

State of Vermont
Hazard Mitigation Grant Program
Project Application

FEMA- DR-

VT

Date Submitted:

Part 1:

Applicant Information

Applicant Name:
(Eligible Applicant i.e. local government, state agency, non-profit)

County:

Project Title:

Name of Local Hazard Mitigation Plan:
(Regional, County or Town)

Date of FEMA approval of Local Plan:

Is Project Listed in Local Mitigation Plan?

Primary Contact Information

Name:

Title:

Organization:

Mailing Address:

Work Phone Number:

Alternate Phone Number:

Fax Number

Email:

Secondary Contact Information

Name:

Title:

Organization:

Mailing Address:

Work Phone Number:

Alternate Phone Number:

Fax Number

Email:

Fiscal Agent Contact Information

Name:

Title:

Organization:

Mailing Address:

Work Phone Number:

Alternate Phone Number:

Fax Number

Email:

Federal Tax ID #

DUNS #

Expiration Date

VT Business Account #

FISCAL YEAR START:

END:

Part 2:

Problem Description

Problem Statement:
(What's Happening?)

Location of Project:		Latitude:		Longitude:		(in decimals)
Required Maps (With Project Location Clearly Marked): (Attach)	<input type="checkbox"/>	Local General Highway Map				
	<input type="checkbox"/>	Flood Insurance Rate Map with panel number				
	<input type="checkbox"/>	Topographic Map				
Identify adjacent roads:						
Identify adjacent bodies of water:						
Statement of Damages						
Date	Event	Description of Direct Damages	Description of Indirect Damages	Cost of Damage		
					Total Damage	\$0.00
Part 3:		Project Objective				
Project Objective						
Part 4:		Analysis of Alternative Solutions				
Alternative Solutions						
Alternative Solution	Brief Title		Description of Alternative			
1						
2						
3	No Action		No Action			
	<input type="checkbox"/> Yes	Did any of the alternatives have significant impacts or limitations?				

Supporting Documentation: <i>(Attach)</i>	<input type="checkbox"/>	If Yes, provide additional information concerning these impacts Is the information attached?
	<input type="checkbox"/>	Hydrology/ hydraulics reports, if applicable
	<input type="checkbox"/>	Supporting documentation for alternatives

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Preferred Alternative

Chosen Alternative:	
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Justification:	
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Part 5:	Project Description (for the Preferred Alternative)
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Project Description	
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Expected Life of Project	
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Supporting Documentation: <i>(Attach)</i>	<input type="checkbox"/>	Digital Photos
	<input type="checkbox"/>	Engineering Studies
	<input type="checkbox"/>	Site Diagrams

Project Costs for Preferred Alternative
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Item	Unit Qty.	Unit Measurement	Unit Cost	Cost
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
			Total Project Cost Estimate	\$0.00

Summary of Project Costs

A		Total Project Costs				
B		FEMA Share (75% of Line A)		\$0.00		
C		Local Share (25% of Line A) The sum of lines 1-3 must equal Line C		\$0.00		\$0.00
		1. Cash				
		2. In-Kind Service				
		3. Other				

Identify source of local non-federal match:

Part 6: Benefit/Cost Analysis (for the Preferred Alternative)

Total Project Costs = Summary of Project Costs (Line A)	Total Project Cost	\$0.00
Future Maintenance (i.e. mowing, culvert maintenance, etc.)	Future Maintenance costs for life of project	
Total Cost = Project Cost + Future Maintenance	Total Cost	\$0.00
Benefit/Cost Ratio = Anticipated Loss or Benefit /Total Cost	Benefit/Cost Ratio (from BCA)	

Only those projects with a benefit-cost ratio (BCR) of 1.0 or greater will be considered. Please attach a detailed benefit cost analysis (BCA). Planning applications do not require a BCA.

Part 7: Scope of Work (for the Preferred Alternative)

Task Description	Weeks to Complete		
	Award +		Weeks
	Award +		Weeks
	Award +		Weeks
	Award +		Weeks
	Award +		Weeks
	Award +		Weeks
	Award +		Weeks
	Award +		Weeks
Total Time Planned for Completion of Project	Award +	0	Total Weeks

Part 8: Technical Confirmation

Supporting Has the hydrology/hydraulics/structural design of this project been endorsed by the local Vtrans District Engineer, ANR Stream Alteration Engineer, consulting engineer or

Documentation: <i>(Attach)</i>	<input type="checkbox"/>	other technical expert?
	<input type="checkbox"/>	Letter(s) of Support



Part 9:	Authorized Signature
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I certify that I am the authorized agent for the applicant and have responsibility for the development and completion of this application and all the information contained herein is true and accurate.

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<i>Authorized Agent's Signature / Title</i>	<i>Date</i>
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Please submit a copy of the application in both hard copy (color preferred) and a scanned version in Adobe PDF to:

 Ray Doherty, State Hazard Mitigation Officer
 Vermont Division of Emergency Management & Homeland Security
 103 South Main Street
 Waterbury, VT 05671
ray.doherty@state.vt.us