Generator: 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 (attach copy of Form 501c3)
   - ☐ Other: _____
   - ☐ 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*

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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/Tribal/Territorial 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: _____

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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 _____ proposes to install ____ generator(s) at the following locations. Describe existing conditions of the facility/facilities and indicate whether the project will be replacing or augmenting the current generator. Generators that are being used to replace existing units are required to show an increased level of protection, such as higher power rating or capacity, incorporating passive/automatic transfer, increasing fuel storage capacity, and extending anticipated emergency power duration.

Enter locations for requested generators and where the generator will be located at the facility. Describe the critical services at each facility.

2. Describe the risks being mitigated. Explain how the project will mitigate the identified risk(s).

Provide detailed description of the risks being mitigated, including hurricane damage history in the project area, if available. Describe need for wind mitigation and how the project will protect inhabitants and reduce/eliminate the risk of future damage.

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3. Provide a detailed scope of work. Include information about the size of the generator, fuel type, and supporting infrastructure. The scope of work should include key milestones and coincide with the design information. Provide the design criteria that the project will comply to, including relevant building code(s) and standard(s). Describe access to the site, staging areas, vehicles and equipment that would be used, and any activities that would require ground disturbance. Be sure to include all of the elements requested in the instructions.

Describe sizing of the generator, fuel supply, and fuel storage capacity. How is long-term fuel source ensured? How will it be maintained?

4. Define the level of protection the mitigation will provide. Also address protection from all relevant natural hazards (flood, wind, snow, earthquake, wildfire, etc.).

Define the level of protection and rationale. If loss of power is due to hurricanes, th generator should also be protected from high winds or flooding.

C. Alternatives Considered

Include details for one No Action Alternative and consequences of at least one Alternative Action. Include a description of why the selected project was chosen.

No Action Alternative and resulting consequences, and why this alternative was not selected.

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Alternative Action considered but not selected, and why.

Additional Alternative Actions, if applicable.

Explain why the selected project was the best alternative.

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D. Generator Description

Fill out the Generator Description spreadsheet and attach to application.

E. Environmental Planning and Historic Preservation Considerations

1. Has the public been notified or provided input? If so, provide dates and methods of outreach. If not, describe any planned public engagement activities in the project.

Explain

2. Describe any agency coordination and permits obtained for the project. Provide copies of these, if applicable.

Explain. If not applicable, write N/A.

3. Describe any studies that have been conducted for the project. Provide copies of these, if applicable.

Explain. If not applicable, write N/A.

4. Describe the project activities in the floodplain, if applicable.

Explain. If not applicable, write N/A.

SAMPLE

5. Describe any surface waters in or near the project area (ponds, lakes, rivers, streams, wetlands, other waterbodies). Describe any measure that would be used to avoid waterbodies or avoid impacting water (setbacks, silt fence).

Explain. If not applicable, write N/A.

6. Describe any known hazardous or contaminated materials at the project site including underground storage tanks. Describe how underground tanks (e.g., fuel, septic) would be removed or decommissioned in place. If the project requires the use of hazardous materials (including herbicides), describe their use and best management practices to minimize environmental exposure.

Explain. If not applicable, write N/A.

7. Does your project involve the use of imported fill? ☐ Yes ☐ No

If yes, describe the type and source of the fill material.

Explain. If not applicable, write N/A.

8. If the project would remove vegetation for any reason, describe the type and amount or area of vegetation (e.g., two oak trees, one-quarter acre of turf grass). Describe how vegetation would be removed, if applicable (e.g., root ball removal, flush cut, dug up, chemical weed killer). If using herbicides, describe best management practices for their use. Estimate during which season(s) or months vegetation removal would occur. Will the

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project replant or restore vegetation when construction is complete? Describe the plants that would be installed and the equipment and methods to be used. Would any special techniques be used to ensure survival of the plants/seeds (e.g., mulch, irrigation, protective fencing)?

Explain. If not applicable, write N/A.

9. List any best management practices that would be used during project construction.

Explain.

F. Estimated Work Schedule

Enter the estimated duration for each listed activity. Although the activities listed may not be necessarily sequential, the total grant timeline cannot exceed 36 months.

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

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G. 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

☐ Public Works personnel or other qualified staff from local jurisdictions provided estimates based on experience or field associate experience

☐ 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 grant 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.

Activity/Item	Unit Quantity	Unit Measure	Cost Per Unit	Activity Cost
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$

SAMPLE

Activity/Item	Unit Quantity	Unit Measure	Cost Per Unit	Activity Cost
				$
				$
				$
				$
				$
				$
				$
Total Project Cost				$
Federal Share (_____%)				$
Nonfederal Share (_____%)				$

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.

H. 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
			$	☐ Yes ☐ No
			$	☐ Yes ☐ No
			$	☐ Yes ☐ No

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I. Cost-Effectiveness

1. The Cost-Effectiveness methodology used for this project is:

☐ **Benefit-Cost Analysis Software:** Cost-effectiveness for this project has been calculated using the FEMA-approved benefit-cost analysis (BCA) software. The Benefit-Cost Ratio has been determined to be _____. An export of the BCA tool is included with this application as required documentation.

☐ No BCA (if submitted in HMGP under the 5% Initiative)

2. An export of the BCA tool and pdf of the BCA is to be included with this application as required documentation. It is recommended that the application includes a BCA narrative describing the methodology, assumptions, and justifications for all inputs to the subapplication documentation. Provide a brief explanation of the BCA methodology below and list the documents attached to this application that are provided in support of the application:

Describe the BCA methodology and list the documents attached to the application that supports the BCA.

J. Required Documentation Attached

☐ Photos of site(s).

☐ Site layout figure

☐ Specification sheet for type of generator

☐ Documentation to support generator sizing (engineer, generator manufacturer, electrical utility, etc.). See **Step 2** of the **Technical Job Aid**, including critical functions versus powering the entire building.

☐ FIRMette with project location(s) clearly marked

☐ Consultation letters (may be required—contact applicant agency)

☐ **State Historic Preservation Office Consultation**

State Historic Preservation Office response needed if:
(1) structure is or will be 45 years or older at the time of FEMA application review
(2) new ground is being disturbed
(3) project is located in a Historic District.

This applies to all properties including alternates.

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☐ BCA runs/.zip file, if applicable

☐ 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)

☐ SF-424d (Construction Programs) (if required by the Grantee; contact applicant agency)

☐ SF-424c (Budget Information for Construction Programs) (if required by the Grantee; contact applicant agency)

☐ Detailed budget with budget narrative

☐ 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 (this could include a delegation of authority from one person to another, local policies, meeting minutes, etc.)

Other comments, information, or explanation:

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

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Site Number	Building/Facility Name	Building/Facility Description	Facility Type	Date of Construction	Address (number, street, city, state, zip)	Latitude (decimal format to 6 places)	Longitude (decimal format to 6 places)	Type of Generator	Generator Phase	Voltage (V)	Horsepower (HP)	Capacity (KW)	Transfer Switch	Type of Fuel	Physical Location	Pad	Other Features	Ground Disturbance Dimensions	Special Location Conditions	Comments

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