

# Project Scoping Subapplication

Start a subapplication	
Organization you are applying for	
Organization you are applying to	
Subapplication title	
Subapplication type	Project scoping
Document control number (optional)	

## Subapplicant information

Subapplicant information	
Name of federal agency	FEMA
Type of submission	<input type="checkbox"/> Pre-application <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected application
Type of Subapplicant	<input type="checkbox"/> State Government <input type="checkbox"/> Local Government <input type="checkbox"/> Indian Tribal Government <input type="checkbox"/> Special Governmental District <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Other
Is Subapplication subject to review by Executive Order 12372 Process?	<input type="checkbox"/> Yes <input type="checkbox"/> No, program is not covered by E.O. 12372 <input type="checkbox"/> No, program has not been selected by state for review
If Yes, this preapplication/application was made available to the Executive Order 12372 Process for review on: (MM-DD-YYYY)	

Subapplicant information	
Is the Subapplicant delinquent on any Federal debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please provide an explanation:</i>	

## Contact information

Add a Subrecipient Authorized Representative (SAR)	
Title	
Prefix (optional)	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.
First Name	
Middle Initial	
Last Name	
Agency/Organization	
Primary phone	
Extension (optional)	
Type	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile
Secondary phone	
Extension	
Type	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile
Optional phone	
Fax number	

**Add a Subrecipient Authorized Representative (SAR)**

Email	
Address line 1	
Address line 2	
City	
State/territory	
ZIP code	
ZIP extension	
Phone	
Fax	

**Add a Point(s) of Contact**

Title	
Prefix (optional)	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Hon. <input type="checkbox"/> Exe.
First Name	
Middle Initial (optional)	
Last Name	
Primary phone	
Extension (optional)	
Type	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile
Secondary phone	
Extension (optional)	

Add a Point(s) of Contact	
Type	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile
Optional phone	
Fax number (optional)	
Email	
Address line 1	
Address line 2 (optional)	
City	
State/territory	
ZIP code	
ZIP extension (optional)	

## Community

Please find the community(ies) that will benefit from this mitigation activity by clicking on the Find Communities button. If needed, modify the Congressional District number for each community by entering the updated number under the U.S. Congressional District column for that community. NOTE: You should also notify your State NFIP coordinator so that the updated U.S. Congressional District number can be updated in the Community Information System (CIS) database.

Add Communities (complete this table for each benefitting community)	
State	
Community name (optional)	
County name (optional)	
County code	
CID number	
CRS community	<input type="checkbox"/> Yes <input type="checkbox"/> No
CRS rating	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10

Add Communities (complete this table for each benefitting community)	
U.S. Congressional District	
Please provide any additional comments (optional)	
Attachments	

## Mitigation Plan

Please provide your plan information.

Mitigation plan information	
Is the entity that will benefit from the proposed activity covered by a current FEMA approved multi-hazard mitigation plan in compliance with 44 CFR Part 201?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide plan information:	
Plan name	
Plan type	<input type="checkbox"/> State Multi-hazard Mitigation Plan <input type="checkbox"/> Tribal Multi-hazard Mitigation Plan <input type="checkbox"/> Local Multi-hazard Mitigation Plan <input type="checkbox"/> Tribal (Local) Multi-hazard Mitigation Plan <input type="checkbox"/> Local Multijurisdictional Multi-hazard Mitigation Plan <input type="checkbox"/> Tribal (Local) Multijurisdictional Multi-hazard Mitigation Plan
Is this plan standard or enhanced? (for Applicants only)	<input type="checkbox"/> Standard <input type="checkbox"/> Enhanced
Plan approval date (MM-DD-YYYY)	
Proposed activity description (optional)	

Mitigation plan information	
Please provide any additional comments (optional).	
Attachments	

## Scope of Work

The project Scope of Work (SOW) identifies the eligible activity, describes what will be accomplished and explains how the mitigation activity will be implemented. The mitigation activity must be described in sufficient detail to verify the cost estimate. All activities for which funding is requested must be identified in the SOW prior to the close of the application period. FEMA has different requirements for project, planning and management cost SOWs.

Scope of work	
Subapplication title (include type of activity and location) :	
<b>Activities</b>	
Primary activity type	<input type="checkbox"/> Conduct meetings, outreach and coordination with subapplicants and community residents <input type="checkbox"/> Develop or conduct engineering, environmental, feasibility and/or benefit cost analyses <input type="checkbox"/> Activities supporting development of applications <input type="checkbox"/> Evaluate facilities to identify mitigation activities <input type="checkbox"/> Staffing or resources to develop cost share strategy <input type="checkbox"/> Other
If Other, please specify	
Secondary activity type (optional)	(see Primary activity type list above)
If Other, please specify	
Tertiary activity type (optional)	(see Primary activity type list above)
If Other, please specify	

<b>Scope of work</b>	
Geographic areas description	
<b>Community lifelines</b>	
Primary community lifeline	<input type="checkbox"/> Safety and security <input type="checkbox"/> Food, water, and shelter <input type="checkbox"/> Health and medical <input type="checkbox"/> Energy <input type="checkbox"/> Communications <input type="checkbox"/> Transportation <input type="checkbox"/> Hazardous material
If Safety and security is selected as a primary community lifeline, these additional primary sub-community lifeline options are available.	<input type="checkbox"/> Law enforcement/security <input type="checkbox"/> Fire service <input type="checkbox"/> Search and rescue <input type="checkbox"/> Government service <input type="checkbox"/> Community safety
If Food, water, shelter is selected as a primary community lifeline, these additional primary sub-community lifeline options are available.	<input type="checkbox"/> Food <input type="checkbox"/> Water <input type="checkbox"/> Shelter <input type="checkbox"/> Agriculture
If Health and medical is selected as a primary community lifeline, these additional primary sub-community lifeline options are available.	<input type="checkbox"/> Medical care <input type="checkbox"/> Public health <input type="checkbox"/> Patient movement <input type="checkbox"/> Medical supply chain <input type="checkbox"/> Fatality management
If Energy is selected as a primary community lifeline, these additional primary sub-community lifeline options are available.	<input type="checkbox"/> Power grid <input type="checkbox"/> Fuel
If Communications is selected as a primary community lifeline, these additional primary sub-community lifeline options are available.	<input type="checkbox"/> Infrastructure <input type="checkbox"/> Responder communications <input type="checkbox"/> Alerts, warnings, and messages <input type="checkbox"/> Finance <input type="checkbox"/> 911 and dispatch
If Transportation is selected as a primary community lifeline, these additional primary sub-community lifeline options are available.	<input type="checkbox"/> Highway/roadway/motor vehicle <input type="checkbox"/> Mass transit <input type="checkbox"/> Railway <input type="checkbox"/> Aviation <input type="checkbox"/> Maritime
If Hazardous material is selected as a primary community lifeline, these additional primary sub-community lifeline options are available.	<input type="checkbox"/> Facilities <input type="checkbox"/> HAZMAT, pollutants, contaminants

<b>Scope of work</b>	
Secondary community lifeline (optional)	(see Primary community lifeline list above)
Secondary sub-community lifeline	(see Primary sub-community lifeline lists above)
Tertiary community lifeline (optional)	(see Primary community lifeline list above)
Tertiary sub-community lifeline	(see Primary sub-community lifeline lists above)
<b>Hazard sources</b>	
Primary hazard source	<input type="checkbox"/> Biological incident <input type="checkbox"/> Chemical incident <input type="checkbox"/> Civil disturbance <input type="checkbox"/> Cyber incident <input type="checkbox"/> Dam/Levee break <input type="checkbox"/> Disease <input type="checkbox"/> Drought <input type="checkbox"/> Earthquake <input type="checkbox"/> Explosion <input type="checkbox"/> Extreme temperature <input type="checkbox"/> Fire <input type="checkbox"/> Flooding <input type="checkbox"/> Hostile action <input type="checkbox"/> Infrastructure failure <input type="checkbox"/> Landslide/Debris flow <input type="checkbox"/> Nuclear explosion <input type="checkbox"/> Radiological incident <input type="checkbox"/> Severe Storm <input type="checkbox"/> Solar event <input type="checkbox"/> Space object <input type="checkbox"/> Tornado <input type="checkbox"/> Tropical cyclone (Hurricane/Typhoon) <input type="checkbox"/> Tsunami <input type="checkbox"/> Uncategorized <input type="checkbox"/> Volcano <input type="checkbox"/> Winter storm
Secondary hazard source (optional)	(see Primary hazard source list above)
Tertiary hazard source (optional)	(see Primary hazard source list above)



Scope of work	
If Uncategorized, please specify:	
How will the mitigation activity be implemented?	
What is the scope of work of the proposal? Will it result in a complete project application for future funding opportunities?	
Who will manage and complete the mitigation activity?	
What are you doing to consider other risks in the project area?	
Is there an estimate for when the mitigation activity will take place?	
What alternatives will be considered?	
Do activities being considered align with hazard mitigation plan?	
Additional comments (optional)	
Attachments	

## Schedule

Specify the work schedule for the mitigation activities. Add tasks to the schedule. Please include all tasks necessary to implement this mitigation activity; include descriptions and estimated time frames.

Add a Task (complete this table for each task)	
Task name	

**Add a Task (complete this table for each task)**

Task description	
Start month (number)	
Task duration (in months)	

**Schedule**

Estimate the total duration of your proposed activities (in months).	
Proposed start date (MM/DD/YYYY)	
Proposed end date (MM/DD/YYYY)	

**Budget**

*Budget cost estimate should directly link to your scope of work and work schedule. You must add at least one item greater than \$0 for your cost estimate. Once you have added item(s) for your cost estimate, you may then add the item(s) for management cost (optional). **FEMA will provide 100 percent federal funding for subrecipient management costs for BRIC program activities.** As necessary, please adjust your federal/non-federal cost share, and add the non-federal funding source(s) you are planning to use for this project.*

**Add Cost estimate budget item(s)**

Cost type:	Cost estimate
<b>Add an item (complete table for each cost item)</b>	
Name of cost item	
Quantity	

Add Cost estimate budget item(s)	
Unit of measure	<input type="checkbox"/> Acre <input type="checkbox"/> Cubic foot <input type="checkbox"/> Cubic yard <input type="checkbox"/> Day <input type="checkbox"/> Each <input type="checkbox"/> Foot <input type="checkbox"/> Hour <input type="checkbox"/> Inch <input type="checkbox"/> Linear foot <input type="checkbox"/> Mile <input type="checkbox"/> Million board feet <input type="checkbox"/> Square foot <input type="checkbox"/> Square yard <input type="checkbox"/> Square foot per inch <input type="checkbox"/> Ton
Unit price	\$
Unit total	
Budget class	<input type="checkbox"/> Construction <input type="checkbox"/> Contractual <input type="checkbox"/> Equipment <input type="checkbox"/> Fringe benefits <input type="checkbox"/> Indirect charges <input type="checkbox"/> Other <input type="checkbox"/> Personnel <input type="checkbox"/> Supplies <input type="checkbox"/> Travel
Pre-award	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cost estimate total	\$

*Management cost (optional) is the line item(s) to support the scope of work for the execution and completion of the project. Be sure to include the cost associated with managing the project/initiative/activity. The total amount of management costs cannot exceed 5% of the total Cost estimate amount.*

Add Management cost budget item(s) (optional)	
Cost type:	Management cost

<b>Add Management cost budget item(s) (optional)</b>	
Item	<input type="checkbox"/> Equipment <input type="checkbox"/> Office Space Rental <input type="checkbox"/> Other <input type="checkbox"/> Salaries <input type="checkbox"/> Supplies <input type="checkbox"/> Travel
Quantity	
Unit of measure	<input type="checkbox"/> Acre <input type="checkbox"/> Cubic foot <input type="checkbox"/> Cubic yard <input type="checkbox"/> Day <input type="checkbox"/> Each <input type="checkbox"/> Foot <input type="checkbox"/> Hour <input type="checkbox"/> Inch <input type="checkbox"/> Linear foot <input type="checkbox"/> Mile <input type="checkbox"/> Million board feet <input type="checkbox"/> Square foot <input type="checkbox"/> Square yard <input type="checkbox"/> Square foot per inch <input type="checkbox"/> Ton
Unit price	\$
Unit total	
Budget class	<input type="checkbox"/> Construction <input type="checkbox"/> Contractual <input type="checkbox"/> Equipment <input type="checkbox"/> Fringe benefits <input type="checkbox"/> Indirect charges <input type="checkbox"/> Other <input type="checkbox"/> Personnel <input type="checkbox"/> Supplies <input type="checkbox"/> Travel
Pre-award	<input type="checkbox"/> Yes <input type="checkbox"/> No
Project phase	<input type="checkbox"/> Phase 1 <input type="checkbox"/> Phase 2 <input type="checkbox"/> Not applicable
Management cost total	\$

Grand total (Cost estimate total + Management cost total)	\$
Program income (optional)	\$

### Cost share

Cost share or matching means the portion of project costs not paid by federal funds.

Hazard mitigation assistance (HMA) funds may be used to pay up to 75% federal share of the eligible activity costs. Small impoverished communities may be eligible for up to 90% federal share for Building Resilient Infrastructure and Communities (BRIC) funding. Flood Mitigation Assistance (FMA) and severe repetitive loss (SRL) properties may be eligible for up to 100% federal share. FEMA will provide 100 percent federal funding for subrecipient management costs for BRIC program activities. Repetitive loss (RL) properties may be eligible for up to 90% federal share.

Proposed federal vs. non-federal funding shares	
Is this a small impoverished community? (See Appendix for definition)  This determines your federal/non-federal share ratio.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If Yes</i></b>	<ul style="list-style-type: none"> <li>▪ Federal Share Percentage 90%</li> <li>▪ Non-Federal Share Percentage 10%</li> </ul>
Based on total budget cost	\$
Proposed federal share	\$
Proposed non-federal share	
<b><i>If No</i></b>	<ul style="list-style-type: none"> <li>▪ Federal Share Percentage 75%</li> <li>▪ Non-Federal Share Percentage 25%</li> </ul>
Based on total budget cost	\$
Proposed federal share	\$

*Non-federal funding share is that portion of the total costs of the program provided by the non-federal entity in the form of in-kind donations or cash match received from third parties or contributed by the agency. In-kind contributions must be provided and cash expended during the project period along with federal funds to satisfy the matching requirements.*

Add funding source (complete this table for each funding source)	
Funding source	
Name of source agency	
Funding amount	\$
Percent non-federal share by source	%
Funding type	<input type="checkbox"/> Administration <input type="checkbox"/> Cash <input type="checkbox"/> Consulting fees <input type="checkbox"/> Engineering fees <input type="checkbox"/> Equipment operation/rental <input type="checkbox"/> Labor <input type="checkbox"/> Other <input type="checkbox"/> Program income <input type="checkbox"/> Supplies
Date of availability (MM/DD/YYYY)	
Fund commitment letter date (MM/DD/YYYY)	
Total percent non-federal share	
Please provide any addition comments (optional)	
Attachments	

## Cost-Effectiveness

Cost-Effectiveness	
How was cost-effectiveness determined for this project?	<input type="checkbox"/> BCA completed in FEMA's BCA toolkit (Must attach the export file, zip file, pdf file, and other supporting documentation) <input type="checkbox"/> Pre-calculated benefits <input type="checkbox"/> Substantial Damage in Special Flood Hazard Area <input type="checkbox"/> Other BCA methodology approved by FEMA in writing <input type="checkbox"/> Not applicable
If Not applicable, explain why this project is not applicable	

Cost-Effectiveness	
Pre-calculated benefits selections	<input type="checkbox"/> Acquisitions in the special flood hazard area <input type="checkbox"/> Elevations in the special flood hazard area <input type="checkbox"/> Mitigation reconstruction in the special flood hazard area <input type="checkbox"/> Individual tornado safe rooms <input type="checkbox"/> Residential hurricane wind retrofits <input type="checkbox"/> Non-residential hurricane wind retrofits <input type="checkbox"/> Post-wildfire mitigation
What are the total project benefits?	\$
What is the total project cost?	\$
What is the benefit cost ratio (BCR) for the entire project?	
Was sea level rise incorporated into the flood elevations in the BCA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were environmental benefits added to the project benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were social benefits added to the project benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the mitigation measure incorporate nature-based solutions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide any additional comments.	
Attachments	

## Evaluation

Evaluation	
Is the applicant participating in the <a href="https://www.fema.gov/national-flood-insurance-program-community-rating-system">Community Rating System (CRS)</a> ? <a href="https://www.fema.gov/national-flood-insurance-program-community-rating-system">https://www.fema.gov/national-flood-insurance-program-community-rating-system</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, what is their CRS rating?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10

Evaluation	
Is the applicant a <a href="https://www.fema.gov/cooperating-technical-partners-program">Cooperating Technical Partner (CTP)</a> ? <a href="https://www.fema.gov/cooperating-technical-partners-program">https://www.fema.gov/cooperating-technical-partners-program</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was this created from a previous FEMA HMA Advance assistance/Project scoping award?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide the project identifier.	
Has the recipient adopted building codes consistent with the <a href="https://www.iccsafe.org/advocacy">International Codes</a> ? <a href="https://www.iccsafe.org/advocacy">https://www.iccsafe.org/advocacy</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, enter year of building code.	
If Yes, please provide the building code.	
Have the applicant's building codes been assessed on the <a href="http://www.isomitigation.com/bcegs">Building Code Effectiveness Grading Schedule (BCEGS)</a> ? <a href="http://www.isomitigation.com/bcegs">http://www.isomitigation.com/bcegs</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, what is their BCEGS rating?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
Describe involvement of partners to enhance the mitigation activity outcome.	
Additional comments (optional)	
Attachments	

## Assurances and Certifications

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form.



**Lobbying**

As required by section 1352, Title 31 of the U.S. Code, and implemented at 44 CFR Part 18, for persons entering into a grant or cooperating agreement over \$ 100,000, as defined at 44 CFR Part 18, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement.

(b) If any other funds than Federal appropriated funds have been paid or will be paid to any other person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or an employee of Congress, or employee of a member of Congress in connection with this Federal Grant or cooperative agreement, the undersigned shall complete and submit Stand Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all subrecipients shall certify and disclose accordingly.

Applicant will NOT use federal appropriated funds for lobbying purposes.

Applicant will use non-appropriated funds for lobbying purposes. If so, complete Standard Form LLL "Disclosure of Lobbying Activities" below.

**Standard Form-LLL "Disclosure of Lobbying Activities"**

This form must be attached to certification if non-appropriated funds are to be used to influence activities.

1. Type of federal action:

- Contract
- Cooperative agreement
- Grant
- Loan
- Loan guarantee
- Loan insurance

Standard Form-LLL "Disclosure of Lobbying Activities"	
2. Status of federal action:	<input type="checkbox"/> Bid/offer/application <input type="checkbox"/> Initial award <input type="checkbox"/> Post award
3. Report Type:	<input type="checkbox"/> Initial filing <input type="checkbox"/> Material change
4. Name and address of reporting entity:	<input type="checkbox"/> Prime <input type="checkbox"/> SubAwardee
If SubAwardee, enter tier, if known: (optional)	
Name	
Street 1	
Street 2 (optional)	
City	
State (optional)	
Zip (optional)	
Zip extension (optional)	
Congressional district, if known: (optional)	
5. If SubAwardee, enter name and address of prime below.	
Name	
Street 1	
Street 2 (optional)	
City	
State (optional)	

<b>Standard Form-LLL “Disclosure of Lobbying Activities”</b>	
Zip (optional)	
Zip extension (optional)	
Congressional district, if know: (optional)	
6. Federal department/agency:	
7. Federal program name/description:	
CFDA number, if applicable: (optional)	
8. Federal action number, if known: (optional)	
9. Award amount, if known: (optional)	\$
10. Name and address of lobbying registrant:	
Prefix (optional)	<input type="checkbox"/> Dr. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Rev.
First name	
Middle name (optional)	
Last name	
Suffix (optional)	<input type="checkbox"/> Jr. <input type="checkbox"/> MD <input type="checkbox"/> PHD <input type="checkbox"/> Sr..
Street 1	
Street 2 (optional)	
City	

**Standard Form-LLL “Disclosure of Lobbying Activities”**

State (optional)	
Zip (optional)	
Zip extension (optional)	
10b. Individual performing services: (including address if different from No. 10a)	
Prefix (optional)	<input type="checkbox"/> Dr. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Rev.
First name	
Middle name (optional)	
Last name	
Suffix (optional)	<input type="checkbox"/> Jr. <input type="checkbox"/> MD <input type="checkbox"/> PHD <input type="checkbox"/> Sr.
Street 1	
Street 2 (optional)	
City	
State (optional)	
Zip (optional)	
Zip extension (optional)	

**Standard Form-LLL “Disclosure of Lobbying Activities”**

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

**3. Drug-Free Workplace (Grantee other than individuals)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 44 CFR Part 17, Subpart F, for grantees, as defined at 44 CFR Part 17.615 and 17.620.

A. The applicant certifies that it will continue to provide a drug-free workplace by;

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

**3. Drug-Free Workplace (Grantee other than individuals)**

<p>(b) Establishing an on-going drug free awareness program to inform employees about</p> <ol style="list-style-type: none"> <li>(1) The dangers of drug abuse in the workplace;</li> <li>(2) The grantee's policy of maintaining a drug-free workplace;</li> <li>(3) Any available drug counseling, rehabilitation, and employee assistance programs; and</li> <li>(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.</li> </ol>	
<p>(c) Making it a requirement that each employee to be engaged in the performance of the grant to be given a copy of the statement required by paragraph (a);</p>	
<p>(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will-</p> <ol style="list-style-type: none"> <li>(1) Abide by the term of the statement; and</li> <li>(2) Notify the employee in writing of his or her conviction for a violation of a criminal drug statute occurring ion the workplace no later than five calendar days after such convictions.</li> </ol>	
<p>(e) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position, title, to the applicable FEMA awarding office, i.e., regional office or FEMA office.</p>	

<b>3. Drug-Free Workplace (Grantee other than individuals)</b>	
<p>(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is convicted-</p> <p>(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation act of 1973, as amended; or</p> <p>(2) Requiring such an employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;(g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).</p>	
<p>B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:</p>	
<p>Place of performance (street address, city, county, state, ZIP code) (optional)</p>	
<p>There are workplaces on file that are not identified.</p>	<p><input type="checkbox"/> Yes</p>