



Project Number

South Dakota Office of Emergency Management
221 S. Central 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.*

PROJECT INFORMATION	
Title:	
Date of Submission:	Type of Submission
DUNS Number	Declaration:
Preparer:	

APPLICANT INFORMATION	
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

APPLICANT INFORMATION		
CONTACT PERSON		
Name		
Title		
Address		
City	ST	Zip
Phone	Fax	
Email address:		
ALTERNATE CONTACT PERSON		
Name		
Title		
Address		
City	ST	Zip
Phone	Fax	
Email address:		
APPLICANT'S AGENT		
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

COST ESTIMATE	
Projected Expenditures	
<i>**If phased, you will need two project expenditures</i>	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Other (explain) CONTINGENCY EXPENSE MAY BE UP TO 5% OF TOTAL PROJECT COSTS	\$
	\$
	\$
	\$
TOTAL	\$

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

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
221 S. Central 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

SD Office of Emergency Management
Attn: State Hazard Mitigation Officer
221 S. Central Ave.
Pierre SD 57501

Dear _____ :

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 \$_____.

If applicable, 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 _____ an hour.

Sincerely,

SOUTH DAKOTA HMGP CONTACTS



DANR

South Dakota Department of Agriculture and Natural Resources

523 East Capitol Ave, Pierre, SD 57501-3182
605-773-5559

◆ Inspection, Compliance, Remediation Program

Spills Reporting/Contaminated Soils

Kim McIntosh, Administrator
605-773-3296

◆ Surface Water Program

404 & 401 Certification/ NPDES Permits

Kelli Buscher, Administrator
605-773-3351

◆ Drinking Water Program

Mark Mayer, Administrator
605-773-3754

◆ Waste Management Program

Solid Waste/Hazardous Waste/Asbestos

Jim Wendt, Administrator
605-773-3153

- Asbestos Removal/Disposal

Tony Wagner, Asbestos Coordinator
605-773-3153

◆ Air Quality Program

Air Quality Permits

Kyrik Rombough, Administrator
605-773-3151

South Dakota Game Fish and Parks— T&E Species

Tom Kirschenmann, Wildlife Division

523 East Capitol Ave
Pierre, SD 57501

P: 605-773-3387

F: 605-773-6245



USACE

Regulatory Section 404, Section 10/ Wetland Delineation and Impacts

Steve Naylor, Program Manager

28563 Powerhouse Road, Room 118
Pierre, SD 57501

P: 605-224-8531

F: 605-224-5945



FWS

U.S. Fish and Wildlife Service—T&E Species

Amethy Bath, Administrator

420 S. Garfield Avenue, Suite #400
Pierre, SD 57501

P: 605-224-8693

F: 605-224-9974



SHPO

State Historical Preservation Office

Ben Jones, SHPO

900 Governors Drive
Pierre, SD 57501

P: 605-773-3458

F: 605-773-6041



NRCS

Natural Resource Conservation Service

Jackie Byam, Interim State Conservationist

200 Fourth Street S.W, Room #203
Huron, SD 57350

P: 605-352-1200



GF&P