**HAZARD MITIGATION GRANT PROGRAM**

**PLANNING GRANT SUBAPPLICATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date: | Date | | | | | |
|  | | | | | | |
| Subapplicant: | State/Local/Tribal Government or Private Non-Profit | | | | | |
|  | | | | | | |
| CAGE Code: | CAGE Code | Active SAM Registration? | | | | Yes  No |
|  | | | | | | |
| DUNS Number: | DUNS Number | | FIPS Code: | | County FIPS Code | |
|  | | | | | | |
| Primary Contact: | First Name, Last Name | | | | | |
|  | | | | | | |
| Title: | Title | | | | | |
|  | | | | | | |
| Address: | Address Line 1  Address Line 2  City, State, ZIP Code | | | | | |
|  | | |  |  | | |
| Office Phone: | Office Phone with Area Code | | Cell: | Cell Phone with Area Code | | |
|  | | | | | | |
| Email Address: | Email Address | | | | | |
|  | | | | | | |
| Secondary Contact: | First Name, Last Name | | | | | |
|  | | | | | | |
| Address (*if different from above*): | Address Line 1  Address Line 2  City, State, ZIP Code | | | | | |
|  | | | | | | |
| Office Phone: | Office Phone with Area Code | | Cell: | Cell Phone with Area Code | | |
|  | | | | | | |
| Email Address: | Email Address | | | | | |
|  | | | | | | |
| I certify, to the best of my knowledge and belief, that the information in this subapplication and supporting documentation is true and correct, and that it has been duly authorized by the governing body of the subapplicant. It is also understood that no billable work will begin until the subapplication is approved and a subrecipient agreement is executed with the applicant (Wisconsin Emergency Management). | | | | | | |
| Signature: |  | | | | | |
|  | | | | | | |
| Name: | First Name, Last Name | | | | | |
|  | | | | | | |
| Title: | Title | | | | | |
|  | | | | | | |
| Date: | Date | | | | | |

**All questions must be answered completely and accurately. If necessary, attach additional pages that reference the question number.**

1. **Cost Estimate and Budget**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Plan: | | Choose an item. | | |
|  | | | | |
| HMGP Funds Requested | | | | $Total Planning Funds |
|  | |  | | |
| Federal (75%): | | | $Federal Share (max. 75%) |
| State (12.5%): | | | $State Share (max. 12.5%) |
| Match (12.5%): | | | $Match Amount (min. 12.5%) **Attach match commitment letter.** |
| Other: | | | $Other Funding Sources |
|  | | | Identify Source |
|  | | | | |
| Estimated Budget | | | | |
|  | | | | |
| Salaries: | | $Amount | |
| Fringe Benefits: | | $Amount | |
|  | | Describe: who, activity, number of hours, hourly salary rate, hourly benefits rate, list of benefits included, etc. | |
|  | | | |
| Contractual: | | $Amount **Attach cost estimate.** | |
|  | | | |
| Supplies: | | $Amount | |
|  | | Describe. | |
|  | | | |
| Printing/Postage: | | $Amount | |
|  | | Describe: number of items printed and/or mailed, cost per item. | |
|  | | | |
| Equipment: | | $Amount | |
|  | | Describe. | |
|  | | | |
| Travel: | | $Amount | |
|  | | Describe: number of trips, miles per trip, documented mileage rate. | |
|  | | | |
| Public Meetings: | | $Amount | |
|  | | Describe: number of meetings, room rental fee; food/beverage ineligible. | |
|  | | | |
| In-Kind: | | $Amount | |
|  | | Number of local officials, hours, hourly rate; unless otherwise documented use volunteer rate of $22.48 per hour. | |
|  | | | |
| Other: | | $Amount | |
|  | | Describe. | |

1. **Participating Jurisdictions and Populations**

|  |
| --- |
| Counties, tribes, cities, villages, universities, colleges, and private nonprofits; include recent population estimates for each county, tribe, city, and village. **Attach area map.** |

1. **Local Hazards and Damages**

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| --- |
| 3.A. Briefly describe the hazards that impact the planning area: |
| Hazards |
|  |
| 3.B. Briefly describe damages incurred from listed hazards. Factor in damage to public and private property and infrastructure; threats to public health and safety; and government response costs (fire, police, public works, social services, etc.). |
| Damages |

1. **Scope of Work**

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| 4.A. Describe the basic planning process that will be used. |
| Planning Process |
|  |
| 4.B. Identify other planning initiatives in the community (e.g. flood mitigation, stormwater, capital improvement, smart growth, and comprehensive planning) and how they relate to and/or support all-hazards mitigation planning. |
| Community Planning Initiatives |
|  |
| 4.C. Describe the strategy for including the public in plan formation and review: outreach methods, targeted audience, geographic representation, and estimated number of meetings (at least two – one before finalizing the draft plan, one after finalizing but before plan adoption). |
| Public Participation |
|  |
| 4.D. Describe how the planning process will benefit the community. |
| Expected Benefits |

1. **Work Schedule and Estimated Completion Dates**

|  |  |
| --- | --- |
| **Task** | **Timeframe (e.g. Months 2-4)** |
| Develop Planning Team | Enter Timeframe |
| Hold Kickoff Meeting | Enter Timeframe |
| Develop Community Profiles | Enter Timeframe |
| Identify and Describe Hazards | Enter Timeframe |
| Complete Risk/Vulnerability Assessment | Enter Timeframe |
| Develop Goals and/or Objectives | Enter Timeframe |
| Develop Mitigation Actions | Enter Timeframe |
| Develop Plan Maintenance Process | Enter Timeframe |
| Public Participation/Meetings | Enter Timeframe |
| Submit Draft Plan to State | Enter Timeframe |
| Revise Plan Based on State Review | Enter Timeframe |
| Submit Draft Plan to FEMA | Enter Timeframe |
| Formal Adoption | Enter Timeframe |
| Enter Description | Enter Timeframe |
| Enter Description | Enter Timeframe |
| Enter Description | Enter Timeframe |

1. **Additional Comments and Information**

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| --- |
| Enter Comments |