



HLMP Application Form FY 2025-2026

THIS SECTION IS FOR STATE USE ONLY

Eligible Applicant

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

Project Type(s)

- Wind
- Flood
- Other:

This application is for all Hurricane Loss Mitigation Program (HLMP) proposals. Complete ALL sections and provide the documents requested. If you require technical assistance, contact the Florida Division of Emergency Management at HLMP@em.myflorida.com.

Section I – Applicant

A. Applicant Information

Title of Project:

1. Applicant (Organization):

2. Applicant Type: State or Local Government Native American Tribe Private Non-Profit
 Special District

3. County: _____

4. Federal Tax I.D. Number: _____

5. **Point of Contact: (Application staff serving as the coordinator of project)**

Ms. Mr. First Name: _____ Last Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Organization: _____

6. **Application Prepared by:**

Ms. Mr. First Name: _____ Last Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Organization: _____

7. **Authorized Agent: (proof of authorization authority required)**

Ms. Mr. First Name: _____ Last Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Organization: _____



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Section II – Project Description

A. Hazards to be Mitigation/Level of Protection

1. Select the type of hazards the proposed project will mitigate:
 Flood Wind Other: _____
2. Identify the type of proposed project:
 Wind Retrofit
 Acquisition and Demolition (*Non-Residential Only*)
 Drainage project that reduces localized flooding
 Other (explain) _____
3. List the total number of persons that will be protected by the proposed project (*include immediate population affected by the project only*):

4. For retrofit applications only: 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% change))
_____ structure(s) protected against the _____ - year storm event (10, 25-, 50-, 100-, or 500-year storm event)
_____ structure(s) protected against _____ mile per hour (mph) winds

B. Project Cost

1. Estimated HLMP Cost-Share (Required) _____
2. Estimated Local Cost-Share (If Applicable) _____
3. Estimated Total Project Cost (Required) _____
4. Local Cost-Share Funding Source (If Applicable) _____

C. 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. 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 or repairs.**

1. Describe the existing problems:

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



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

4. Describe any other ongoing or proposed projects in the area that may impact, positively or negatively, the proposed HLMP project:

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

A. Project Specific Information

1. **Location/Community:** (Geographical Location or Address)

2. **Type of Retrofit Work:** (check boxes, may select multiple options)
 Wind Retrofit Flood Mitigation Acquisition and Demolition Tree Trimming
 Other: _____
3. **Construction Type of Building:** (Primary building material of the structure)
 Concrete Masonry Wood
 Other: _____
4. **Building Size:** (Square Footage) _____
If residential wind mitigation, can leave blank. For non-residential, please report the total building size.
5. **Number of Stories:** (Above Ground) _____
6. **Pre-Existing Opening Protection:** (If applicable, needs to be verified)

7. **Additional Work Completed Outside of HLMP Project:** Yes No
If yes, please explain briefly.

B. Loss of Service/Risk Factors

1. **Fire Station** Yes N/A
The population of the community that is served by the Fire Station: _____
Does the Fire Station Provide EMS services? Yes No
What is the next closest fire station with and without EMS services?



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Building Replacement Value: _____

Standard Operating Costs: _____

Value of Building Contents: _____

2. **Medical Facility** Yes N/A

Type of Facility: _____

The population of the community that is served by the Facility: _____

What is the next closes facility for similar needs? _____

How many people can be served at the next nearest facility for a similar service? _____

Building Replacement Value: _____

Standard Operating Costs: _____

Value of Building Contents: _____

3. **Police Station** Yes N/A

The population of community that is served by the Police Station: (*1 station for the community, number of stations in the community, regions of community, etc.*) _____

How many individuals work or report to the Police Station? _____

Building Replacement Value: _____

Standard Operating Costs: _____

Value of Building Contents: _____

4. **Other Non-Residential Building** (*Government, Community, Historical, etc.*) Yes N/A

Specify Facility Name: _____

What is the general purpose of the facility? _____

Building Replacement Value: _____

Standard Operating Costs: _____

Value of Building Contents: _____

5. **Residential** Yes N/A

Selected area/population applications will be made available for residential wind mitigation projects.

Specific risk factors for the population: _____

Is the community coastal-facing or urban? _____



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C. Additional Information

A full Wind Retrofit project would include upgrades to the roof and all openings (windows and doors). If the proposed Wind Retrofit project does not include upgrades to all components, provide a description and sufficient documentation proving existing components are compliant with the Florida Building Code and/or local regulations.

Please attach photographs for each project site per application. The photographs should be representative of the project area.

Photos Attached

Section IV – Project Timeline

A. Project Milestones/Schedule of Work

List the major milestones in this project by providing an estimated timeline for the critical activities not to exceed a period of one year (12-months) of performance. *(e.g. Contracting, Designing, Engineering, Permitting, Inspections, closeout, etc.)*

<i>Milestone(s)</i>	<i>Number of Months to Complete</i>
Total Months (max 12 months)	