FEDERAL EMERGENCY MANAGEMENT AGENCY SPECIAL CONSIDERATIONS QUESTIONS							
1,	APPLICANT	Γ'S NAME			2.	FIPS NUMBER	3. DATE
4.	PROJECT N	NAME			5.	LOCATION	
Form must be filled out—for each project.							
1.	Does the damaged facility or item of work have insurance and/or is it an insurable risk? (e.g., buildings, equipment, vehicles, etc.)						
	☐ Yes	☐ No	☐ Unsure	Comments			
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2.	Is the dama	ged facility lo	cated within a floodplain	or coastal high hazard area,	or does it have an impa	act on a floodplain or w	etland?
	☐ Yes	☐ No	☐ Unsure	Comments			
3,	Is the dama	ged facility or	item of work located wit	hin or adjacent to a Coastal E	Barrier Resource Syste	m Unit or an Otherwise	Protected Area?
	☐ Yes	☐ No	☐ Unsure	Comments			
4.	Will the prop	oosed facility	repairs/reconstruction ch	nange the pre-disaster condition	on? (e.g., footprint, ma	aterial, location, capacit	y, use or function)
	☐ Yes	☐ No	☐ Unsure	Comments			
5.	Does the ap	plicant have	a hazard mitigation prop	osal or would the applicant lik	e technical assistance	for a hazard mitigation	proposal?
	☐ Yes	☐ No	☐ Unsure	Comments			
6.	6. Is the damaged facility on the National Register of Historic Places or the state historic listing? Is it older than 50 years? An near the site?						there more, similar buildings
	☐ Yes	□ No	☐ Unsure	Comments			
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7.	Are there ar	ny pristine or i	undisturbed areas on, or	near, the project site? Are the	nere large tracts of fore	stland?	
	☐ Yes	□No	Unsure	Comments	3		
8.	Are there ar	ny hazardous	materials at or adjacent	to the damaged facility and/o	r item of work?		
	☐ Yes	□No	☐ Unsure	Comments			
9.	Are there ar	ny other enviro	onmentally or controvers	sial issues associated with the	e damaged facility and/	or item of work?	
Ī .	☐ Yes		☐ Unsure	Comments	. July and		