



STAFF REPORT

Report To: Board of Supervisors

Meeting Date: August 17, 2017

Staff Contact: Darren Schulz, Public Works Director

Agenda Title: For Possible Action: To approve submittal of a grant application to the Nevada Division of Emergency Management for emergency generators for wells and booster pumps. (Stephanie Hicks, SHicks@carson.org)

Staff Summary: The Public Works Department is seeking approval from the Board of Supervisors to submit a grant application to the Nevada Division of Emergency Management (NDEM) for emergency generators and booster pumps which are needed critical infrastructure for the water system Citywide. The City's grant policy requires any grant application over \$50,000 be approved by the Board of Supervisors prior to a grant application submittal by City staff.

Agenda Action: Formal Action/Motion

Time Requested: 5 minutes

Proposed Motion

Move to approve submittal of a grant application to the Nevada Division of Emergency Management for emergency generators and booster pumps.

Board's Strategic Goal

Sustainable Infrastructure

Previous Action

Not applicable.

Background/Issues & Analysis

As a result of the January and February Presidential Disaster Declarations, Hazard Mitigation Grant Program (HMGP) funds are available to the State. Approximately \$4,000,000 in funding will be available to the State, with top priority to provide funding for hazard mitigation projects to the Counties affected by the two disasters. The Public Works Department is preparing to submit a grant application to NDEM for emergency generators and booster pumps which are critical infrastructure for the water system Citywide. The cost for the generators and booster pumps is anticipated to be \$989,000, which includes the infrastructure, civil design, electrical and construction costs. NDEM requires a 25% match. If the City is awarded the grant, the required grant match will come from the water capital account. If the Board approves this grant application submittal, City staff will begin working on this grant application immediately for submittal to NDEM by September 29, 2017. If successful, funds are expected in summer of 2018.

Applicable Statute, Code, Policy, Rule or Regulation

The City's grant policy requires any grant application over \$50,000 be approved by the Board of Supervisors prior to a grant application submittal by City staff.

Financial Information

Is there a fiscal impact? Yes No

If yes, account name/number: 520-3505-435.73-33

Is it currently budgeted? Yes No

Explanation of Fiscal Impact: If the grant application is approved, \$247,250 for the 25% local match will be required.

Alternatives

Direct staff not to apply for the NDEM grant.

Board Action Taken:

Motion: _____

1) _____

2) _____

Aye/Nay

(Vote Recorded By)

Hazard Mitigation Grant Program

HMGP PROJECT SUB-APPLICATION

PART I- ACTIVITY INFORMATION

THIS PAGE FOR STATE USE ONLY

STATE PROJECT APPLICATION FORM

DR NO.:

STATE:

PROJECT NO.: TBD

SECTION I – STATE INFORMATION

STATE RECIPIENT INFORMATION

RECIPIENT:

FIPS CODE:

CONTACT: NAME:

TITLE:

ORGANIZATION:

ADDRESS:

CITY:

STATE: ZIP CODE:

LONGITUDE:

LATITUDE:

TELEPHONE: Cell:

THIS FOR SUB-RECIPIENT

SECTION II – SUB-RECIPIENT INFORMATION

SUB-RECIPIENT INFORMATION

1. SUB-RECIPIENT: >
2. FIPS #: >
3. DUNS #: >
4. COUNTY: >
5. TYPE: GOVERNMENT SPECIAL DISTRICT PRIVATE NON-PROFIT
6. POLITICAL DISTRICT(S): CONGRESSIONAL
STATE ASSEMBLY
STATE LEGISLATIVE
7. CONTACT: NAME: Mr. / Ms. > First > Last >
TITLE: >
ORGANIZATION: >
ADDRESS: >
CITY: >
STATE: > ZIP CODE: >
TELEPHONE: >
E-MAIL ADDRESS: >
8. NFIP PARTICIPATION YES NO LAST CAV DATE:

9. ALTERNATE CONTACT:

NAME: Mr. / Ms. > First > Last >
TITLE: >
ORGANIZATION: >
ADDRESS: >
CITY: >
STATE: >
ZIP CODE: >
TELEPHONE: >
E-MAIL ADDRESS: >

10. LOCAL HAZARD MITIGATION PLAN (LHMP) requirement: a FEMA approved and local agency adopted Multihazard mitigation plan is required at the time of award:

These plans are also referenced as "LHMP" or Local Hazard Mitigation Plan:

LHMP's are either **Single Jurisdictional** or **Multi-Jurisdictional**

LOCAL **MULTI-JURISDICTIONAL** MULTHAZARD PLAN:

SUBMITTED to AZ State Forestry:

DATE APPROVED BY FEMA:

DATE ADOPTED BY LOCAL AGENCY:

LEAD AGENCY:

OR

LOCAL **SINGLE JURISDICTIONAL** MULTHAZARD MITIGATION PLAN:

SUBMITTED to AZ State Forestry:

DATE APPROVED BY FEMA:

DATE ADOPTED BY LOCAL AGENCY:

Name/Title of your PLAN:

Indicate where the proposed project is referenced in your plan.

CHAPTER:

PAGE:

SECTION:

SECTION III – PROJECT INFORMATION

11. PROJECT TITLE: >

12. PROJECT LOCATION:

Detailed location (include the legal description, latitude and longitude coordinates):
Refer to Instructions Section III, #12 on page #5 for detailed requirements.

>

13. MAPPING REQUIREMENTS:

Attach or enclose maps (USGS, City plat maps, aerial photos) photographs and diagrams that clearly depict the exact project location. Maps should be oriented with a north arrow. Refer to Instructions Section III, #13, on page #6.

>

14. DEED RESTRICTIONS THAT LIMIT FEDERAL FUNDING:

>

15. PUBLIC ASSISTANCE PROGRAM FUNDING:

>

16. PROJECT DESCRIPTION: REQUIRED

A. PROJECT TYPE: Double Click the selected box. At least one must be selected.

EQ-Structural

EQ-Non-structural

EQ Structural & Non-Structural

Flood-Elevation

Flood-Acquisition

Flood-Control

Fire-Vegetation Management

Fire-Resistant Bldg. Materials

Fire-Defensible Space

Drought

B. Describe the problem you are attempting to solve and the expected outcome.

(Either describe in 4,000 characters or less or attach/enclose separate MS-word document)

>

C. Describe recent events that influenced the selection of the project

(e.g. changes in the watershed, discovery of a new hazard, zoning requirements, inter-agency agreements). (Either describe in 4,000 characters or less or attach/enclose separate MS-word document)

>

D. Describe in detail how the project reduces hazard effects and risks:

(Either describe in 4,000 characters or less or attach/enclose separate MS-word document)

>

E. Describe the full Scope of Work (SOW) of the project in detail:

If any document is attached, state its exact title.

>

F. If the project involves ground disturbance, e.g., enlarging ditches or culverts, diversion ditches, detention basins, storm water improvements, etc., provide the following additional information:

- a. Attach/enclose studies and preliminary engineering, including any hydrological data.
- b. Attach/enclose original drawings or blueprints that show the footprint and elevations.

If any document is attached, state its exact title.

>

G. Describe any other projects or project components, whether or not funded by FEMA, which may be related to the proposed project, or are in or near the proposed project area. FEMA reviews all interrelated projects under NEPA regulations. Failure to disclose this information could jeopardize Federal funding. (Either describe in 4,000 characters or less or attach/enclose separate MS-word document)

>

17. HAZARD TYPE: Required (what hazard or hazards will this project protect against?)

Check all items that apply from the following list (more than one hazard can be checked)

- | | | | |
|-------------------------|--------------------------|-------------------------|--------------------------|
| BIOLOGICAL | <input type="checkbox"/> | CHEMICAL | <input type="checkbox"/> |
| CIVIL UNREST | <input type="checkbox"/> | COASTAL STORM | <input type="checkbox"/> |
| CROP LOSSES | <input type="checkbox"/> | DAM/LEVEE BREAK | <input type="checkbox"/> |
| DROUGHT | <input type="checkbox"/> | EARTHQUAKE | <input type="checkbox"/> |
| FIRE | <input type="checkbox"/> | FISHING LOSSES | <input type="checkbox"/> |
| FLOOD | <input type="checkbox"/> | FREEZING | <input type="checkbox"/> |
| HUMAN CAUSE | <input type="checkbox"/> | HURRICANE | <input type="checkbox"/> |
| LAND SUBSISTENCE | <input type="checkbox"/> | MUD/LANDSLIDE | <input type="checkbox"/> |
| NUCLEAR | <input type="checkbox"/> | SEVERE ICE STORM | <input type="checkbox"/> |
| SEVERE STORM(S) | <input type="checkbox"/> | SNOW | <input type="checkbox"/> |
| SPECIAL EVENTS | <input type="checkbox"/> | TERRORIST | <input type="checkbox"/> |
| TORNADO | <input type="checkbox"/> | TOXIC SUBSTANCES | <input type="checkbox"/> |
| VOLCANO | <input type="checkbox"/> | TSUNAMI | <input type="checkbox"/> |

OTHER (SPECIFY IN COMMENTS BELOW)

>

18. HAZARD AND RISK ANALYSIS:

1. History: Describe the hazards and risks to life, safety and improved property at least during the last 25 years in the project area. (Describe in 4,000 characters or less or Attach/enclose/enclose a WORD document):

>

2. Alternatives: Briefly describe alternatives to your proposed project.
(Recommend returning to this question after completing Part II - Environmental Questionnaire.)

>

3. Proposed Action: Briefly describe your proposed project and why it was selected from the alternatives.
(Recommend returning to this question after completing Part II - Environmental Questionnaire.)

>

19. COMMUNITY INFORMATION: Please refer to Instructions, Section III, #19 for an explanation of this item.

- A. Indicate if your community participates in any of the listed factors.
Select a column appropriate to your type of project: fire, flood, or earthquake.

FIRE	FLOOD	EQ
_____ CWPP/Fire Wise/Fire Safe	_____ CRS Plan	_____ Shakeout Drill Participation
_____ Current Activity	_____ Current Activity	_____ Current Activity
_____ Defensible Space	_____ Hydrology Study	_____ URM Participation

- B. Provide a narrative description for any of the factors you have selected from the above list.

>

SECTION IV - WORK SCHEDULE

Describe each of the major work elements and how long they will take to complete.

Some project application examples are: construction, architectural, design, engineering, inspection, testing, permits, project management, mobilization and de-mobilization.

- | | | | | |
|-----|---|---|----------------------------------|--------------------------------|
| 1. | Description: <input type="text"/> | Time Frame: <input type="text"/> | Start Date: <input type="text"/> | End Date: <input type="text"/> |
| 2. | Description: <input type="text"/> | Time Frame: <input type="text"/> | Start Date: <input type="text"/> | End Date: <input type="text"/> |
| 3. | Description: <input type="text"/> | Time Frame: <input type="text"/> | Start Date: <input type="text"/> | End Date: <input type="text"/> |
| 4. | Description: <input type="text"/> | Time Frame: <input type="text"/> | Start Date: <input type="text"/> | End Date: <input type="text"/> |
| 5. | Description: <input type="text"/> | Time Frame: <input type="text"/> | Start Date: <input type="text"/> | End Date: <input type="text"/> |
| 6. | Description: <input type="text"/> | Time Frame: <input type="text"/> | Start Date: <input type="text"/> | End Date: <input type="text"/> |
| 7. | Description: <input type="text"/> | Time Frame: <input type="text"/> | Start Date: <input type="text"/> | End Date: <input type="text"/> |
| 8. | Description: <input type="text"/> | Time Frame: <input type="text"/> | Start Date: <input type="text"/> | End Date: <input type="text"/> |
| 9. | Description: <input type="text"/> | Time Frame: <input type="text"/> | Start Date: <input type="text"/> | End Date: <input type="text"/> |
| 10. | Description: <input type="text"/> | Time Frame: <input type="text"/> | Start Date: <input type="text"/> | End Date: <input type="text"/> |
| 11. | Description: <input type="text"/> | Time Frame: <input type="text"/> | Start Date: <input type="text"/> | End Date: <input type="text"/> |
| 12. | Description: <input type="text"/> | Time Frame: <input type="text"/> | Start Date: <input type="text"/> | End Date: <input type="text"/> |
| 13. | Description: <input type="text" value="Project Close-out"/> | Time Frame: <input type="text" value="3 months"/> | | |

Some or many of the above elements may overlap.

State the total amount of time you anticipate for this project. Total project time must not exceed a 36-month performance period.

TOTAL MONTHS:

SECTION V – COST ESTIMATE

The cost estimate is a separate MS-Excel document ([see example below](#)).

Spreadsheet should have: Item name, Unit Quantity, Unit of Measure, Unit Cost, Cost Estimate. (example: Item Name: Hydro Seeding/Mulching, Unit quantity: 304, Unit measure: acre, Unit cost:\$5,050, Cost estimate total for that line item is \$1,535,200)

COST ESTIMATE NARRATIVE:

(This area to be used for narrative or justification to support cost estimates listed in Section V)

Failure to provide detailed information can significantly impede FEMA's approval of your project application.

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SECTION VI – BENEFIT / COST EFFECTIVENESS

Complete the following information. Refer to Instructions Section VI on page #9 for detailed requirements. Most Projects will utilize one Benefit Cost Analysis (BCA).

Enter Net Present Value or Benefits >

Enter Total Project Cost Estimate >

Enter Benefit Cost Ratio >

A. Describe damage history:

1. Current\previous damage:

Provide a description of the damage history below:

<u>Year</u>	<u>Frequency of event</u>	<u>Damages</u>
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>

2. Potential for future damage:

Is the structure/property within scope of project, e.g., buildings, crops, roads, facilities, etc. (Either describe in 4,000 characters or less or attach/enclose separate MS-word document).

>

B. Describe any project benefits not listed in your benefit cost analysis.

>

1. Describe the useful life of project:

(Either describe in 4,000 characters or less or attach/enclose separate MS-word document).

>

2. If you are supplying a benefit cost ratio:

Provide a detailed description of the method you utilized. (Either describe in 4,000 characters or less or attach/enclose separate MS-word document).

>

SECTION VII - MAINTENANCE ASSURANCE DESCRIPTION:

Identify any maintenance activities required to preserve the long-term mitigation effectiveness of the project. Attach or enclose maintenance schedule, estimated costs, and an identified entity responsible for completing maintenance. (see sample Maintenance letter on page 14 of instructions).

- 1. Annual cost of maintenance before mitigation and what the maintenance will include. (Not needed if project is not tied to an existing capital improvement) (Either describe in 4,000 characters or less or attach/enclose separate Word document).

>

SECTION VIII - NATIONAL FLOOD INSURANCE PROGRAM (NFIP)

- A. Is the jurisdiction/community where the project is located participating in the NFIP? If "YES", are they in good standing? (Either describe in 4,000 characters or less or attach/enclose separate MS-word document)

>

- B. Is this project located in a floodplain or floodway designated on a FEMA Flood Insurance Rate Map (FIRM) or Flood Boundary/Floodway Map (FB/FWM)? If "YES", mark the project location on the FIRM or FB/FWM and attach/enclose to application. (Either describe in 4,000 characters or less or attach/enclose separate MS-word document)

>

- C. Provide the following:

1. FIRM (FB/FWM) panel number: >

2. FIRM zone designations: >

3. NFIP community id number: >

PART II – ENVIRONMENTAL QUESTIONNAIRE

SECTION I – REGULATIONS

The Environmental Questionnaire Part II must be completed and submitted with the project sub-application. Refer to instructions Part II, Section I on page #10 for Environment regulations.

Environmental data is required for project applications when submitting a project to the AZ State Forestry for the FEMA FMAG-Hazard Mitigation Grant Program. Environmental review is typically the most time consuming aspect of project funding approval.

Provide a detailed response to each question and attach supporting documentation in order to comply with FEMA's frontloading requirements discussed in Part II of the Hazard Mitigation Assistance Unified Guidance 2015.

SECTION II – ENVIRONMENTAL CHECKLIST

Environmental checklist

- (1) Double click a box in the YES NO N/A columns
(2) Menu will appear
(3) ✓ Check box enabled,
(4) Use radio button for not checked or checked

YES NO N/A NATIONAL HISTORIC PRESERVATION ACT

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are any structures involved in the project? (If so, provide construction dates of all structures). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Was consultation with the State Historic Preservation Officer (SHPO) conducted? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If applicable, was consultation with the Tribal Historic Preservation Officer (THPO) conducted? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are comments attached? |

Coordinating Agency: The State Historic Preservation Officer; the appropriate Tribal Historic Preservation Officer

YES NO N/A ARCHEOLOGICAL RESOURCES PRESERVATION ACT

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Will there be any ground disturbance? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Will there be any potential disturbance to cultural resources? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Was consultation with SHPO/THPO conducted? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are comments attached? |

Coordinating Agency: The State Historic Preservation Officer; the appropriate Tribal Historic Preservation Officer

YES NO N/A ENDANGERED SPECIES ACT

- Will there be any disturbance to the physical environment?
- Are any threatened or endangered species present in the project area?
- Has critical habitat been identified in the project area?
- Was consultation with U.S. Fish and Wildlife Service (USFWS) and AZ Department of Fish and Wildlife conducted?
- Are comments attached?

Coordinating Agencies: The National Marine Fisheries Service and U.S. Fish and Wildlife Service

YES NO N/A FISH AND WILDLIFE COORDINATION ACT

- Is the project located in or near a waterway or body of water?
- Will the project cause any modification to the waterway or body of water?
- Was consultation with USFWS, National Marine Fisheries Service, and State Wildlife Agency conducted?
- Are comments attached?

Coordinating Agency: U.S. Fish and Wildlife Service and AZ Department of Fish and Wildlife

YES NO N/A FARMLANDS PROTECTION POLICY ACT

- Is the project located in or near designated prime and unique farmlands?
- Will the project convert any designated prime and or farmlands?
- Was consultation with Natural Resources Conservation Service (NRCS) conducted?
- Are comments attached?

Coordinating Agency: U.S. Dept. of Agriculture's Natural Resources Conservation Service, Dept. of Conservation (Division of Land Resource Protection)

YES NO N/A CLEAN AIR ACT

- Will the project result in temporary or permanent air emissions?
- Was consultation conducted?
- Are comments attached?

Coordinating Agency: State Environmental Agency or State Health Department, AZ/EPA Air Resources Board and Local Air Quality Mgmt. Districts

YES NO N/A CLEAN WATER ACT (Section 404)
RIVERS AND HARBORS ACT (Section 10)

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Will the project involve dredging or disposal of dredged material, excavation, adding fill material or result in any modification to "waters" of the U.S.? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Will the project involve bank stabilization or installing transmission in "waters" of the U.S.? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Will the project be near or in navigable waters? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Was consultation with the U.S. Army Corps of Engineers (USACE) conducted? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are comments attached? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Will a permit be required? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have you submitted an application to the USACE? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is a copy of the application attached? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does a nationwide permit apply? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does a general permit apply? |

COMMENT: "waters" includes waters subject to ebb and flow of tide; wetlands; lakes, rivers, streams, mudflats, sloughs, prairie potholes, wet meadows, playa lakes, natural ponds, impoundments, tributaries, territorial seas, and wetlands adjacent to waters previously identified.

Coordinating Agency: U.S. Army Corps of Engineers

YES NO N/A WILD AND SCENIC RIVERS ACT

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the project located near or in a designated wild or scenic river? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Was consultation conducted? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are comments attached? |

Coordinating Agency: U.S. Fish and Wildlife Service and the U.S. Forest Service within their jurisdiction.

YES NO N/A WILDERNESS ACT

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the project located near or in a designated wilderness or coastal wildlife area? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Was consultation conducted? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are comments attached? |

Coordinating Agency: U.S. Fish and Wildlife Service, National Park Service and the Bureau of Land Management

YES NO N/A OTHER RELEVANT LAWS AND ENVIRONMENTAL REGULATIONS

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do any other laws and/or regulations apply to the project? If so, please reference the regulation and attach proper documentation. |
|--------------------------|--------------------------|--------------------------|--|

Coordinating Agency: Applicable State Statutory Requirements, Executive and Administrative Orders and any local environmental requirements.

EXECUTIVE ORDERS

YES NO N/A E.O. 11988 – FLOODPLAINS

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the project located in a FEMA-identified 100-year or 500-year floodplain? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the project located in a FEMA-identified floodway? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the project depicted on a FEMA FIRM (Flood Insurance Rate Map)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the map attached? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Was consultation with local floodplain administrator and state water control agency conducted? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are comments attached? |

Coordinating Agencies: Local community floodplain administrator and the state water control agency. A letter is required from the State Community Assistance Program Coordinator indicating the community is in good standing with the NFIP.

YES NO N/A E.O. 11990 – WETLANDS

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the project in an area that is inundated or saturated by surface or ground water (e.g. swamps, marshes, bogs, etc.) or in or near identified wetlands? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the project depicted on a National Wetlands Inventory (NWI) map? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the map attached? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are agency comments attached? |

COMMENT: Wetlands are identified by obtaining a National Wetlands Inventory (NWI) map from the U.S. Fish and Wildlife Service, the Army Corps of Engineers, or their websites. The Natural Resource Conservation Service also has wetland maps for agricultural land.

Coordinating Agencies: U.S. Fish and Wildlife Service, Army Corps of Engineers, and Natural Resources Conservation Service

YES NO N/A E.O. 12898 – ENVIRONMENTAL JUSTICE

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the project in an area of low income or minority populations? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Will the project disproportionately impact any low income or minority populations? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is any socio-economic data attached? |

COMMENT: If the project would disproportionately adversely affect low income or minority populations, or would disproportionately assist higher income populations at the exclusion of lower income or minority populations, then E.O. 12898 must be addressed.

Coordinating Agency: Local census office

EXTRAORDINARY CIRCUMSTANCES (FEMA 44 CFR §10.8 (d)(3))

If Extraordinary Circumstances exist within an area affected by an action, such that an action that is categorically excluded from NEPA compliance may have a significant adverse environmental impact, an environmental assessment shall be prepared. Please answer yes or no to the questions below:

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Greater scope or size than normally experienced for a particular category of action; |
| <input type="checkbox"/> | <input type="checkbox"/> | Actions with a high level of public controversy; |
| <input type="checkbox"/> | <input type="checkbox"/> | Potential for degradation, even though slight, of already existing poor environmental conditions; |
| <input type="checkbox"/> | <input type="checkbox"/> | Employment of unproven technology with the potential adverse effects or actions involving unique or unknown environmental risks; |
| <input type="checkbox"/> | <input type="checkbox"/> | Presence of endangered or threatened species or their critical habitat, or archaeological cultural, historical or other protected resources; |
| <input type="checkbox"/> | <input type="checkbox"/> | Presence of hazardous or toxic substances at levels which exceed Federal, state, or local regulations or standards requiring action or attention; |
| <input type="checkbox"/> | <input type="checkbox"/> | Actions with the potential to affect special status areas adversely or other critical resources such as wetlands, coastal zones, wildlife refuge and wilderness areas, wild and scenic rivers, sole or principal drinking water aquifers; |
| <input type="checkbox"/> | <input type="checkbox"/> | Potential for adverse effects on health or safety; and |
| <input type="checkbox"/> | <input type="checkbox"/> | Potential to violate a federal, state, local, or tribal law or requirement imposed for the protection of the environment. |
| <input type="checkbox"/> | <input type="checkbox"/> | Potential for significant cumulative impact when the proposed action is combined with other past, present and reasonably foreseeable future actions, even though the impacts of the proposed action may not be significant by themselves. |

SECTION III - ALTERNATIVES

Identify at least 3 alternatives:

ALTERNATIVE #1 – the No Action alternative evaluates the consequences of taking no action and leaving conditions as they currently exist. (Either describe in 4,000 characters or less or attach separate MS-word document)

ALTERNATIVE #2 - (Proposed Action) – Is the Sub-applicant's proposed project to solve the problem. Explain why the proposed action is the preferred alternative. Identify how the preferred alternative would solve a problem, why the preferred alternative is the best solution for the community, why and how the alternative is environmentally preferred and why the project is the economically preferred alternative. (Either describe in 4,000 characters or less or attach separate MS-word document)

ALTERNATIVE #3 – (List the Second Action alternative that would also solve the problem). It must be a viable project that could be substituted in the event the proposed action is not chosen. (Either describe in 4,000 characters or less or attach separate MS-word document)

Please print this page – original signatures are REQUIRED.

SECTION IV – PROJECT CONDITIONS

Indicate by checking each box below that you will adhere to these listed project conditions.

- If during implementation of the project, ground-disturbing activities occur and artifacts or human remains are uncovered, all work will cease and FEMA, AZ State Forestry, and SHPO will be notified.
- If deviations from the approved scope of work result in design changes, the need for additional ground disturbance, additional removal of vegetation, or will result in any other unanticipated changes to the physical environment, FEMA will be contacted and a re-evaluation under NEPA and other applicable environmental laws will be conducted.
- If wetlands or waters of the U.S. are encountered during implementation of the project, not previously identified during project review, all work will cease and FEMA will be notified.

Name: _____ Title: _____
Sub-recipient Authorized Representative

Signature: _____ Date: _____
Sub-recipient Authorized Representative

SECTION V - AUTHORIZATION

The undersigned does hereby submit this sub-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 sub-applicant (e.g., 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.

Name: _____ Title: _____
Sub-recipient Authorized Representative

Signature: _____ Date: _____
Sub-recipient Authorized Representative

Name of organization: _____