

### **HLMP Application Form**

FY 2024-2025

	THIS SECTION	N IS FOR STATE USE ONLY
Eligible Applicant	Project Type(s)	
☐ State or Local Government	☐ Wind	
☐ Private Non-Profit (Tax ID Received)	☐ Flood	
☐ Recognized Indian Tribe or Tribal Organization	☐ Other:	
		(HLMP) proposals. Complete ALL sections and provide the documents brida Division of Emergency Management at <a href="https://em.myflorida.com"><u>HLMP@em.myflorida.com</u></a> .
Section I – Applicant		
A. Applicant Information:		
Title of Project:		
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2. Applicant Type: State o	r Local Government	Native American Tribe Private Non-Profit Special District
3. County:		
4. Federal Tax I.D. Number:		
5. Point of Contact: (Applic	cation staff serving	as the coordinator of project)
		Last Name:
Title:		_
Address:		_
City:	State:	Zip Code:
Tolophone.	Organiz	zation:
6. Application Prepared by		
		Last Name:
Title:		
Address:	01.1.	
City:	State:	Zip Code: zation:
7. Authorized Agent: (proof		
		Last Name:
Title:		
Address:		
Citv:	State:	Zip Code:
Telephone:	Organiz	•



### **Section II – Project Description**

Α.	на	zards to be Mitigated / Level of Protection		
	1.	Select the type of hazards the proposed project will mitigate:  Flood Wind Other:		
	2.	Identify the type of proposed project:  Wind retrofit  Acquisition and Demolition  Drainage project that reduces localized flooding  Other (explain)		
	3. List the total number of persons that will be protected by the proposed project (include immediate popula affected by the project only):			
	4.	For retrofit applications only: Fill in the level of protection and the magnitude of event the proposed project will mitigate. (e.g. 23 structures protected against the 100-year storm event (1% chance)		
		structure(s) protected against theyear storm event (10, 25, 50, 100, or 500 year storm event)		
		structure(s) protected against mile per hour (mph) winds		
В.	Pro	oject Cost		
	1.	Estimated HLMP Project Cost: (If available)		
	2.	Estimated Total Project Cost: (If applicable)  If HLMP funds will only be used for part of the project, is there an additional ongoing project occurring to complete the remainder of the work/is there sufficient funding to ensure the completion of all the work needed?		
C.	Pro	oject Description, Scope of Work, and Protection Provided (Must be Completed in Detail)		
project will <b>solve</b> the problem(s) and provide the level(s) of protection described in Part A.		scribe, in detail, the existing problem, the proposed project, and the scope of work. Explain how the proposed ject will <b>solve</b> the problem(s) and provide the level(s) of protection described in Part A. Also, if available, ach a vendor's estimate and/or a contractor's bid for the scope of work. <b>Ensure that each proposed project mitigation and not maintenance</b> .		
	1.	Describe the existing problems:		
	2.	Describe the type(s) of protection that the proposed project will provide:		



	3.	Scope of Work: (describe in detail what you are planning to do)
	4.	Describe any other on-going or proposed projects in the area that may impact, positively or negatively, the proposed HLMP Project:
Se	ctic	on III – Project Location (Fully describe the location of the proposed project.)
۹.		oject Specific Information Location/Community: (Geographical Location or Address)
	2.	Type of Retrofit Work: (Check boxes, may select multiple options)  Wind Retrofit Flood Mitigation Acquisition and Demolition Tree Trimming  Other:
	3.	Construction Type of Building: (Primary building material of the structure)  Concrete Masonry Wood  Other:
		<b>Building Size:</b> (Square Footage)
	5. 6.	Number of Stories: (Above Ground)  Pre-Existing Opening Protection: (If applicable, needs to be verified)
	7.	Additional Work Completed Outside of HLMP Project: Yes No If yes, please explain briefly.
В.	<b>Los</b> 1.	Fire Station Yes N/A  The population of the community that is served by the Fire Station: (1 for community, number of stations in the community, regions of community, etc.)  Does the Fire Station Provide EMS services? Yes No  What is the next closest fire station with and without EMS services?



	If available, please include the following:  Building Replacement Value:  Standard Operating Costs:
	Value of Building Contents:
2.	Medical Facility Yes N/A  Type of Facility:  The second to the facility of the second by the Facility:
	The population of the community that is served by the Facility: What is the next closest facility for similar needs?
	How many people can be served at the next nearest facility for a similar service?
3.	Police Station Yes N/A  The population of community that is served by the Police Station: (1 for community, number of stations in the community, regions of community, etc.)  How many individuals work or report to the Police Station?  If available, please include the following:  Building Replacement Value:  Standard Operating Costs:  Value of Building Contents:
4.	Other Non-Residential Building (Government Building, Community Building, Historical Building, etc.)  Yes N/A Specify Facility Name:  What is the general purpose of the facility?  If available, please include the following:  Building Replacement Value:  Standard Operating Costs:  Value of Building Contents:
5.	<b>Residential</b> Yes N/A  Selected area/population applications will be made available for residential wind mitigation projects.  Specific risk factors for the population:
	Is the community coastal facing or urban?



#### C. Additional Information

If the proposed project does not include a particular component of wind mitigation, what is the reasoning? A full wind mitigation project would include roof, windows, and doors.

If available, attach photographs for each project site per application, The photographs should be representative of the project area.

Photos Attached N/A

### Section IV - Project Timeline

### A. Project Milestones/Schedule of Work

List the major milestones in this project by providing an estimated time-line for the critical activities not to exceed a period of 1 year (12-months) of performance. (e.g. Contracting, Designing, Engineering, Permitting, Inspections, closeout, etc.)

Milestone(s)	Number of Months to Complete
Tot	al Months

### **B. Project Timeline Methodology**

Please provide a brief description of the methodology used to create the Project Timeline.