

# Project Scoping Subapplication

**Table 1 Start a Subapplication**

Subapplicant Section	Entry Information/Options	Complete/Comments
Organization you are applying for		
Organization you are applying to		
Subapplication title		
Subapplication type	<ul style="list-style-type: none"> <li>▪ Project scoping</li> </ul>	
Document control number (optional)		

## Subapplicant information

**Table 2 Subapplicant information**

Subapplicant Section	Entry Information/Options	Complete/Comments
Name of federal agency	<ul style="list-style-type: none"> <li>▪ FEMA</li> </ul>	
Type of submission	<ul style="list-style-type: none"> <li>▪ Pre-application</li> <li>▪ Application</li> <li>▪ Changed/Corrected application</li> </ul>	
Type of Subapplicant	<ul style="list-style-type: none"> <li>▪ State Government</li> <li>▪ Local Government</li> <li>▪ Indian Tribal Government</li> <li>▪ Special Governmental District</li> <li>▪ Private Non-Profit</li> <li>▪ Other</li> </ul>	
Is Subapplication subject to review by Executive Order 12372 Process?	<ul style="list-style-type: none"> <li>▪ Yes</li> <li>▪ No, program is not covered by E.O. 12372</li> <li>▪ No, program has not been selected by state for review</li> </ul>	

Subapplicant Section	Entry Information/Options	Complete/Comments
If Yes, this preapplication/application was made available to the Executive Order 12372 Process for review on: (MM-DD-YYYY)		
Is the Subapplicant delinquent on any Federal debt?	<ul style="list-style-type: none"> <li>▪ Yes</li> <li>▪ No</li> </ul>	
If yes, please provide an explanation:		

## Contact information

**Table 3 Add a Subrecipient Authorized Representative (SAR)**

Subapplicant Section	Entry Information/Options	Complete/Comments
Title		
Prefix (optional)	<ul style="list-style-type: none"> <li>▪ Mr.</li> <li>▪ Ms.</li> <li>▪ Mrs.</li> <li>▪ Dr.</li> </ul>	
First Name		
Middle Initial		
Last Name		
Agency/Organization		
Primary phone		
Extension (optional)		
Type	<ul style="list-style-type: none"> <li>▪ Home</li> <li>▪ Work</li> <li>▪ Mobile</li> </ul>	
Secondary phone		

Subapplicant Section	Entry Information/Options	Complete/Comments
Extension		
Type	<ul style="list-style-type: none"> <li>▪ Home</li> <li>▪ Work</li> <li>▪ Mobile</li> </ul>	
Optional phone		
Fax number		
Email		
Address line 1		
Address line 2		
City		
State/territory		
ZIP code		
ZIP extension		
Phone		
Fax		

**Table 4 Add a Point(s) of Contact**

Subapplicant Section	Entry Information/Options	Complete/Comments
Title		
Prefix (optional)	<ul style="list-style-type: none"> <li>▪ Mr.</li> <li>▪ Ms.</li> <li>▪ Mrs.</li> <li>▪ Dr.</li> <li>▪ Hon.</li> <li>▪ Exe.</li> </ul>	
First Name		
Middle Initial (optional)		
Last Name		

Subapplicant Section	Entry Information/Options	Complete/Comments
Primary phone		
Extension (optional)		
Type	<ul style="list-style-type: none"> <li>▪ Home</li> <li>▪ Work</li> <li>▪ Mobile</li> </ul>	
Secondary phone		
Extension (optional)		
Type	<ul style="list-style-type: none"> <li>▪ Home</li> <li>▪ Work</li> <li>▪ Mobile</li> </ul>	
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.*

**Table 5 Add Communities**

Complete this table for each benefitting community.

Subapplicant Section	Entry Information/Options	Complete/Comments
State		
Community name (optional)		
County name (optional)		
County code		
CID number		
CRS community	<ul style="list-style-type: none"> <li>▪ Yes</li> <li>▪ No</li> </ul>	
CRS rating	1-10	
U.S. Congressional District		
Please provide any additional comments (optional)		
Attachments		

## Mitigation Plan

**Table 6 Mitigation plan information**

Please provide your plan information.

Subapplicant Section	Entry Information/Options	Complete/Comments
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?	<ul style="list-style-type: none"> <li>▪ Yes</li> <li>▪ No</li> </ul>	
If Yes, please provide plan information:		

Subapplicant Section	Entry Information/Options	Complete/Comments
Plan name		
Plan type	<ul style="list-style-type: none"> <li>▪ State Multi-hazard Mitigation Plan</li> <li>▪ Tribal Multi-hazard Mitigation Plan</li> <li>▪ Local Multi-hazard Mitigation Plan</li> <li>▪ Tribal (Local) Multi-hazard Mitigation Plan</li> <li>▪ Local Multijurisdictional Multi-Hazard Mitigation Plan</li> <li>▪ Tribal (Local) Multijurisdictional Multi-hazard Mitigation Plan</li> </ul>	
Is this plan standard or enhanced? (for Applicants only)	<ul style="list-style-type: none"> <li>▪ Standard</li> <li>▪ Enhanced</li> </ul>	
Plan approval date (MM-DD-YYYY)		
Proposed activity description (optional)		
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.*

Table 7 Scope of Work

Subapplicant Section	Entry Information/Options	Complete/Comments
Subapplication title (include type of activity and location)		
<b>Activities</b>		
Primary activity type	<ul style="list-style-type: none"> <li>▪ Conduct meetings, outreach and coordination with subapplicants and community residents</li> <li>▪ Develop or conduct engineering, environmental, feasibility and/or benefit cost analyses</li> <li>▪ Activities supporting development of applications</li> <li>▪ Evaluate facilities to identify mitigation activities</li> <li>▪ Staffing or resources to develop cost share strategy</li> <li>▪ Other</li> </ul>	
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		
Geographic areas description		
<b>Community lifelines</b>		
Primary community lifeline	<ul style="list-style-type: none"> <li>▪ Safety and security</li> <li>▪ Food, water, and shelter</li> <li>▪ Health and medical</li> <li>▪ Energy</li> <li>▪ Communications</li> <li>▪ Transportation</li> <li>▪ Hazardous material</li> </ul>	

Subapplicant Section	Entry Information/Options	Complete/Comments
If Safety and security is selected as a primary community lifeline, these additional primary sub-community lifeline options are available.	<ul style="list-style-type: none"> <li>▪ Law enforcement/security</li> <li>▪ Fire service</li> <li>▪ Search and rescue</li> <li>▪ Government service</li> <li>▪ Community safety</li> </ul>	
If Food, water, shelter is selected as a primary community lifeline, these additional primary sub-community lifeline options are available.	<ul style="list-style-type: none"> <li>▪ Food</li> <li>▪ Water</li> <li>▪ Shelter</li> <li>▪ Agriculture</li> </ul>	
If Health and medical is selected as a primary community lifeline, these additional primary sub-community lifeline options are available.	<ul style="list-style-type: none"> <li>▪ Medical care</li> <li>▪ Public health</li> <li>▪ Patient movement</li> <li>▪ Medical supply chain</li> <li>▪ Fatality management</li> </ul>	
If Energy is selected as a primary community lifeline, these additional primary sub-community lifeline options are available.	<ul style="list-style-type: none"> <li>▪ Power grid</li> <li>▪ Fuel</li> </ul>	
If Communications is selected as a primary community lifeline, these additional primary sub-community lifeline options are available.	<ul style="list-style-type: none"> <li>▪ Infrastructure</li> <li>▪ Responder communications</li> <li>▪ Alerts, warnings, and messages</li> <li>▪ Finance</li> <li>▪ 911 and dispatch</li> </ul>	
If Transportation is selected as a primary community lifeline, these additional primary sub-community lifeline options are available.	<ul style="list-style-type: none"> <li>▪ Highway/roadway/motor vehicle</li> <li>▪ Mass transit</li> <li>▪ Railway</li> <li>▪ Aviation</li> <li>▪ Maritime</li> </ul>	
If Hazardous material is selected as a primary community lifeline, these additional primary sub-community lifeline options are available.	<ul style="list-style-type: none"> <li>▪ Facilities</li> <li>▪ HAZMAT, pollutants, contaminants</li> </ul>	



Subapplicant Section	Entry Information/Options	Complete/Comments
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	<ul style="list-style-type: none"> <li>▪ Biological incident</li> <li>▪ Chemical incident</li> <li>▪ Civil disturbance</li> <li>▪ Cyber incident</li> <li>▪ Dam/Levee break</li> <li>▪ Disease</li> <li>▪ Drought</li> <li>▪ Earthquake</li> <li>▪ Explosion</li> <li>▪ Extreme temperature</li> <li>▪ Fire</li> <li>▪ Flooding</li> <li>▪ Hostile action</li> <li>▪ Infrastructure failure</li> <li>▪ Landslide/Debris flow</li> <li>▪ Nuclear explosion</li> <li>▪ Radiological incident</li> <li>▪ Severe Storm</li> <li>▪ Solar event</li> <li>▪ Space object</li> <li>▪ Tornado</li> <li>▪ Tropical cyclone (Hurricane/Typhoon)</li> <li>▪ Tsunami</li> <li>▪ Uncategorized</li> <li>▪ Volcano</li> <li>▪ Winter storm</li> </ul>	
Secondary hazard source (optional)	(see Primary hazard source list above)	
Tertiary hazard source (optional)	(see Primary hazard source list above)	

Subapplicant Section	Entry Information/Options	Complete/Comments
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.

**Table 8 Add a Task**  
Complete this table for each task.

Subapplicant Section	Entry Information/Options	Complete/Comments
Task name		
Task description		
Start month (number)		
Task duration (in months)		

**Table 9 Schedule**

Subapplicant Section	Entry Information/Options	Complete/Comments
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.

**Table 10 Add Cost Estimate Budget Item(s)**

Subapplicant Section	Entry Information/Options	Complete/Comments
Cost type:	Cost estimate	
Add an item (complete table for each cost item)		
Name of cost item		
Quantity		
Unit of measure	<ul style="list-style-type: none"> <li>▪ Acre</li> <li>▪ Cubic foot</li> <li>▪ Cubic yard</li> <li>▪ Day</li> <li>▪ Each</li> <li>▪ Foot</li> <li>▪ Hour</li> <li>▪ Inch</li> <li>▪ Linear foot</li> <li>▪ Mile</li> <li>▪ Million board feet</li> <li>▪ Square foot</li> <li>▪ Square yard</li> <li>▪ Square foot per inch</li> <li>▪ Ton</li> </ul>	
Unit price	\$	
Unit total		

Subapplicant Section	Entry Information/Options	Complete/Comments
Budget class	<ul style="list-style-type: none"> <li>▪ Construction</li> <li>▪ Contractual</li> <li>▪ Equipment</li> <li>▪ Fringe benefits</li> <li>▪ Indirect charges</li> <li>▪ Other</li> <li>▪ Personnel</li> <li>▪ Supplies</li> <li>▪ Travel</li> </ul>	
Pre-award	<ul style="list-style-type: none"> <li>▪ Yes</li> <li>▪ No</li> </ul>	
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.*

**Table 11 Add Management Cost Budget Item(s)**  
(Optional)

Subapplicant Section	Entry Information/Options	Complete/Comments
Cost type:	Management cost	
Item	<ul style="list-style-type: none"> <li>▪ Equipment</li> <li>▪ Office Space Rental</li> <li>▪ Other</li> <li>▪ Salaries</li> <li>▪ Supplies</li> <li>▪ Travel</li> </ul>	
Quantity		

Subapplicant Section	Entry Information/Options	Complete/Comments
Unit of measure	<ul style="list-style-type: none"> <li>▪ Acre</li> <li>▪ Cubic foot</li> <li>▪ Cubic yard</li> <li>▪ Day</li> <li>▪ Each</li> <li>▪ Foot</li> <li>▪ Hour</li> <li>▪ Inch</li> <li>▪ Linear foot</li> <li>▪ Mile</li> <li>▪ Million board feet</li> <li>▪ Square foot</li> <li>▪ Square yard</li> <li>▪ Square foot per inch</li> <li>▪ Ton</li> </ul>	
Unit price	\$	
Unit total		
Budget class	<ul style="list-style-type: none"> <li>▪ Construction</li> <li>▪ Contractual</li> <li>▪ Equipment</li> <li>▪ Fringe benefits</li> <li>▪ Indirect charges</li> <li>▪ Other</li> <li>▪ Personnel</li> <li>▪ Supplies</li> <li>▪ Travel</li> </ul>	
Pre-award	<ul style="list-style-type: none"> <li>▪ Yes</li> <li>▪ No</li> </ul>	
Project phase	<ul style="list-style-type: none"> <li>▪ Phase 1</li> <li>▪ Phase 2</li> <li>▪ Not applicable</li> </ul>	
Management cost total	\$	

**Table 12 Grand Total**  
(Cost estimate total + Management Cost Total)

Subapplicant Section	Entry Information/Options	Complete/Comments
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.

**Table 13 Proposed Federal vs. Non-Federal Funding Shares**

Subapplicant Section	Entry Information/Options	Complete/Comments
Is this a small impoverished community? (See Appendix for definition)  This determines your federal/non-federal share ratio.	<ul style="list-style-type: none"> <li>▪ Yes</li> <li>▪ No</li> </ul>	
If Yes	<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		
If No	<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.

**Table 14 Add Funding Source**  
**Complete this table for each funding source.**

Subapplicant Section	Entry Information/Options	Complete/Comments
Funding source		
Name of source agency		
Funding amount	\$	
Percent non-federal share by source	%	
Funding type	<ul style="list-style-type: none"> <li>▪ Administration</li> <li>▪ Cash</li> <li>▪ Consulting fees</li> <li>▪ Engineering fees</li> <li>▪ Equipment operation/rental</li> <li>▪ Labor</li> <li>▪ Other</li> <li>▪ Program income</li> <li>▪ Supplies</li> </ul>	
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

**Table 15 Cost-Effectiveness**

Subapplicant Section	Entry Information/Options	Complete/Comments
How was cost-effectiveness determined for this project?	<ul style="list-style-type: none"> <li>▪ BCA completed in FEMA's BCA toolkit (Must attach the export file, zip file, pdf file, and other supporting documentation)</li> <li>▪ Pre-calculated benefits</li> <li>▪ Substantial Damage in Special Flood Hazard Area</li> <li>▪ Other BCA methodology approved by FEMA in writing</li> <li>▪ Not applicable</li> </ul>	
If Not applicable, explain why this project is not applicable		
Pre-calculated benefits selections	<ul style="list-style-type: none"> <li>▪ Acquisitions in the special flood hazard area</li> <li>▪ Elevations in the special flood hazard area</li> <li>▪ Mitigation reconstruction in the special flood hazard area</li> <li>▪ Individual tornado safe rooms</li> <li>▪ Residential hurricane wind retrofits</li> <li>▪ Non-residential hurricane wind retrofits</li> <li>▪ Post-wildfire mitigation</li> </ul>	
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?	<ul style="list-style-type: none"> <li>▪ Yes</li> <li>▪ No</li> </ul>	
Were environmental benefits added to the project benefits?	<ul style="list-style-type: none"> <li>▪ Yes</li> <li>▪ No</li> </ul>	

Subapplicant Section	Entry Information/Options	Complete/Comments
Were social benefits added to the project benefits?	<ul style="list-style-type: none"> <li>▪ Yes</li> <li>▪ No</li> </ul>	
Does the mitigation measure incorporate nature-based solutions?	<ul style="list-style-type: none"> <li>▪ Yes</li> <li>▪ No</li> </ul>	
Please provide any additional comments.		
Attachments		

## Evaluation

Table 16 Evaluation

Subapplicant Section	Entry Information/Options	Complete/Comments
Is the applicant participating in the <a href="https://www.fema.gov/national-flood-insurance-program-community-rating-system">Community Rating System (CRS)</a> ? Located at <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>	<ul style="list-style-type: none"> <li>▪ Yes</li> <li>▪ No</li> </ul>	
If Yes, what is their CRS rating?	1-10	
Is the applicant a <a href="https://www.fema.gov/cooperating-technical-partners-program">Cooperating Technical Partner (CTP)</a> ? Located at <a href="https://www.fema.gov/cooperating-technical-partners-program">https://www.fema.gov/cooperating-technical-partners-program</a>	<ul style="list-style-type: none"> <li>▪ Yes</li> <li>▪ No</li> </ul>	
Was this created from a previous FEMA HMA Advance assistance/Project scoping award?	<ul style="list-style-type: none"> <li>▪ Yes</li> <li>▪ No</li> </ul>	
If yes, please provide the project identifier.		

Subapplicant Section	Entry Information/Options	Complete/Comments
Has the recipient adopted building codes consistent with the <a href="#">International Codes?</a> Located at <a href="https://www.iccsafe.org/advocacy">https://www.iccsafe.org/advocacy</a>	<ul style="list-style-type: none"> <li>▪ Yes</li> <li>▪ No</li> </ul>	
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="#">Building Code Effectiveness Grading Schedule (BCEGS)?</a> Located at <a href="http://www.isomitigation.com/bcegs">http://www.isomitigation.com/bcegs</a>	<ul style="list-style-type: none"> <li>▪ Yes</li> <li>▪ No</li> </ul>	
If Yes, what is their BCEGS rating?	1-10	
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.*

**Table 17 Lobbying**

Subapplicant Section	Entry Information/Options	Complete/Comments
<p>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:</p> <p>(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.</p> <p>(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.</p> <p>(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.</p>	<ul style="list-style-type: none"> <li>▪ Applicant will NOT use federal appropriated funds for lobbying purposes.</li> <li>▪ Applicant will use non-appropriated funds for lobbying purposes. If so, complete Standard Form LLL "Disclosure of Lobbying Activities" below.</li> </ul>	

**Table 18 Standard Form-LLL “Disclosure of Lobbying Activities”**

Subapplicant Section	Entry Information/Options	Complete/Comments
This form must be attached to certification if non-appropriated funds are to be used to influence activities.		
1. Type of federal action:	<ul style="list-style-type: none"> <li>▪ Contract</li> <li>▪ Cooperative agreement</li> <li>▪ Grant</li> <li>▪ Loan</li> <li>▪ Loan guarantee</li> <li>▪ Loan insurance</li> </ul>	
2. Status of federal action:	<ul style="list-style-type: none"> <li>▪ Bid/offer/application</li> <li>▪ Initial award</li> <li>▪ Post award</li> </ul>	
3. Report Type:	<ul style="list-style-type: none"> <li>▪ Initial filing</li> <li>▪ Material change</li> </ul>	
4. Name and address of reporting entity:	<ul style="list-style-type: none"> <li>▪ Prime</li> <li>▪ SubAwardee</li> </ul>	
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)		

Subapplicant Section	Entry Information/Options	Complete/Comments
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)	<ul style="list-style-type: none"> <li>▪ Dr.</li> <li>▪ Miss</li> <li>▪ Mr.</li> <li>▪ Mrs.</li> <li>▪ Ms.</li> <li>▪ Rev.</li> </ul>	
First name		
Middle name (optional)		
Last name		
Suffix (optional)	<ul style="list-style-type: none"> <li>▪ Jr.</li> <li>▪ MD</li> <li>▪ PHD</li> <li>▪ Sr..</li> </ul>	
Street 1		
Street 2 (optional)		
City		
State (optional)		
Zip (optional)		
Zip extension (optional)		
10b. Individual performing services: (including address if different from No. 10a)		

Subapplicant Section	Entry Information/Options	Complete/Comments
Prefix (optional)	<ul style="list-style-type: none"> <li>▪ Dr.</li> <li>▪ Miss</li> <li>▪ Mr.</li> <li>▪ Mrs.</li> <li>▪ Ms.</li> <li>▪ Rev.</li> </ul>	
First name		
Middle name (optional)		
Last name		
Suffix (optional)	<ul style="list-style-type: none"> <li>▪ Jr.</li> <li>▪ MD</li> <li>▪ PHD</li> <li>▪ Sr.</li> </ul>	
Street 1		
Street 2 (optional)		
City		
State (optional)		
Zip (optional)		
Zip extension (optional)		
<p>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.</p>		

**Table 19 Drug-Free Workplace  
(Grantee other than individuals)**

Subapplicant Section	Entry Information/Options	Complete/Comments
<p>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.</p>		
<p>A. The applicant certifies that it will continue to provide a drug-free workplace by;</p>		
<p>(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;</p>		
<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>		



Subapplicant Section	Entry Information/Options	Complete/Comments
<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> <ul 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> </ul>		
<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>		

Subapplicant Section	Entry Information/Options	Complete/Comments
<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>	<ul style="list-style-type: none"> <li>▪ Yes</li> </ul>	