

# Advance Assistance: Application

*\*The following information is intended for guidance only and is not a request for information. The following template is only intended to help the reader understand FEMA Hazard Mitigation Grant Program (HMGP) application process.*

## A. Applicant/Subapplicant Information

1. Applicant/Subapplicant Legal Name: \_\_\_\_\_

2. Organizational Unit: \_\_\_\_\_

3. Project Title: \_\_\_\_\_

4. Applicant/Subapplicant Type: ☐ Local Government ☐ State Government  
☐ Private Nonprofit ☐ Other: \_\_\_\_\_  
(attach copy of Form 501c3)  
☐ Territory/Commonwealth  
☐ Federally Recognized Tribal Government

5. Proposed Project Total Cost: \$ \_\_\_\_\_

Federal Share (\_\_\_\_\_%): \$ \_\_\_\_\_ Local Share (\_\_\_\_\_%): \$ \_\_\_\_\_

### 6. Certifications

The undersigned assures fulfillment of all requirements of the Hazard Mitigation Grant Program, as contained in the program guidelines, and affirms that all information contained herein is true and correct to the best of my knowledge. The governing body of the applicant duly authorized the document, and hereby applies for the assistance documented in this application. The applicant recognizes that the project may proceed ONLY AFTER FEMA APPROVAL is granted.

\_\_\_\_\_  
Typed Name of Authorized  
Representative/Applicant Agent

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Authorized Representative/Applicant Agent

\_\_\_\_\_  
Date Signed



# FEMA

**7. Does your community or Tribe have a current FEMA approved hazard mitigation plan?**

☐ Yes ☐ No

Title of the Plan: \_\_\_\_\_ Adoption date: \_\_\_\_\_

Location of proposed project in mitigation plan strategies: Page \_\_\_\_ Section \_\_\_\_

Does the project align with the State/Territorial/Tribal Hazard Mitigation Plan?

☐ Yes Page \_\_\_\_ Section \_\_\_\_

**8. Does the community participate in the National Flood Insurance Program?** ☐ Yes ☐ No

**9. Tax ID Number:** \_\_\_\_\_ **FIPS Code (5 digits):** \_\_\_\_\_

**Community ID Number (6 digits):** \_\_\_\_\_ **DUNS Number (9 characters):** \_\_\_\_\_

**10. U.S. Congressional District:** \_\_\_\_\_

**11. State Legislative District:** \_\_\_\_\_

**12. Primary Point of Contact**

If the project is awarded, person responsible for coordinating the implementation of this grant throughout the application process.

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address Line 1:** \_\_\_\_\_

**Address Line 2:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Office Phone:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**13. Alternate Point of Contact**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address Line 1:** \_\_\_\_\_

**Address Line 2:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Office Phone:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

#### 14. Authorized Applicant/Subapplicant Agent

**MUST** be the chief executive officer, mayor, or person of comparable status who is authorized to sign contracts, authorize funding allocations or payments, etc.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## B. Project Narrative and Scope of Work

1. The \_\_\_\_\_ (name and jurisdiction) requests Advance Assistance for DR-\_\_\_\_\_ pursuant to Section 1104 of the Sandy Recovery Improvement Act of 2013 to accelerate implementation of HMGP. The subapplicant will use Advance Assistance to develop mitigation strategies and obtain data to prioritize, select and develop a future complete HMGP application in a timely manner, as described in the Scope of Work below.

2. Describe the project in detail.

Describe

**3. Describe the need for the project, the existing conditions and the hazard(s) that needs to be addressed.**

Describe.

**4. List the proposed activities, deliverables and estimated cost.**

Item	Activity	Deliverable(s)	Estimated Cost	
1			\$	
2			\$	
3			\$	
4			\$	
5			\$	
6			\$	
7			\$	
8			\$	
13			\$	
14			\$	
Total Estimated Cost			\$	100%
Federal Share			\$	%
Nonfederal Share			\$	%

**C. Estimated Work Schedule**

The following is a schedule of proposed milestones by quarter for all major activities by which the subapplicant proposes to monitor progress for Advance Assistance.

Task/Activity	Start Month	End Month	Timeline
Total timeline (must not exceed 36 months):			

## D. Budget Estimating

### 1. Costing Methodology

The method(s) used to estimate project costs is (provide backup documentation for method(s) used):

- ☐ Estimates obtained from contractors/consultants and similar vendors
- ☐ Historical data from previous projects/activities with an inflation factor, as needed
- ☐ RS Means, Marshall & Swift or other national cost estimating service
- ☐ Other, please explain.

Enter explanations, as needed.

### 2. Cost Estimate

The Applicant/Subapplicant must ensure that all project costs are reasonable and necessary for the activity according to 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

The costs included in this project are listed, as applicable, and detailed in the justification box as follows: The subapplicant may request that FEMA obligate Advance Assistance funds incrementally, based on when the subapplicant needs the funds. Please list the obligation schedule by activity.

Activity	Unit Type & Quantity	Initial Amount Requested	Second Amount Requested	Third Amount Requested	Total Requested
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
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		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

### 3. Budget Narrative

Provide a budget narrative with explanations, justifications, and line-item details of the project costs noted in the table above. Attach an additional sheet, if necessary.

Define cost line items, provide information of how they were estimated, and disclose any assumptions to justify the values used.

## E. Nonfederal Funding Share (25% of Total Project Costs)

List all sources and amounts used in the nonfederal share, including all in-kind services. In-kind services may not exceed the 25% nonfederal share. Attach letters of funding commitment for each source.

Source	Name of Source Agency	Type of Funding	Amount	Commitment Letter Attached
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

## F. Required Documentation Attached

- ☐ Jurisdiction Details Form
- ☐ Detailed budget with narrative
- ☐ Fund commitment letter(s) that list(s) the sources and amounts used in the nonfederal share requirement, including all in-kind services.
- ☐ Completed and signed assurances (FEMA Form 112-0-3C or 20-16c (Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements), and SF-LLL (Disclosure of Lobbying Programs) if applicable)
  - FEMA Form 112-0-3C will also be accepted in place of 20-16c.
- ☐ SF-424 (Application for Federal Assistance) (optional for subapplications in HMGP)
- ☐ Completed SF-424a (Non-Construction Programs) (optional for subapplications in HMGP)
- ☐ Designated Authorized Agent Documentation, designating the Chief Executive Officer or Mayor to be able to sign contracts, authorize funding allocations or payments, etc., and signed by the ruling body of the applicant

Other comments, information, or explanation:

Enter explanations, justifications, and other details, as needed.