

HLMP Application Form

FY 2025-2026

THIS SECTION IS FOR STATE USE ONLY						
Eligible Applicant						
☐ State or Local Government	☐ Wind					
☐ Private Non-Profit (Tax ID	Flood					
Received)	□ 0 44	Other:				
Recognized Indian Tribe or Tribal Organization	☐ Otner:					
		HLMP) proposals. Complete ALL sections and provide the tact the Florida Division of Emergency Management at				
Section I – Applicant						
A. Applicant Information	l					
Title of Project:						
1. Applicant (Organizati	on):					
	,	ent Native American Tribe Private Non-Profit				
		entivative American Tribei invate Non-i Tolic				
_	pecial District					
3. County:						
4. Federal Tax I.D. Num	ber:					
5. Point of Contact: (A)	oplication staff servir	ng as the coordinator of project)				
		Last Name:				
Address:						
City:	State:	Zip Code:				
		anization:				
6. Application Prepare	d by:					
☐ Ms. ☐ Mr. First Na	ame:	Last Name:				
Title:						
City:	State:	Zip Code:				
Telephone:	Orga	anization:				
	Authorized Agent: (proof of authorization authority required)					
☐ Ms. ☐ Mr. First Na	ame:	Last Name:				
Address:						
City:	State:	Zip Code:				
Tolonhono:	Orga					



Section II – Project Description

A.	На	zards to be Mitigation/Level of Protection			
	1.	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 (<i>Non-Residential Only</i>)				
		Drainage project that reduces localized flooding Other (explain)			
	3.	List the total number of persons that will be protected by the proposed project (<i>include immediate</i>			
		population 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% change))				
		structure(s) protected against the year storm event (10, 25-, 50-, 100-, or 500-year storm event)			
		structure(s) protected against mile per hour (mph) winds			
В	D.,	ciact Cast			
О.		oject Cost Estimated HLMP Cost-Share (Required)			
	2.	Estimated Local Cost-Share (If Applicable)			
	3.	Estimated Total Project Cost (Required)			
	4.	Local Cost-Share Funding Source (If Applicable)			
C.	Pr	oject Description, Scope of Work, and Protection Provided			
	De	scribe, in detail, the existing problem, the proposed project, and the scope of work. Explain how the			
		proposed project will solve the problem(s) and provide the level(s) of protection described in Part A. Also, if available, attach a vendor's estimate and/or a contractor's bid for the scope of work. Ensure that each			
	proposed project is mitigation and not maintenance or repairs.				
	1	Describe the existing problems:			
	١.	Describe the existing problems.			
	2.	Describe the type(s) of protection that the proposed project will provide:			
	۷.	Describe the type(s) of protection that the proposed project will provide:			



3.	3. Scope of Work: (describe in detail what you are planning to do)	
4.	Describe any other ongoing or proposed projects in the area that may impact, positively or negatively, the proposed HLMP project:	
	III – Project Location (<i>Fully describe the location of the proposed project.</i>)	
-	Location/Community: (Geographical Location or Address) Type of Retrofit Work: (check boxes, may select multiple options)	
3.	Wind Retrofit Flood Mitigation Acquisition and Demolition Tree Trimming Other: Construction Type of Building: (Primary building material of the structure) Concrete Masonry Wood Other:	
4. 5. 6.	Building Size: (Square Footage) If residential wind mitigation, can leave blank. For non-residential, please report the total building size. 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.	
B. Lo 1.	ss of Service/Risk Factors Fire Station Yes N/A The population of the community that is served by the Fire Station: Does the Fire Station Provide EMS services? Yes No What is the next closest fire station with and without EMS services?	



	Building Replacement Value: Standard Operating Costs: Value of Building Contents:
2.	Medical Facility Yes N/A Type of Facility: The population of the community that is served by the Facility: What is the next closes 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 station for the community, number of stations in the community, regions of community, etc.) How many individuals work or report to the Police Station? Building Replacement Value: Standard Operating Costs: Value of Building Contents:
4.	Other Non-Residential Building (Government, Community, Historical, etc.) Yes N/A
	Specify Facility Name:
	Building Replacement Value: Standard Operating Costs: Value of Building Contents:
5.	Residential 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

A full Wind Retrofit project would include upgrades to the roof and all openings (windows and doors). If the proposed Wind Retrofit project does not include upgrades to all components, provide a description and sufficient documentation proving existing components are compliant with the Florida Building Code and/or local regulations.

Please attach photographs for each project site per application. The photographs should be representative of the project area.
Photos Attached

Section IV - Project Timeline

A. Project Milestones/Schedule of Work

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

Milestone(s)	Number of Months to Complete
Total Months (max 12 months)	