categorical exclusions). However, there will be exceptions, especially when a NEPA environmental assessment or environmental impact statement must be completed.
 3. Consult with environmental staff on project types not listed on this table.

Section VIII. 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 their application to FEMA.

(NOTE: Those applicants whose project only involves the retrofitting, elevation, or other modification to private property where the ownership will remain private after project completion DO NOT have to complete this form.)

The _____ of _____, State of Florida, hereby agrees that
(City, Town, County)
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 Subgrantee's maintenance responsibilities following project award and to show the Subgrantee's acceptance of these responsibilities. It does not replace, supercede, 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 _____ the duly authorized representative
(printed or typed name of signing official)

(title)

this _____ (day) of _____ (month), _____ (year).

Signature* _____

****Please note: The above document must be signed by an individual with legal signing authority for the respective local government or county (e.g., the Chairperson, Board of County Commissioners or the Mayor, etc.) or duly authorized representative.***

Please fill out the following worksheets that relate to the type(s) of project that you are submitting

A. Prepare a separate worksheet for **each individual property to be acquired**. Please note: Participation in an acquisition project *must be voluntary* on the part of the property owner.

Include three or more color photographs (2 copies of each photo) showing a front view, a side view, and a back view of each structure to be acquired. Attach photographs to the worksheet for that property

B. Site Information:

1. Owner's name _____
Social Security Number _____ (needed for duplication of benefits (DOB) determination)

National Flood Insurance Policy Number: _____

Spouse's name (if applicable) _____
Spouse's Social Security Number _____ (needed for duplication of benefits (DOB) determination)

2. Street Address (including city, state and zip code) or Physical/Legal Location:

3. If the structure is located in a Special Flood Hazard Area (SFHA) and was substantially damaged (i.e., greater than 50%) **you must obtain a Substantial Damage Certificate** signed by the Local Building Official (preferably using FEMA's Residential Substantial Damage Estimator (RSDE) software).

Please Note: The data for numbers 4, 5, and 6 of this part and all of Section D are **not required if the structure is located in the SFHA and a Substantial Damage Certificate is attached.**

4. Base Flood Elevation of Property: _____

5. Lowest (Finished) Floor Elevation of Principal Structure: _____

6. Depth of water in the structure _____ inches for _____ day(s) and level of event causing flooding _____ year flood.
(10, 25, 50, 100, 500)

C. Structure Information

1. Attach a copy of the local government Tax Assessor's record for the subject property; and, if available, a tax map.

2. Building Type: (check one)
 1-story w/o basement 2-story w/o basement Split-level w/o basement Split level with basement
 1-story with basement 2-story with basement Mobile Home Other _____

3. Building Use: (check all that apply)
 Primary Residence Rental Property Secondary Residence Commercial Property
 Public Building House of Worship Multi-Family Other _____

4. Construction Type:
 Wood Frame Concrete Block Brick Other _____

5. Date of Construction for the structure: (if structure is older than 50 years, attach letter from State Historic Preservation Officer)

6. Total Square Footage of Principal Structure (*heated and cooled areas only*): _____

7. Estimated Cost to Replace Principal Structure (if known): \$ _____ / square foot.

E. Acquisition Cost worksheet - Please fill out a separate Acquisition Cost Worksheet for each property to be acquired (If your project involves the acquisition of several properties, you may wish to develop a single spreadsheet that lists each property. The spreadsheet should contain all of the information fields in the Acquisition Cost Worksheet below).

Project Cost Information	Costs
Owner's full name:	NA
Spouse's full name (if applicable):	NA
Mailing address:	NA
City, State, ZIP:	NA
Property address:	NA
Tax Parcel Identification number:	NA
Year built:	NA
Square footage of the building (heated and cooled areas only):	NA
Pre-Disaster Fair Market Value** (<i>Identify Source</i> _____)	\$
Estimated Cost of Demolition	\$
Estimated Appraisal Costs	\$
Property Survey Costs	\$
Closing Costs (usually handled by a title company)	\$
Relocation Assistance	\$
Other	\$
Total Cost to Acquire Property	\$

****Please note:** The community may determine the pre-disaster fair market value by using either the local tax assessed value (plus a percentage to approximate market value) or a State Certified Property Appraiser's estimate. In either case, the market value must be based on pre-disaster conditions. Also, if a local tax assessed value is used, a letter from the Local Property Appraiser must accompany the application.

NOTE: Recommended elevation is at least two feet above the Base Flood Elevation. Please provide damage history for the structure under consideration only. Also, an *entire* HMGP/FMA application must be completed for each structure to be elevated.

- Include three or more color photographs (2 copies of each) showing a front view, a side view, and a back view of the structure to be elevated. Attach photographs to the property worksheet.**

A. Site Information:

1. Owner's name _____

Social Security Number _____ (needed for duplication of benefits (DOB) determination)

National Flood Insurance Policy Number: _____

Spouse's name (if applicable) _____

Spouse's Social Security Number _____ (needed for duplication of benefits (DOB) determination)

2. Street Address (including city, state and zip code) or Physical/Legal Location:

Required information for elevation projects located in a V-zone or numbered A-zone:

1. What is the elevation of the lowest livable floor of the building? _____ (A copy of the surveyor or engineer's *Elevation Certificate* for the building *is required*)
2. What is the Base Flood Elevation (BFE) at the building site? _____
3. What is the local code requirement regarding elevation? _____ (e.g., BFE + 1.0', etc. provide a copy of the applicable local code language/section)

B. Structure Information:

1. Building Type: (check one)

- 1-story w/o basement 2-story w/o basement Split-level w/o basement Split-level with basement
- 1-story with basement 2-story with basement Mobile Home Other _____

2. Building Use (check all that apply)

- Primary Residence Rental Property Secondary Residence Commercial Property
- Public Building House of Worship Multi-Family Other _____

3. Construction Type: Wood Frame Concrete Block Other _____

4. Foundation Type
 Slab on Grade Crawl Space Block Foundation Other _____

5. Date of original Construction for the structure (if structure is older than 50 years, attach letter from State Historic Preservation Officer): _____

6. Date of modification/upgrade to the structure (if applicable) _____

7. What is the pre-disaster value of the building? _____ (Provide a copy of Tax Assessor's record, or certified appraisal)

8. What is the total value of the contents of the building? _____ (If uncertain, a value of 30% of the building value may be used)

9. What was the depth of flooding in the building? _____ inches

10. How long was the building flooded? _____ days

11. Provide the level of the flooding event. _____ (e.g., 10-year event, 25-year flood, etc.)

12. Elevation Information:

Total Square Footage of Principal Structure (*heated and cooled areas only*): _____

Lowest (Finished) Floor Elevation of Principal Structure (above sea level): _____

Proposed Elevation Height (above sea level): _____ Feet _____ Inches

Proposed Foundation Type for Elevated Structure: Columns Pilings Other _____

From the FEMA **Flood Insurance Study (FIS)**, which includes the project site, fill out the appropriate table below:

***Please note:** FIS's can be ordered from the Map Service Center at 1-800-358-9616. For more information about FIS's, contact your local agencies or visit the FIS site on the FEMA Web-page at <http://www.fema.gov/MSK/fis.htm>

If located in a Riverine Flood Zone (numbered A-zone or AE zone) fill in the following table:

Flood Frequency	Peak Discharge (CFS)	Flood Depth
10-year		
50-year		
100-year		
500-year		

If located in a Coastal Flood Zone (V-zone or A-zone subject to storm surge) fill in the following table:

Flood Frequency	Flood Depth
10-year	
50-year	
100-year	
500-year	

D. Elevation Cost Information

Use the Elevation Cost Worksheet below to develop a detailed cost estimate, which must include *all* project costs. Any project costs that do not clearly fall under the specified categories should be submitted to the Department for review and determination of funding eligibility under the HMGP and the FMA program.

Elevation Cost Worksheet

Description Estimate costs for all applicable items	Explanation of costs (e.g., 12 items @ \$40 each)	Total Costs
Permitting/Recording/Legal Fees		
Demolition Permit		\$
Building Permit(s)		\$
Plumbing, Electrical, Mechanical Permits		\$
Recording Fees		\$
Legal Fees		\$
Planning and Design		
Surveying and Site Layout		\$
Elevation Certificate(s)		\$
Engineering Design for Elevated Structure		\$
Site Preparation		
Structural Demolition		\$
Lot Clearing		\$
Debris Removal and Disposal		\$
Excavation/Fill for Grading		\$
Retrofitting/Elevation of an Existing Structure		
Concrete & Block Work; Masonry Work		\$
Drilling & Installation of Piers, Columns, or Piles		\$
Beams and Columns		\$
Embedment and Sealant		\$
Foundation Walls		\$
Structural Steel Work		\$
Bracing and Anchoring		\$
Lifting/Jacking/Elevating		\$
Backfilling		\$
Detachment and Reattachment (of elements affixed to structure)		\$
	Subtotal for Page	\$

Elevation Cost Information (Continued)

	Sub-Total from previous page	\$
Description Estimate costs for all applicable items	Explanation of costs (e.g., 12 items @ \$40 each)	Total Costs
New Construction		
Sub-flooring		\$
Wall and Roof Framing and Shell Construction		\$
Exterior Doors and Windows, Insulation		\$
Hurricane Clips/Ties		\$
Porches/Decks (if pre-existing)		\$
Stairs and Railings		\$
Plumbing Rough-in (for supply and drain, waste and vent)		\$
Electrical Rough-in (main circuit panel, junction boxes and outlets)		\$
Installation of ductwork for, ventilation, and air conditioning		\$
Final Clean-up		\$
Systems Extensions (for elevated buildings only, not for new construction)		
Electrical Service		\$
Plumbing/Water Service		\$
Sewer/Septic System		\$
HVAC and Ductwork; Elevating Mechanical Equipment		\$
Additional Insulation		\$
Roof and Foundation Drainage Systems		\$
Soil Stabilization/Retaining Walls		\$
Landscape Replacement/restoration (for landscaping disturbed by construction)		
Evaluated on a case-by-case basis		\$
Displacement Costs		
Moving Costs		\$
Temporary Storage Costs		\$
Temporary Living Facilities Costs		\$
Other Eligible Costs (list additional costs to be determined by the Department for eligibility under the HMGP/FMA programs)		
Other(s) _____		\$
	Total Eligible Project Costs	\$

A. Site Plan (required)

- A **site plan**, with alignment drawings, that includes the location, plan view and cross-section of cuts, fills and structures *is required*. Include the type, and measurements of all pipes, culverts, ditches, swales and detention/retention basins and ponds.

Send the following engineering calculations as appropriate:

- Calculations used to determine the sizes of any culverts in the project area (drainage area, amount of flow, slope of culvert, invert elevations).
- Calculations used to determine the sizes of any ditches and swales in the project area (drainage area, amount of flow, slope and depth of the ditch).
- Calculations used to determine the size of any detention/retention basins and ponds (drainage area, amount of flow, stage-storage, and stage-discharge curves).

B. Environmental Impacts (please attach the following, as appropriate)

Both upstream and downstream impacts need to be considered and discussed in the NEPA documents and coordination letters.

- Letter from State Historic Preservation Office addressing impacts on cultural resources.
- Letter from the Army Corps of Engineers indicating whether a permit is required for the project.
- Letter from the State Water Management District indicating whether a permit is required for the project.
- Letter from the Department of Environmental Protection indicating whether a permit is required for the project.
- Letter from the US Fish and Wildlife Service addressing impacts to wildlife.
- If project is in coastal area, attach a letter from the National Marine Fisheries Service addressing impacts to marine resources.
- If the project is located outside the city limits, attach a letter from the Natural Resources Conservation Service addressing impacts to prime and unique farmlands.

C. Letter of Map Revision (LOMR)

A Letter of Map Revision (LOMR) may be needed for this project. Any changes to the Flood Insurance Rate Maps (FIRM) need to be reflected on the flood maps, which is accomplished through the LOMR process. The construction of this project may lower the 100-year flood elevation and thus, possibly lower the flood insurance rates for structures in the project area. If the LOMR process is applicable to the proposed project, please contact the Department for assistance at **(850) 922-5269**.

D. Project Scheduling

Note below (or attach to this page) any special circumstances regarding project scheduling.

Please fill out this worksheet completely. A separate worksheet is required for each structure to be wind retrofitted.

- Attach photographs (two copies) of each side of the building to be retrofitted.
- Provide evidence that the shutter system complies with the Dade County Specifications. *The best evidence of this is a certificate issued by the Dade County Building Department stating that the proposed shutter products have been tested, approved, and comply with the Dade County Specifications. Non-certified shutters or products cannot be used.*

A. Project Information

(1) Building Name	
(2) Address	
(3) City, State and Zip	
(4) Owner/Applicant	
(5) Contact Person	
(6) Disaster Number	
(7) Project Number	N/A
(8) Application Date	
(9) Analyst	N/A

B. Building Data

(1) Select Building Type	<input type="checkbox"/> Non-Engineered Wood - Wood buildings do not receive specific engineering attention. Examples include single and multi-family residences, some one- or two- story apartment units, and some small commercial buildings.
	<input type="checkbox"/> Non-Engineered Masonry - These masonry buildings do not receive specific engineering attention. Examples include single and multi-family residences, some one- or two- story apartment units, and some small commercial buildings.
	<input type="checkbox"/> Manufactured Building - These buildings are typically light metal structures or manufactured housing units (e.g., mobile homes). Manufactured buildings are produced in large numbers of identical or similar units.
	<input type="checkbox"/> Lightly Engineered - These buildings may combine masonry with steel framing, open-web steel joists, wood framing, and wood rafters. Some parts of the building receive engineering attention while others do not. Examples include motels, commercial, and light industrial buildings.
	<input type="checkbox"/> Fully Engineered - Usually these buildings are designed for a specific site and thus receive specific, individualized design attention from professional architects and engineers. Examples include high-rise office and hotel buildings, hospitals, and most public buildings.
	<input type="checkbox"/> Other - These buildings do not fit into any of the descriptions listed above.
(2) Building Site (Miles Inland)	
(3) Number of Stories Above	
(4) Construction Date	
(5) Historic Building Controls	
(6) Disaster Number	

Wind Retrofit Worksheet (Continued) - (HMGP only)

C. Building Size and Use	
(1) Total Floor Area (SF)	
(2) Area Occupied by Owner or Public/Non-Profit Agencies (SF)	
D. Building Value	
(1) Building Replacement Value	
(2) Demolition Threshold	N/A
E. Building Contents	
(1) Contents Description	
(2) Total Value of Contents	
F. Displacement Costs Due to Wind	
(1) Rental Cost of Temporary Building Space (\$/sf/month)	
(2) Other Displacement Costs (\$/month)	
G. Value of Public Non-Profit Service	
(1) Description of Services Provided	
(2) Annual Budget of Public Non-Profit Agencies	
(3) Post Disaster Continuity Premium (\$/day)	
H. Rent and Business Income	
(1) Total Monthly Rent from all Tenants (\$/month)	
(2) Estimated Net Income of Commercial Businesses (\$/month)	

Wind Retrofit Worksheet (Continued) - (HMGP only)

I. Mitigation Project Data	
(1) Project Description	
(2) Project Useful Life (Years)	
(3) Mitigation Project Costs	
(4) Base Year of Costs	
(5) Annual Maintenance Costs (\$/year)	

J. Temporary Relocation Costs	
(1) Relocation Time Due to Project (months)	
(2) Rental Cost During Occupant Relocation (\$/month)	
(3) Other Relocation Costs (\$/month)	

Wind Retrofit Worksheet (Continued) - (HMGP only)

Shelter Retrofit Projects Only

Benefit Cost Data Collection Form

A. Project Information

Complete

- Is a separate worksheet attached for each structure? ___ yes ___ no
- Are photographs of all elements of the building to be retrofitted attached? ___ yes ___ no
- Is there an Engineer's certification for level of protection proposed attached? ___ yes ___ no
- Are a completed LRDM Table and Survey Checklist attached? ___ yes ___ no

B. Building Data

Select Building Type (Before Mitigation)

- Lightly Engineered ___
- Fully Engineered ___
- Building Site (Miles Inland) _____
- Number of Stories above Grade _____
- Construction Date _____
- Historic Building Controls _____
- Disaster Number _____

C. Building Size and Use

Describe the normal day-to-day function of the facility: _____

Total floor area _____ (sf)

Area occupied by owner or Public/Non-profit Agencies _____ (sf)

For the following, enter the square feet for the applicable	Building Existing (SF)	Area to be used Proposed (SF)
Critical Facility		
Host Shelter		
Hurricane Evacuation Shelter (HES)		
Primary Host Shelter		
Recovery Shelter		
Refuge		
Risk Shelter		
Secondary Host Shelter		
Other (attach explanation)		

Shelter Retrofit Projects Only

Benefit Cost Data Collection Form (Continued)

D. Building Value

Building Replacement Value: _____

E. Building Contents

Contents description: _____

Total Value of Contents: _____

F. Value of Public Non-Profit Service

	Existing	Proposed
Description of Services Provided		
Number of Persons Served by Facility or Capacity		
Average Cost to Operate Facility (\$/day)		
Post-Disaster Continuity Premium (\$/day)		

G. Mitigation Project Data

Project Description: _____

Project Useful Life (Years): _____

Mitigation Project Costs: _____

Base Year of Costs: _____

Annual Maintenance Costs (\$/year): _____

Notes and Additional Information: _____

