



HLMP Application Form FY 2025-2026

THIS SECTION IS FOR STATE USE ONLY

Eligible Applicant

- State or Local Government
- Private Non-Profit (Tax ID Received)
- Recognized Indian Tribe or Tribal Organization

Project Type(s)

- Wind
- Flood
- Other:

This application is for all Hurricane Loss Mitigation Program (HLMP) proposals. Complete ALL sections and provide the documents requested. If you require technical assistance, contact the Florida Division of Emergency Management at HLMP@em.myflorida.com.

Section I – Applicant

A. Applicant Information

Title of Project:

1. Applicant (Organization):

2. Applicant Type: State or Local Government Native American Tribe Private Non-Profit
 Special District

3. County: _____

4. Federal Tax I.D. Number: _____

5. **Point of Contact: (Application staff serving as the coordinator of project)**

Ms. Mr. First Name: _____ Last Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Organization: _____

6. **Application Prepared by:**

Ms. Mr. First Name: _____ Last Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Organization: _____

7. **Authorized Agent: (proof of authorization authority required)**

Ms. Mr. First Name: _____ Last Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Organization: _____



MITIGATION

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:

Section III – Project Location (*Fully describe the location of the proposed project.*)

A. Project Specific Information

1. **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: _____
4. **Building Size:** (Square Footage) _____
If residential wind mitigation, can leave blank. For non-residential, please report the total building size.
5. **Number of Stories:** (Above Ground) _____
6. **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. Loss of Service/Risk Factors

1. **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?



MITIGATION

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? _____

Building Replacement Value: _____

Standard Operating Costs: _____

Value of Building Contents: _____

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: _____

What is the general purpose of the facility? _____

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? _____

