



<b>Project Number</b>

**South Dakota Office of Emergency Management  
118 W. Capitol Ave  
Pierre, SD 57501  
605-773-3231**

**APPLICATION FOR HAZARD MITIGATION GRANT**

This application is for a Hazard Mitigation Grant under the provisions of the Stafford Act (Public Law 93-288, as amended). The following information is furnished in support of this application.

*Note to preparer: Any additional sheets required for responses and attachments should be placed **with the part in which they are referenced**. If subsequent references are made to the same material, a reference to that section is sufficient.*

<b>PROJECT INFORMATION</b>	
Title:	
Date of Submission:	Type of Submission
FIPS Code	Declaration:
Preparer:	

<b>APPLICANT INFORMATION</b>	
Name:	
Type	<input type="checkbox"/> County <input type="checkbox"/> Indian Tribe <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Special
District	<input type="checkbox"/> Other

<b>APPLICANT INFORMATION</b>		
<b>CONTACT PERSON</b>		
Name		
Title		
Address		
City	ST	Zip
Phone	Fax	
Email address:		
<b>ALTERNATE CONTACT PERSON</b>		
Name		
Title		
Address		
City	ST	Zip
Phone	Fax	
Email address:		
<b>APPLICANT'S AGENT</b>		
Name		
Title		
Address		
City	ST	Zip
Phone	Fax	
Email address:		
Attach a copy of the document appointing the Applicant's Agent as empowered to act on behalf of the applicant with regards to this grant application and project.		

**PROJECT DESCRIPTION**

Type  Acquisition  Relocation  Elevation  Flood protection  
 Storm Shelter  Power Line Burial  
 Other \_\_\_\_\_

If your project is either an Acquisition, Relocation or Elevation, is this property your primary residence:  Yes  No

Project Description:

Useful life of project (years), if different from the FEMA Standard Value, please attach justification:

Location: (Please provide a Latitude/Longitude in decimal format.)

Do you wish to phase this project?  Yes  No If Yes,  
Phase 1: Engineering and Design – need a BCA >1:1, Budget and Timeline  
Phase 2: Construction – need updated BCA, Budget and Timeline

Indicate maps attached  USGS 1:100,000  USGS 1:24,000  FIRM  
 County  City  Plat  
 Other \_\_\_\_\_

## PROJECT DESCRIPTION

How does this project reduces hazard's effects and solves the problem:

Number of people  
protected by project

Value of property  
protected by project

Describe any future or planned projects that may impact the proposed project area:

## DAMAGE OVERVIEW

Describe damage caused by this disaster

## DAMAGE OVERVIEW

Has the building of new structures or other development changed the potential for future damage?

Did FEMA/State Public Assistance staff write a project worksheet (PW) for any portion of this project or project area?     Yes     No

If yes, provide the PW number(s)

Describe damage caused by previous events

Year, Month	Description	Severity	Damage (\$)	Hzd Frequency

<b>COST ESTIMATE</b>	
<b>Projected Expenditures</b>	
<i>**If phased, you will need two project expenditures</i>	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Other (explain) DO NOT INCLUDE CONTINGENCY	\$
	\$
	\$
	\$
<b>TOTAL</b>	<b>\$</b>

<b>Sources of Funds</b>	
<b>Federal sources</b>	
FEMA	\$
Other federal sources	\$
State sources	\$
<b>Local sources</b>	
City	\$
County	\$
Special district	\$
Private sources (In-kind)	\$
Other	\$
<b>TOTAL</b>	<b>\$</b>

**PROJECT SCHEDULE**

***\*\*If phased, you will need to submit two schedules***

**Milestones**

Activity / Action	Time (months, weeks, days)

How were starting and completion dates determined?

Are you considering progress payments, if so, and then your design will need identify milestones?  Yes  No

**Maintenance**

Type	Provider	Date or Interval	Cost

**POTENTIAL FUTURE LOSSES**

Describe potential disaster impacts if not mitigated

Asset / Service Description	Value	Description of Loss ( i.e. critical function, displacement, emergency access)

**COST EFFECTIVENESS**

Describe estimated quantifiable benefits:

What is the expected life of the project?	Years
Project Benefits	\$
Project Costs	\$
<i>Federal Grant Share (75%)</i>	\$
<i>Applicant Grant Share (25%)</i>	\$
Benefit- Cost Ratio (Must be greater than 1:1)	

Did you use FEMA's BCA Model?     Yes     No

- **Attach a copy of the completed BCA to the application.**

## MITIGATION ALTERNATIVES

Alternative	Consequences
1. Do Nothing	
2.	
3. Proposed Alternative	

*Note: Alternative 2 should be a solution that would be acceptable if the proposed project could not be realized.*

Why does the proposed project seem to be the best solution?

## MITIGATION ALTERNATIVES

Describe how the proposed project was selected?

**PROJECT COMPLIANCE ASSURANCES**

**Building Code**

Does the government jurisdiction where the project will be located currently enforce the 1991 (or later) edition of the Uniform Building Code, including seismic chapters?  
 Yes  No

If NO, give date when the current edition (1997) will be adopted and attach evidence of intent to adopt and enforce it.

**Land Use and Zoning**

Will the project meet all land-use and zoning codes and standards for the local jurisdiction?  
 Yes  No

**National Flood Insurance Program**

Is the government jurisdiction where the project will be located participating in the NFIP?  
 Yes  No Date: \_\_\_\_\_

- If NO, give date when the program will be adopted and attach evidence of intent to adopt and enforce an appropriate floodplain ordinance.

If YES, are they in good standing?  Yes  No

- If not in good standing, attach an explanation

Is this project located in a floodplain or floodway designated on a FEMA Flood Insurance Rate Map (FIRM)?

Yes  No

If YES, provide

FIRM Panel Number

FIRM Zone Designation

NFIP Community ID Number

**Public Notification**

Have there been any public notices or public meetings about this project and the problems it seeks to solve?  
 Yes  No

**PROJECT COMPLIANCE ASSURANCES**

Local Hazard Mitigation Plan

Does the local government where the project will be located have a FEMA approved all-hazards mitigation plan that identifies natural hazards and lists specific plans that reduce the impact of the hazards on life and property?

Yes  No If Yes, what is the expiration date?

Is the proposed project identified in your plan?

Yes  No

**SIGNATURE OF AUTHORIZED AGENT:**

The undersigned does hereby submit this application for financial assistance in accordance with the Federal Emergency Management Agency's Hazard Mitigation Grant Program and the State Hazard Mitigation Administrative Plan and certifies that the applicant (i.e., organization, city, or county) will fulfill all requirements of the program as contained in the program guidelines and that all information contained herein is true and correct to the best of our knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

**WHEN COMPLETED, THIS APPLICATION ALONG WITH A DETAILED SCOPE OF WORK AND BENEFIT COST ANALYSIS SHOULD BE RETURNED TO:**

South Dakota Office of Emergency Management  
State Hazard Mitigation Officer  
118 W. Capitol Ave  
Pierre, SD 57501  
605-773-3231

RESOLUTION  
APPOINTMENT OF APPLICANT AGENT  
For the  
Hazard Mitigation Grant Program (HMGP)

WHEREAS, the \_\_\_\_\_ (Applicant) is submitting a Hazard Mitigation Grant project to the Federal Emergency Management Agency and the State of South Dakota; and

WHEREAS, the \_\_\_\_\_ (Applicant) is required to appoint an Applicant Agent for the purpose of signing documents and assuring the completion of all application documents;

NOW THEREFORE BE IT RESOLVED that the \_\_\_\_\_ (Applicant) appoints \_\_\_\_\_ as the authorized Applicant Agent. Dated this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_.

Appointing Authority

Name: \_\_\_\_\_

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

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

Appointed Agent

Name: \_\_\_\_\_

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

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

---

Jim Poppen  
SD Office of Emergency Management  
118 West Capital Ave  
Pierre SD 57501

Dear Mr. Poppen:

As part of the Hazard Mitigation Grant process, a local funding match is required. This letter serves as \_\_\_\_\_ commitment to meet the matching fund requirements for the \_\_\_\_\_ project. The local matching fund requirement will be made by \_\_\_\_\_ commitment of up to \$\_\_\_\_\_ for the PDM plan update.

The in-kind match source will be volunteer time and travel of local officials to attend planning meetings. All volunteers will sign in for each meeting and indicate their wage or use the state volunteer wage of \$\_\_\_\_\_ per hour.

Sincerely,

---

---

## **SOUTH DAKOTA HMGP CONTACTS**

### **Regulatory Section 404, Section 10/ Wetland Delineation and Impacts**

Steve Naylor, Program Manager  
Pierre Regulatory Office-USACE  
28563 Powerhouse Road, Room 118  
Pierre, SD 57501  
Phone: 605-224-8531  
Fax: 605-224-5945

### **U, S Fish and Wildlife Service - T&E Species**

Scott Larson, Field Supervisor  
420 S. Garfield Avenue, Suite #400  
Pierre, SD 57501  
Phone: 605-224-8693  
Fax: 605-224-9974

### **State Historical Preservation Office**

Jay D. Vogt, SHPO  
900 Governors Drive  
Pierre, SD 57501  
Phone: 605-773-3458  
Fax: 605-773-6041

### **Natural Resources Conservation Service**

Jeffrey Zimprich, State Conservationist  
200 Fourth Street, S.W., Room 203  
Huron SD 57350  
Phone: 605-352-1200

### **South Dakota Game, Fish, and Parks -T&E Species**

Wildlife Division  
523 East Capitol Avenue  
Pierre, SD 57501  
Phone: 605-773-3387

### **South Dakota Department of Environment and Natural Resources**

PMB 2020  
Joe Foss Building  
523 East Capitol Avenue  
Pierre, SD 57501

- **Ground Water Quality Program:**  
Spills Reporting/Contaminated Soils  
Phone: 605-773-3296
- **Surface Water Quality Program:** Sec-  
tion 404 & 401 certification/NPDES Per-  
mits  
Phone: 605-773-3351
- **Drinking Water Program:**  
Mark Mayer, Administrator  
Phone: 605-773-3754  
Fax: 605-773-5286
- **Waste Management Program:** Solid  
Waste/Hazardous Waste/Asbestos  
Vonni Kallemeyn, Administrator  
Phone: 605-773-3153  
  
—*Asbestos Removal/Disposal*  
Chad Babcock, Asbestos Coordinator  
Phone: 605-773-3153
- **Air Quality Program:**  
Ambient air quality permits  
Phone: 605-773-3151