

**STATE OF FLORIDA - JOINT HAZARD MITIGATION GRANT PROGRAM & FLOOD MITIGATION ASSISTANCE APPLICATION**

**THIS SECTION FOR STATE USE ONLY**

FEMA-\_\_\_\_-DR-FL

- Standard HMGP       5% Initiative Application       Application Complete  
 Standard FMA       Initial Submission or       Re-Submission

**Support Documents**

- Conforms w/ State 409 Plan  
 In Declared Area  
 Statewide

**Eligible Applicant**

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

**Project Type(s)**

- Wind  
 Flood  
 Other: \_\_\_\_\_

**Community NFIP Status: (Check all that apply)**

- Participating Community ID#: \_\_\_\_\_  
 In Good Standing     Non-Participating     CRS

Reviewer Phone#: \_\_\_\_\_

Reviewer Fax#: \_\_\_\_\_

Reviewer E-Mail: \_\_\_\_\_

Date Application Received: \_\_\_\_\_

State Application ID: \_\_\_\_\_

State Reviewer: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This application is for all Federal Emergency Management Agency (FEMA Region IV) Hazard Mitigation Grant Program (HMGP) and Flood Mitigation Assistance (FMA) proposals. Please complete ALL sections and provide the documents requested. If you require technical assistance with this application, please contact your State Emergency Management Division at (850) 922-5269.

**A. To Fill Out This Application:** Complete all sections, which correspond with the type of proposed project

**General Application Sections:** pp.1-5: All Applicants must complete these sections

**Environmental Review:** pp. 6-9: All Applicants must complete these sections

**Maintenance Agreement:** p. 10: Any Applications involving public property, public ownership, or management of property

**Acquisition Worksheet:** pp.11-13: Acquisition Projects only -- one worksheet per structure

**Elevation Worksheet:** pp.14-18: Elevation Projects only -- one worksheet per structure

**Drainage Worksheet:** pp. 19-21: Drainage Projects only

**Wind Retrofit Worksheet:** pp. 22-24: Wind retrofit projects only (HMGP only) -- one worksheet per structure

pp. 25-27: Wind retrofit/shelter projects only (HMGP only) -- one worksheet per structure

**Attachment A:** FEMA Form 90-49 (Request for Public Assistance): All Applicants must complete, if applicable.

**Attachment B:** HMGP/FMA Application Completeness Checklist: All applicants are recommended to complete this checklist

**B. Applicant Information**

FEMA-Blank-DR-FL

DISASTER NAME: Blank

Ex., FEMA-1609-DR-FL: Hurricane Wilma

Title / Brief Descriptive Project Summary: \_\_\_\_\_

1. Applicant (Organization): Nassau County Board of County Commissioner

2. Applicant Type:

- State or Local Government       Recognized Native American Tribe       Private Non-Profit

3. County: Nassau

4. State Legislative District: 8      Congressional District(s): 4      House: 12      Senate: 5

5. Federal Tax I.D. Number: 591863042

6. FIPS Code\*: 089-99089-00 (\*if your FIPS code is not known, please fill out FEMA Form 90-49 (Attachment A) so that the Department may obtain a FIPS code for you)

7. National Flood Insurance Program (NFIP) Community Identification Number (this number can be obtained from the FIRM map for your area): 120170

8. NFIP Community Rating System Class Number (FMA ONLY): \_\_\_\_\_

9. NFIP Last Community Assistance Visit Date (FMA ONLY): \_\_\_\_\_

10. Attach proof of current Flood Insurance Policy (FMA only). Flood Insurance Policy Number: \_\_\_\_\_

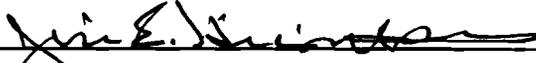
**STATE OF FLORIDA - JOINT HAZARD MITIGATION GRANT PROGRAM &  
FLOOD MITIGATION ASSISTANCE APPLICATION**

11. **Point of Contact**

Ms.  Mr.  Mrs. First Name: Eron Last Name: Thompson  
Title: Grants Manager  
Street Address: 96161 Nassau Place  
City: Yulee State: Florida Zip Code: 32097  
Telephone: 9043215785 Fax: 9044913611  
Email Address (if available): ethompson@nassaucountyfl.com

12. **Application Prepared by:**  Ms.  Mr.  Mrs. First Name: Eron Last: Thompson  
Title: Grants Manager Telephone: 9043215785 Fax: 9044913611

13. **Authorized Applicant Agent (proof of authorization authority required)**

Ms.  Mr.  Mrs. First Name: Jim Last Name: Higginbotham  
Title: Chairman of the BOCC Telephone: 9044917380 Fax: 9043215784  
Street Address: 96160 Nasau Place  
City: Yulee State: Florida Zip Code: 32097  
Signature:  Date: 4-19-07

14. All proposed projects should be included in the county's Local Mitigation Strategy (LMS).  
Attach a letter of endorsement for the project from the county's Local Mitigation Strategy Coordinator.  Yes  No

15. Has this project been submitted under a previous disaster event? If so please provide the disaster number and project number if available. not applicable

**Section I. Project Description**

**A. Hazards to be Mitigated / Level of Protection**

1. Select the type of hazards the proposed project will mitigate:  
 Flood  Wind  Storm surge  Other (list): ALL HAZARDS
2. Identify the type of proposed project:  
 Elevation and retrofitting of residential or non-residential structure  
 Acquisition and relocation  Acquisition and demolition  
 Wind retrofit  Minor drainage project that reduces localized flooding  
 Other (please explain) \_\_\_\_\_
3. List the total number of persons that will be protected by the proposed project: 10
4. 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 (1%) flood)  
  
\_\_\_\_\_ structure(s) protected against the \_\_\_\_\_ -year Flood (10, 25, 50, 100, or 500 year)  
  
1 structure(s) protected against 165 mile per hour (mph) winds
5. **Engineered projects only** (e.g. Drainage Improvements, Erosion Control or other special project types. (Other special project types include drainage and other engineered projects. These projects are unlike acquisition, elevation or wind retrofits/shutters.)) Attach to this page **ALL** engineering calculations and design plans used to determine the above level of protection.  
This will be provided when available.
6. Project will provide protection against the hazard(s) above for 50 years (i.e., what is the useful life of the project)

**B. Project Description, Scope of Work, and Protection Provided (Must be Completed in Detail)**

Describe, 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. **Please ensure that each proposed project is mitigation and not maintenance.**

Description of the existing problems-Nassau County does not have a dedicated, hardened Emergency Operations Center.

Describe the type(s) of protection that the proposed project will provide-The proposed project will provide a needed hardened Emergency Operations Center which can withstand the minimum benchmark design criteria as specified in the (HB 7121) funding for Chapter 2006-71, Laws of Florida, for the State Fiscal Year 2006-2007.

Scope of Work (describe in detail, what you are planning to do)-The Nassau County Board of County Commissioners is committed to building a 5,015 square foot dedicated Emergency Operations Center for the benefit of the citizens of Nassau County.

Describe any other on-going or proposed projects in the area that may impact, positively or negatively the proposed HMGP or FMA project-The State of Florida has pursuant to Chapter 2006-71, Laws of Florida committed \$743,907 in General Revenue funds for completion of this Emergency Operations Center project. the Nassau County Board of County Commissioners in a letter to FDEM Director Craig Fugate dated February 28, 2007 committed \$520,000 to be used in this project.

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

**A. Site**

1. Describe the physical location of this project, including street numbers (or neighborhoods) and zip codes; and if available, please provide precise longitude and latitude coordinates for the site utilizing a hand-held global positioning system (GPS) unit or the equivalent: The site for the proposed Emergency Operations Center is 30 36' 40.5359" latitude, 81 37' 58.7928" longitude. A map is attached which contains the details on the road network and the location coordinates. (ATTACHMENT A)
2. Title Holder: **Board of County Commissioners, Nassau County, Florida**
3. Is the project site seaward of the Coastal Construction Control Line (CCCL)?  YES  NO
4. Provide the number of each structure type (listed below) in the project area that will be affected by the project. That is, *all* structures in project area.
 

<input type="checkbox"/> Residential property: _____	<input type="checkbox"/> Businesses/commercial property: _____
<input checked="" type="checkbox"/> Public buildings: <u>3</u>	<input type="checkbox"/> Schools/hospitals/houses of worship: _____
<input type="checkbox"/> Other: _____	

**B. Flood Insurance Rate Map (FIRM) showing Project Site**

<input checked="" type="checkbox"/> Attach two (2) copies of the FIRM map, a copy of the panel information from the FIRM, and, if available, the Floodway Map. <b><i>FIRM maps are required for this application (if published for your area). Also, all attached maps must have the project site and structures clearly marked on the map.</i></b> FIRMs are typically available from your local floodplain administrator who may be located in a planning, zoning, or engineering office. Maps can also be ordered from the Map Service Center at 1-800-358-9616. For more information about FIRMs, contact your local agencies or visit the FIRM site on the FEMA Web-page at <a href="http://www.fema.gov/home/MSCHardcopy.htm">http://www.fema.gov/home/MSCHardcopy.htm</a>	
Using the FIRM, determine the flood zone(s) of the project site (Check all zones in the project area).	
(see FIRM legend for flood zone explanations) (A Zone must be identified)	
<input type="checkbox"/> VE or V 1-30	<input type="checkbox"/> AE or A 1-30
<input type="checkbox"/> AO or AH	<input type="checkbox"/> A (no base flood elevation given)
<input checked="" type="checkbox"/> B or X (shaded)	<input type="checkbox"/> C or X (unshaded)
<input type="checkbox"/> Floodway	

- Coastal Barrier Resource Act (CBRA) Zone (Federal regulations strictly limit Federal funding for projects in this Zone; please coordinate with your state agency before submitting an application for a CBRA Zone project).
- If the FIRM Map for your area is not published**, please attach a copy of the Flood Hazard Boundary Map (FHBM) for your area, with the project site and structures clearly marked on the map.

**C. City or County Map with Project Site and Photographs**

- Attach a copy of a city or county scale map (large enough to show the entire project area) with the project site and structures marked on the map.
- Attach a USGS 1:24,000 TOPO map with project site *clearly* marked on the map.
- For **acquisition** or **elevation** projects, include copy of Parcel Map (Tax Map, Property Identification Map, etc.) showing each property to be acquired. The map should include the Tax ID numbers for each parcel, if possible.
- Attach photographs (at a minimum 2 photographs) for each project site per application. The photographs should be representative of the project area, including any relevant streams, creeks, rivers, etc. and drainage areas, which affect the project site or will be affected by the project. For each structure, please include the following angles: front, back and both sides.

**Section III. Budget/Costs**

In this section, provide details of all the estimated costs of the project. As this information is used for the Benefit-Cost Analysis, reasonable cost estimates are essential. Since project administrative costs are calculated on a sliding scale, **do not** include them in the budget. Also, **do not** include contingency costs in the budget.

**A. Materials**

<i>Item</i>	<i>Dimension</i>	<i>Quantity</i>	<i>Cost per Unit</i>	<i>Cost</i>

**B. Labor** (Include equipment costs -- please indicate all "soft" or in-kind matches)

<i>Description</i>	<i>Hours</i>	<i>Rate</i>	<i>Cost</i>

**C. Fees Paid** Include any other costs associated with the project.

<i>Description of Task</i>	<i>Hours</i>	<i>Rate</i>	<i>Cost</i>

**Total Estimated Project Cost \$ \_\_\_\_\_**



## Section IV. Environmental Review and Historic Preservation Compliance

*(NOTE: This application cannot be processed if this section is not completed.)*

Because the HMGP/FMA are federally funded programs, all projects are required to undergo an environmental and historic preservation review as part of the grant application process. Moreover, all projects must comply with the National Environmental Policy Act (NEPA) and associated Federal, State, Tribal, and Local statutes to obtain funding. **NO WORK can be done prior to the NEPA review process. If work is done on your proposed project before the NEPA review is completed, it will NOT be eligible for Federal funding.**

1. The following information is required for the Environmental and Historic Preservation review:

*All projects must have adequate documentation to determine if the proposed project complies with NEPA and associated statutes. The State Environmental Staff provide comprehensive NEPA technical assistance for Applicants, with their consent, to complete the NEPA review. The type and quantity of NEPA documents required to make this determination varies depending upon the project's size, location, and complexity. However, at a minimum, please provide the applicable documentation from this section to facilitate the NEPA compliance process.*

- Detailed project description, scope of work, and budget/costs (Section I (p. 2) and Section III (p. 5) of this application).
- Project area maps (Section II, part B & C of this application (pp. 3-4)).
- Project area/structure photographs (Section II, part C of this application (p. 4)).
- Preliminary project plans.
- Project alternatives description and impacts (Section IV of the application (pp. 6-8)).
- Please complete the applicable project worksheets. Dates of construction are required for all structures.
- Provide any applicable information or documentation referenced on the *Information and Documentation Requirements by Project Type* (page 9 of this application).

2. Alternative Actions

The NEPA process requires that at least two alternative actions be considered that address the same problem/issue as the proposed project. In this section, list **two feasible** alternative projects to mitigate the hazards faced in the project area. One alternative is the "No Action Alternative".

### 1. No Action Alternative

Discuss the impacts on the project area if no action is taken.

**Section IV. Environmental Review;**

**Alternative Actions, continued**

*(NOTE: This application cannot be processed if this section is not completed.)*

**2. Other Feasible Alternative**

Discuss a feasible alternative to the proposed project. This could be an entirely different mitigation method or a significant modification to the design of the current proposed project. Complete *all* of parts **a-e** (below) and include engineering details (if applicable).

**a. Project Description for the Alternative**

Describe, in detail, the alternative project. Also, explain how the alternative project will solve the problem(s) and/or provide protection from the hazard(s).

**b. Project Location of the Alternative (describe briefly)**

- Attach a map or diagram showing the alternative site in relation to the proposed project site
- Photographs (2 copies) of alternative site

**c. Scope of Work for Alternative Project**

**d. Impacts of Alternative Project**

Below, discuss the impact of this alternative on the project area. Include comments on these issues as appropriate: Environmental Justice, Endangered Species, Wetlands, Hydrology (Upstream and Downstream surface water Impacts), Floodplain/Floodway, Historic Preservation and Hazardous Materials.

**e. Estimated Budget/Costs for Alternative Project**

In this section, provide details of all the estimated costs of the alternative project (round figures to the nearest dollar). A lump sum budget is acceptable.

**1. Materials**

<u>Item</u>	<u>Dimension</u>	<u>Quantity</u>	<u>Cost per Unit</u>	<u>Cost</u>

**2. Labor** (Include equipment costs -- please indicate all "soft" or in-kind matches)

<u>Description</u>	<u>Hours</u>	<u>Rate</u>	<u>Cost</u>

**3. Fees Paid** Include any other costs associated with the project.

<u>Description of Task</u>	<u>Hours</u>	<u>Rate</u>	<u>Cost</u>

Total Estimated Project Cost \$ \_ \_

**HMGP/FMA ENVIRONMENTAL REVIEW**  
*Information and Documentation Requirements by Project Type*

***Retrofits to Existing Facilities/Structures***  
***Elevations***  
***Acquisitions with Demolition***

- ✓ Dates of Construction
- ✓ Concurrence from State Historic Preservation Officer if structure is 50 years or older or if work to be done is outside the existing footprint.

***Drainage Improvements***

- ✓ Engineering plans/drawings
- ✓ Permit or Exemption letter to address any modifications to water bodies and wetlands
  - Department of Environmental Protection
  - Water Management District
  - U.S. Army Corps of Engineers
- ✓ Letter from State Historic Preservation Office addressing archeological impacts.
- ✓ Concurrence from U.S. Fish and Wildlife addressing any impacts to wildlife, particularly endangered and threatened species and their habitats.
- ✓ If the project is in coastal area, attach a letter from the National Marine Fisheries Service addressing impacts to marine resources.
- ✓ Concurrence from Natural Resource Conservation Service if project is located outside city limits and may impact prime or unique farmland.

***Note: This is a general guideline for most projects. However, there will be exceptions. Consult with environmental staff on project types not listed.***

Section V. Maintenance Agreement

**All applicants whose proposed project involves the retrofit or modification of existing public property or whose proposed project would result in the public ownership or management of property, structures, or facilities, must first sign the following agreement prior to submitting their application to FEMA.**

**(NOTE: Those applicants whose project only involves the retrofitting, elevation, or other modification to private property where the ownership will remain private after project completion DO NOT have to complete this form.)**

The Board of County Commissioners of Nassau County, State of Florida, hereby agrees that  
(City, Town, County)

if it receives any Federal aid as a result of the attached project application, it will accept responsibility, at its own expense if necessary, for the **routine** maintenance of any real property, structures, or facilities acquired or constructed as a result of such Federal aid. Routine maintenance shall include, but not be limited to, such responsibilities as keeping vacant land clear of debris, garbage, and vermin; keeping stream channels, culverts, and storm drains clear of obstructions and debris; and keeping detention ponds free of debris, trees, and woody growth.

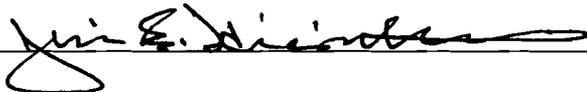
The purpose of this agreement is to make clear the Subgrantee's maintenance responsibilities following project award and to show the Subgrantee's acceptance of these responsibilities. It does not replace, supercede, or add to any other maintenance responsibilities imposed by Federal law or regulation and which are in force on the date of project award.

Signed by Jim B. Higginbotham the duly authorized representative  
(printed or typed name of signing official)

Chairman of the Board of County Commissioners,  
(title)

this <sup>19<sup>th</sup></sup>~~18<sup>th</sup>~~ (day) of April (month), 2007 (year).

Signature\* \_\_\_\_\_



**\*Please note: The above signature must be by an individual with legal signing authority for the respective local government or county (e.g., the Chairperson, Board of County Commissioners or the County Manager, etc.)**

A. Prepare a separate worksheet for each individual property to be acquired. Please note: Participation in an acquisition project must be voluntary on the part of the property owner.

Include at a minimum four (4) color photographs showing a front view, a side view, and a back view of each structure to be acquired. Photos of the surrounding area may also be attached. Attach photographs to the worksheet for that property

B. Site Information:

1. Owner's Name: (Must be the person whose name is on the property's DEED)

Social Security Number: (needed for duplication of benefits (DOB) determination)

Spouse's name (if applicable):

Spouse's Social Security Number: (needed for duplication of benefits (DOB) determination)

2. Street Address (including city, state and zip code) or Physical/Legal Location:

3. If the structure is located in a Special Flood Hazard Area (SFHA) and was substantially damaged (i.e., greater than 50%) you must obtain a Substantial Damage Certificate signed by the Local Building Or City Official (preferably using FEMA's Residential Substantial Damage Estimator (RSDE) software).

Please Note: The data for numbers 4, 5, and 6 of this part of the application and all of Section D are not required if the structure is located in the SFHA and a Substantial Damage Certificate is attached.

4. Base Flood Elevation of Property: (Obtained from Elevation Certificate)

5. Lowest (Finished) Floor Elevation of Principal Structure: (Obtained from Elevation Certificate)

6. Depth of water in the structure feet(s) inches.

For hour(s), day(s), week(s), month (s).

7. Post Mitigation Property Use:

The land must be returned to and maintained as open space. It will be restricted in perpetuity to open space uses as outlined in 44 C.F.R. 206.434(e).

C. Structure Information: (Obtained from tax records, appraisal letters from homeowners, title documents)

1. Attach a copy of the local government Tax Assessor's record for the subject property; and, if available, a tax map.

2. Building Type: (check one)

1-story w/o basement 2-story w/o basement Split-level w/o basement Split level with basement

1-story with basement 2-story with basement Mobile Home Other:

3. Building Use: (check all that apply)

Primary Residence Rental Property Secondary Residence Commercial Property

Public Building House of Worship Multi-Family Other:

4. Construction Type:

Wood Frame Concrete Block Brick Other:

5. Date of Construction for the structure: (if structure is older than 50 years, attach letter from State Historic Preservation Officer):

**Property Acquisition Worksheet continued**

**Acquisition Projects Only**

- 6. Total Square Footage of Principal Structure \_\_\_\_\_  
(Include Property Appraisal documentation, Building Drawings)
- 7. Estimated Cost to Replace Principal Structure (Best estimate is with Appraisal): \$\_\_\_\_\_/ square foot.
- 8. Are there accessory or out buildings on the property?  Yes  No If Yes,  Attached  Detached  
Please describe (location, type of structure, age, value):
- 9. If the project involves the acquisition of a commercial property you must complete a Hazardous Materials Questionnaire for that property. If applicable, please contact the HMGP/FMA Environmental Section at (850) 922-5914 for a copy of the questionnaire.

**D. History of Hazards/Damages (to the Property being acquired)**

List all current and past damages to the property (including damages to the structure, its contents, and any displacement costs). Include damage from declared disaster events AND other hazard events that did not result in a presidential declaration. Damages should be tied to one event. EXAMPLE: On August 13th, 2004, Hurricane Charley caused \$25,000 in roof repairs. Provide proof of all costs of repairs/replacement/Displacement/Structure/Content with receipts, insurance claim documents, work orders, repair or damage estimates, etc . . . NOTE: These data are not required if the property is located in the Floodway or if a Substantial Damage Certificate (for most recent disaster) is attached.

Date (Date of Event-One Event per line)	Precipitation Amount (Inches of Rainfall)	Description of Damages Depth of Flooding (How much water was inside the structure, watermarks, provide pictures)	Cost of Repairs/Replacement/ Displacement/Structure/ Content (Damages require proof of Insurance claims, receipts, etc.)
Ex. 8/13/04	Ex. Hurricane Charley – 2 year event per NOAA website	Ex. 3 feet of water in house	Ex. County Pumping - \$15,000
Ex. 9/05/04	Ex. Hurricane Frances- 3 year event per NOAA website	Ex. 2 feet of water in living room	Ex. SBA loan for \$110,000: Building damages - \$69,114 Content damages - \$20,734
Ex. 9/25/04	Ex. Hurricane Jeanne- 2 year event per NOAA website	Ex. 18" water in den	Ex. Attached estimate for building damages of \$58,515

*Note regarding damage estimates: the date, level of event, description of damages, and cost of repairs/replacement must be specific to ONLY the building under consideration. Countywide damage estimates (e.g., Hurricane Irene, 1999 caused 2 million dollars damage) cannot be used. Additionally, vague information is not useful or acceptable in lieu of specific building damage estimates. Please include a*

*contractor's itemized repair estimate, if possible.*

**Property Acquisition Worksheet continued**

**Acquisition Projects Only**

E. Acquisition Cost Worksheet: (THIS SHEET SHOULD REFLECT INFORMATION FROM APPRAISALS AND VENDOR ESTIMATES)

*Please fill out a separate Acquisition Cost Worksheet for each property to be acquired (If your project involves the acquisition of several properties, you may wish to develop a single spreadsheet that lists each property. The spreadsheet should contain all of the information fields in the Acquisition Cost Worksheet below).*

Project Cost Information	Costs
Owner's Full Name: _____	NA
Spouse's Full Name (if applicable): _____	NA
Mailing Address:	NA
City, State, ZIP:	NA
Property Address:	NA
Tax Parcel Identification Number:	NA
Year Built:	NA
Square footage of the building:	NA
Pre-Disaster Fair Market Value** (Identify Source: i.e. Appraisal, Report, Insurance _____)	\$
Estimated Cost of Demolition (include debris removal, grading, seeding)	\$
Estimated Appraisal Costs	\$
Property Survey Costs	\$
Closing Costs (usually handled by a title company)	\$
Relocation Assistance	\$
Other	\$
<b>Total Cost to Acquire Property</b>	<b>\$</b>

**\*\*Please note:** The community may determine the pre-disaster fair market value by using either the local tax assessed value (plus a percentage to approximate market value) or a State Certified Property Appraiser's estimate. In either case, the market value must be based on pre-disaster conditions. Also, if a local tax assessed value is used, a letter from the Local Property Appraiser must accompany the application.

**NOTE: Recommended elevation for Coastal Areas is at least two feet above the Base Flood Elevation or Local Code. Please provide damage history for the structure under consideration only. Also, an entire HMGP/FMA application must be completed for each structure to be elevated.**

- Include at a minimum four (4) color photographs showing a front view, a side view, and a back view of the structure to be elevated (North, South, East and West) and area view (facing away from the structure, toward street and toward backyard). Attach photographs to the property worksheet.**

**A. Site Information:**

1. Owner's Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ (needed for duplication of benefits (DOB) determination)
2. Spouse's Name (if applicable): \_\_\_\_\_  
Spouse's Social Security Number: \_\_\_\_\_ (needed for duplication of benefits (DOB) determination)
3. Street Address (including city, state and zip code) or Physical/Legal Location:  
\_\_\_\_\_

**B. Structure Information: (Obtained tax records, appraisals, letters from homeowners)**

1. Building Type: (check one)
  - 1-story w/o basement
  - 2-story w/o basement
  - Split-level w/o basement
  - Split level with basement
  - 1-story with basement
  - 2-story with basement
  - Mobile Home
  - Other: \_\_\_\_\_
2. Building Use (check all that apply)
  - Primary Residence
  - Rental Property
  - Secondary Residence
  - Commercial Property
  - Public Building
  - House of Worship
  - Multi-Family
  - Other: \_\_\_\_\_
3. Construction Type:  Wood Frame       Concrete Block       Other: \_\_\_\_\_
4. Foundation Type:  Slab on Grade       Crawl Space       Block Foundation       Other: \_\_\_\_\_
5. Date of original construction for the structure: \_\_\_\_\_
6. Date of modification/upgrade to the structure (if applicable): \_\_\_\_\_
7. What is the pre-disaster value of the building? \_\_\_\_\_ (Provide a copy of Tax Assessor's record, or certified appraisal)
8. What is the total value of the contents of the building? \_\_\_\_\_ (If uncertain, a value of \$20,000 or 30% of the Building Replacement value, which ever is greater)

(THE FOLLOWING DATA IS REQUIRED TO CONDUCT A BENEFIT COST ANALYSIS) (Provide documentation such as: photographs, etc.)

9. What was the depth of flooding in the building? \_\_\_\_\_ Feet, \_\_\_\_\_ Inches.
10. How long was the building flooded? \_\_\_\_\_ Hours, \_\_\_\_\_ Days, \_\_\_\_\_ Weeks, \_\_\_\_\_ Months.

11. Elevation Information

Total Square Footage of Principal Structure: \_\_\_\_\_

Lowest (Finished) Floor Elevation of Principal Structure (above sea level): \_\_\_\_\_

Proposed Elevation Height (above sea level) minimum of 2 feet of free board above BFE is required:

\_\_\_\_\_ Feet    \_\_\_\_\_ Inches

Proposed Foundation Type for Elevated Structure:     Columns     Pilings     Other: \_\_\_\_\_

**C. Required information for elevation projects located in a V-zone or numbered A-zone only:**

1. What is the elevation of the bottom of the lowest horizontal structure member of the building? \_\_\_\_\_  
 (A copy of the surveyor or engineer's *Elevation Certificate* for the building *is required. Elevation Certificate costs should be added to the application project costs*)
2. What is the Base Flood Elevation (BFE) at the building site? \_\_\_\_\_
3. From the FEMA **Flood Insurance Study (FIS)**, which includes the project site, fill out the appropriate table below?  
*\*Please Note:* (FIS) can be ordered from the Map Service Center at 1-800-358-9616. For more information about (FIS), contact your local agencies or visit the (FIS) site on the FEMA Web-page at <http://www.fema.gov/MSF/fis.htm>

**If located in a Riverine Flood Zone (numbered A-zone or AE zone) fill in the following table:**

Flood Frequency	Peak Discharge (CFS)	Stillwater Elevation
10-year		
50-year		
100-year		
500-year		

**If located in a Coastal Flood Zone (V-zone or A-zone subject to storm surge) fill in the following table:**

Flood Frequency	Stillwater Elevation
10-year	
50-year	
100-year	
500-year	

**D. History of Hazards/Damages (to the structure being elevated)**

List all current and past damages to the structure (including its contents). Damages must be fully documented (i.e., you may be asked to produce supporting evidence for any claimed damages). Include damage from declared disaster events AND other hazard events which did not result in a presidential declaration.

*Note regarding damage estimates: the date, type of event, and description of damages must be specific to ONLY the building under consideration. Countywide damage estimates (e.g., Hurricane Irene, 1999 caused 2 million dollars damage) cannot be used. Additionally, vague information is not useful or acceptable in lieu of specific building damage estimates.*

<b>Date (Date of Event-One Event per line)</b>	<b>Name of Event; Type of Event (e.g., storm surge, closed basin flooding, etc.)</b>	<b>Damage Cost to Structure (Damages require proof of Insurance claims, receipts, etc.)</b>	<b>Damage Cost to Content (Damages require proof of Insurance claims, receipts, etc.)</b>
<i>Ex. 10/20/99</i>	<i>Ex. Hurricane Irene; Storm Surge</i>	<i>Ex. \$36,000.00</i>	<i>Ex. \$15,000.00</i>
<i>Ex. 8/13/04</i>	<i>Ex. Hurricane Charley – Closed Basin Flooding</i>	<i>Ex. 3 feet of water in house</i>	<i>Ex. County Pumping - \$15,000</i>
<i>Ex. 9/05/04</i>	<i>Ex. Hurricane Frances-Storm Surge</i>	<i>Ex. 2 feet of water in living room</i>	<i>Ex. SBA loan for \$110,000: Bldg damages - \$69,114 Content damages - \$20,734</i>
<i>Ex. 9/25/04</i>	<i>Ex. Hurricane Jeanne-Lake Okeechobee Water Level Overflow</i>	<i>Ex. 18" water in den</i>	<i>Ex. Attached estimate for building damages of \$58,515</i>

**Note:** Flood Insurance Policies must be purchased for all structures that are part of a FEMA elevation project. For more information contact the Floodplain Administrator in your area or visit the National Flood Insurance Program (NFIP) Web Page at (<http://www.fema.gov/nfip>)

**E. Elevation Cost Information – Elevation Worksheet**

Use the Elevation Cost Worksheet below to develop a detailed cost estimate, which must include *all* project costs. Any project costs that do not clearly fall under the specified categories should be submitted to the Department for review and determination of funding eligibility under the HMGP and the FMA program. *For straight elevation the structure must be retrofitted to the wind load requirements (i.e. storm shutters, hurricane clips, etc.). Complete pages 20-22 of the Wind Retrofit Worksheet. This worksheet should have all the items from the vendor estimate provided as backup documentation, it is required to be filled out completely!!*

Description Estimate costs for all applicable items	Explanation of costs (e.g., 12 items @ \$40 each)	Total Costs
<b>Permitting/Recording/Legal Fees</b>		
Demolition Permit	Ex. LS (Lump Sum)	Ex. \$500.00 \$
Building Permit(s)		\$
Plumbing, Electrical, Mechanical Permits		\$
Recording Fees		\$
Legal Fees		\$
<b>Planning and Design</b>		
Surveying and Site Layout		\$
Elevation Certificate(s)	Ex. 1 @ \$300.00	Ex. \$300.00 \$
Engineering Design for Elevated Structure		\$
<b>Site Preparation</b>		
Structural Demolition	Ex. 2000 SQ-FT @ \$2.30/SQ-FT	Ex. \$4,600.00 \$
Lot Clearing		\$
Debris Removal and Disposal		\$
Excavation/Fill for Grading	Ex. 2000 SQ-FT @ \$0.75/SQ-FT	Ex. \$150.00 \$
<b>Retrofitting/Elevation of an Existing Structure</b>		
Concrete & Block Work; Masonry Work		\$
Drilling & Installation of Piers, Columns, or Piles		\$
Beams and Columns		\$
Embedment and Sealant		\$
Foundation Walls		\$
Structural Steel Work		\$
Bracing and Anchoring		\$
Lifting/Jacking/Elevating		\$
Backfilling		\$
Detachment and Reattachment (of elements affixed to structure)		\$
	<b>Sub-Total for Page</b>	\$

	Sub-Total from previous page	\$
Description Estimate costs for all applicable items	Explanation of costs (e.g., 12 items @ \$40 each)	Total Costs
<b>New Construction</b>		
Sub-flooring		\$
Wall and Roof Framing and Shell Construction		\$
Exterior Doors and Windows, Insulation		\$
Hurricane Clips/Ties		\$
Porches/Decks (if pre-existing)		\$
Stairs and Railings		\$
Plumbing Rough-in (for supply and drain, waste and vent)		\$
Electrical Rough-in (main circuit panel, junction boxes and outlets)		\$
Installation of ductwork for, ventilation, and air conditioning		\$
Final Clean-up		\$
<b>Systems Extensions (for elevated buildings only not for new construction)</b>		
Electrical Service	Ex. 20 hrs @\$30.00/hr + Materials	Ex. \$1,250.00
Plumbing/Water Service		\$
Sewer/Septic System		\$
HVAC and Ductwork; Elevating Mechanical Equipment		\$
Additional Insulation		\$
Roof and Foundation Drainage Systems		\$
Soil Stabilization/Retaining Walls		\$
<b>Landscape Replacement/Restoration (for landscaping disturbed by construction)</b>		
Evaluated on a case-by-case basis		\$
<b>Displacement Costs</b>		
Moving Costs		\$
Temporary Storage Costs		\$
Temporary Living Facilities Costs		\$
<b>Other Eligible Costs (list additional costs to be determined by the Department for eligibility under the HMGP/FMA programs)</b>		
Other(s): _____		\$
	<b>Total Eligible Project Costs</b>	\$

# Drainage and Other Special Project Type Worksheet

(Other special project types include drainage and other engineered projects. These projects are unlike acquisitions, elevations or wind retrofits (shutters)).

Municipality/County: \_\_\_\_\_

Project Title: \_\_\_\_\_

Please fill out this worksheet completely. Note: The required information is necessary for the completion of the application process and the technical and engineering review.

1. Attach a Flood Insurance Rate Map (FIRM) and indicate the project area. Make sure the Community Identification Number is displayed on the front of the map.
2. Attach a City or County Scale Map and identify the entire project area.
3. Attach a topographical map of the study area.
4. Is a Flood Insurance Study of the Area Available? Yes  No

What is the Community Name? \_\_\_\_\_

What is the Community Number? \_\_\_\_\_

What is the FIS publication date? \_\_\_\_\_

5. How many structures within the study area were flooded? \_\_\_\_\_

(a) Attach a copy of the County Property Appraiser Report for each structure, including address.

*Note: A current Uniform Residential Appraisal Report, current Realtor Summary Appraisal, RS Means Cost Estimate or Marshall & Swift cost estimate are also acceptable supporting documentation.*

(b) Indicate the first floor elevation of each structure. \_\_\_\_\_

(c) What was the depth of flooding inside each structure (inches and/or feet)? \_\_\_\_\_

(d) How long (hours and/or days) was each structure flooded? \_\_\_\_\_

(e) Please provide an annual maintenance cost for the drainage improvement solution. \_\_\_\_\_

*Note: Although FEMA does not fund the maintenance of a project; this cost is needed for the benefit cost analysis and the performance of the drainage improvement system.*

6. How many structures within the study area experienced yard flooding only? \_\_\_\_\_

(a) Attach a copy of the County Property Appraiser Report for each structure including address.

*Note: A current Uniform Residential Appraisal Report, current Realtor Summary Appraisal, RS Means Cost Estimate or Marshall & Swift cost estimate are also acceptable supporting documentation.*

7. Frequency of Event: Provide specific day, month and year per flooding event for each structure.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

6) \_\_\_\_\_

## Drainage and Other Special Project Type Worksheet continued

8. Provide the dollar amount for each insured flooded structure (Proof of loss includes National Insurance Claims, etc...).

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

6) \_\_\_\_\_

9. LOSS OF FUNCTION

(a) List the roads within the study area that were closed due to flooding, and how many days closed. Estimate the number of one-way traffic trips per road and indicated the detour or delay time per one-way trip (in hours.)

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

*Note: Data from the Department of Transportation, Public Works Division, or any other credited source is acceptable.*

10. Was any Non Profit/Public Facility affected by flooding? Yes  No

If yes: Indicate the name of the Non Profit/Public Facility that could not provide services due to flooding.

\_\_\_\_\_

11. What is the Annual Operating Budget Amount for the facility or facilities mentioned above?

*Note: Do not include maintenance cost within the Annual Operating Budget.*

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

12. Provide photographs of the damaged properties and areas.

13. Have preliminary plans for the drainage improvement project been completed? If yes, a copy should be submitted.

Yes

No

14. Have final approved plans and/or final hydrology/hydraulic studies from a professional engineer or consultant for the proposed drainage improvement project been completed?

Yes

No

If yes, provide final plans and/or hydrology/hydraulic study.

Name of the consulting firm: \_\_\_\_\_

Project engineer name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

15. Provide an estimated project budget with cost break down by line item. A Summary Report from the consultant or Professional Engineer describing the problem and the proposed solution with the necessary supporting Engineering Calculations for the project/solution. The report should also certify the level of protection and the magnitude of event the completed scope of work will mitigate. (Example: 40 homes will be protected against a 100 Year Flood Event.) Finally, the report should provide an estimate of damages that is anticipated for events beyond the mitigation efforts. (Example: The 40 homes can anticipate 15% structural damages for 250 Year Event and 30% structural damages for a 500 Year Flood Event). Provide a letter from the consultant or Professional Engineer indicating the design period the new drainage improvement system was designed for.

16. If you do not have preliminary nor final plans and studies, do you want to phase the project?

Yes

No

## Drainage and Other Special Project Type Worksheet continued

### 17. ADDITIONAL STORM DAMAGES CAUSED BY FLOODING:

List the amount of damages (in dollars) caused by flooding per road. \$ \_\_\_\_\_  
(i.e. washout materials, culvert damages, pipe damages)

List the cost incurred due to emergency measures. \$ \_\_\_\_\_

List the dollar figures for debris removal within the effected? \$ \_\_\_\_\_

How many days was the community without power? \_\_\_\_\_

Did the community lose potable water service? Yes  No

How many days the community was without potable water services?

1 day       2 days       3 days       \_\_\_\_\_ days

How many days the community was without wastewater treatment services?

1 day       2 days       3 days       \_\_\_\_\_ days

18. Please attach any documentation for other indirect damages caused by flooding within the project area. (i.e. Lost wages, police department overtime wages, public works clean up crews overtime wages, cost incurred on clearance of vehicles and other disaster-related materials, damages to electric panels in pumping facilities, levees breaches and damaged equipments).

19. Letter of Map Revision (LOMR) may be needed for this project. Any changes to the FIRM need to be reflected on the flood maps, which is accomplished through the LOMR process. The construction of this project may lower the 100-year flood elevation and thus, possibly lower the flood insurance rates for structures in the project area. If the LOMR process is applicable to the proposed project, please contact the Department for assistance at (850) 922-5269, Department of Community Affairs, Division of Emergency Management.

Please fill out this worksheet completely. A separate worksheet is required for each structure to be wind retrofitted.

- Attach photographs (two copies) of each side (North, South, East and West) of the building to be retrofitted. Photos should show a clear and unobstructed view of each side of the building. Sequential frames should overlap to get an overall layout of the structure and show all openings (see note 12 on Notes)
- Provide evidence that the shutter system complies with the Miami Dade County or Florida Building Code Specifications. The best evidence of this is a certificate issued by the Miami Dade County Building Department or Florida Building Code stating that the proposed shutter products have been tested, approved, and comply with the Miami Dade County or Florida Building Code specifications and also with the Local Codes & Standards for the specific location. Non-certified shutters or products can't be used.

**A. Project Information**

(1) Building Name	Nassau County Emergency Operations Center
(2) Address	The nearest designated roadway to the project site is Nicholas Cutinha Road
(3) City, State and Zip	Yulee, Florida 32097
(4) Owner/Applicant	Nassau County Board of County Commissioners
(5) Contact Person	Eron Thompson
(6) Disaster Number	
(7) Project Number (STATE USE ONLY)	
(8) Application Date (STATE USE ONLY)	
(9) Analyst (STATE USE ONLY)	

**B. Building Data**

(1) Select Building Type See Note # (1) on Notes	<input type="checkbox"/> <b>Non-Engineered Wood</b> - Wood buildings do not receive specific engineering attention. Examples include single and multi-family residences, some one- or two- story apartment units, and some small commercial buildings.  <input type="checkbox"/> <b>Non-Engineered Masonry</b> - These masonry buildings do not receive specific engineering attention. Examples include single and multi-family residences, some one- or two- story apartment units, and some small commercial buildings.  <input type="checkbox"/> <b>Manufactured Building</b> - These buildings are typically light metal structures or manufactured housing units (e.g., mobile homes). Manufactured buildings are produced in large numbers of identical or similar units.  <input type="checkbox"/> <b>Lightly Engineered</b> - These buildings may combine masonry with steel framing, open-web steel joists, wood framing, and wood rafters. Some parts of the building receive engineering attention while others do not. Examples include motels, commercial, and light industrial buildings. <i>Built before 2000.</i>  <input checked="" type="checkbox"/> <b>Fully Engineered</b> - Usually these buildings are designed for a specific site and thus receive specific, individualized design attention from professional architects and engineers. Examples include high-rise office and hotel buildings, hospitals, and most public buildings. <i>Built after 2000.</i>  <input type="checkbox"/> <b>Other</b> - These buildings do not fit into any of the descriptions listed above.
(2) Building Site (Miles Inland)	Provide evidence of miles inland: (Mapquest, Street and Trips, or other) See Note # (2) on Notes. 13
(3) Number of Stories Above Grade	1
(4) Construction Date	Provide support documentation: Letter from Engineer, Architect, Building Official or Property Appraiser Report. 2007
(5) Historic Building Controls	not applicable

<b>C. Building Size and Use</b>	
(1) Total Floor Area (SF)	Provide support documentation: Letter from Engineer, Architect or Building Official; Copy of sketch with the Area, Property Appraiser Report showing actual Total Square Feet. See Note # ( 3 ) on Notes. 5015
(2) Area Occupied by Owner or Public/Non-Profit Agencies	5015
<b>D. Building Value</b>	
(1) Building Replacement Value	Provide supporting documentation if Building Replacement Value is more than \$145 sf for Commercial and \$130 sf for Residential. (FEMA default). See Note # ( 4 ) on Notes. \$1,852,351
<b>E. Building Contents</b>	
(1) Contents Description	
(2) Total Value of Contents	Provide list of the equipment, furniture, etc in dollars if the contents are more than 30% of Building Replacement Value (FEMA defaults). Insurance Policy Documents are acceptable. See Note # ( 5 ) on Notes. estimated at \$79,500
<b>F. Displacement Costs Due to Wind</b>	
(1) Rental Cost of Temporary Building Space (\$/sf/month)	Provide support documentation if it is more than \$1 /SF/Month (FEMA default). A similar building rental cost in the same area is acceptable. See Note # ( 6 ) on Notes. \$1.00 per square foot per month
<b>G. Value of Public Non-Profit Service</b>	
(1) Description of Services Provided	Indicate type of service provided: Ex. Emergency, Security, Educational Services, Etc. See Note # ( 7 ) on Notes. Emergency Operations Center
(2) Annual Budget of Public Non-Profit Agencies	Provide support documentation, copy of the Annual Budget for the current fiscal year and make sure is related ONLY to the operation of the specific building to be retrofitted, not for the entire department, city or county. See Note # ( 8 ) on Notes. \$332,000
<b>H. Mitigation Project Data</b>	
(1) Project Description	Describe the Project: Ex. Installation of Shutters in all windows, doors, bay doors, vents, louvers, skylights, Etc. Should reflect project scope of work (Section I, B.). See Note # ( 9 ) on Notes. Construction of a 5,015 sq ft Emergency Operatoins Center.
(2) Project Useful Life (Years)	For Shutter: if it is more than 15 years it is necessary to provide support documentation, letter from the vendor assuring the Shutter Useful Life. See Note # ( 10 ) on Notes. 50
(3) Mitigation Project Costs	\$588,444
(4) Base Year of Costs	2007
(5) Annual Maintenance Costs (\$/year)	Provide support documentation if the Maintenance is other than 1% (FEMA default) of the mitigation project cost. See Note # ( 11 ) on Notes. \$0

**NOTES:**

1. For Building Type include photos or building drawings, tax records or property appraiser document. If the building was built before 2000, it is a lightly engineered building.
2. For the Building Site (miles inland) provide the number of miles the site is located inland. Information may be compiled with the aid of map-making applications such Mapquest, Streets and Trips, or other application with a scale.
3. For the Building Size (area to be protected), include property appraiser documentation, engineer or building official document, homeowner tax records, survey, building drawings or any official document that shows the building size and area.
4. For the Building Replacement Value (BRV), use FEMA default of \$145.00/sf for commercial and \$130.00/sf for residential. If any other Building Replacement Value (BRV) is used, include insurance record, letter from local building department, residential builder or property appraiser document that shows the specified value.
5. For Building Contents, use FEMA Default of 30% of the Building Replacement Value (BRV). If the content is more than 30% of Building Replacement Value (BRV), then include an insurance record, or as itemized list signed by appropriate person from Finance Department. If it is a residential property include receipts, appraisal, estimates based on current market prices.
6. For Displacement Cost (Rental Cost of Temporary Building Space), use FEMA default of \$1.00/sf/month or provide documentation if a different value is used. A similar building rental cost in the area is acceptable.
7. For Description of Services Provided, indicate what type of service (Emergency, Security, Educational, Public, Library, Water Treatment Services, etc).
8. For Annual Budget, use a line item operations budget from appropriate official such as the applicant's accountant, finance department, etc. Spreadsheets are acceptable if signed by the appropriate official.
9. For the Project Description, describe the project and indicate number of openings, include all openings: windows, doors, bay doors, vents, louvers, skylights, (required to protect the complete envelope of the structure). Also include the retrofit of any exterior equipment such as HVAC units, or window A/C units, propane gas tanks, etc, which need to be bolted / strapped to the slab, wall or roof.
10. For the Project Useful Life, use FEMA defaults, (15 years) for shutters and (30 years) for roof. Use documentation from the vendor for anything more than the default values.
11. For Annual Maintenance Cost use the FEMA Default of 1% of the Mitigation Project Cost. If other than 1% include supporting documentation. Be aware that under "HMGP" FEMA will not pay Annual Maintenance.
12. All pictures should be identified as to building number, address, side of building (N,S,E, or W), and correlated to itemized vendor listing (ex. Windows / opening # 1 on page 1 of vendor estimate).

***All this information is necessary in order to expedite the review and recommendation process of the project.***

**Shelter Retrofit Project Only**

**Benefit Cost Data Collection Form**

Please provide the following data and documentation for shelter retrofit projects only to determine the cost effectiveness of the project. In addition to the Wind Retrofit Worksheet the Shelter Retrofit Worksheet must be completed.

*“If the scope of work is the retrofit of a building to create a shelter, the shelter’s design must comply with FEMA 361, Design and Construction Guidance for Community Shelters.”*

<b>Project Information</b>		
(1) Building Name		
(2) Address		
(3) City, State and Zip		
(4) County		
(5) Owner / Applicant		
(6) Contact Person		
(7) Disaster Number		
<b>(8) Project Number (STATE USE ONLY)</b>		
<b>(9) Application Date (STATE USE ONLY)</b>		
<b>(10) Analyst (STATE USE ONLY)</b>		
<b>Data Needed</b>	<b>Answer</b>	<b>Documentation Needed</b>
Longest length of entire building in feet		Sketch of building, copy of architectural or engineering plans or letter from engineer / architect
Longest width of entire building in feet		Sketch of building, copy of architectural or engineering plans or letter from engineer / architect
Shelter area (this is the area of the building that has been designed as a shelter; cannot exceed total square footage of building)		Letter from engineer or architect responsible for shelter specifications
Shelter construction type (reinforced & pre-cast concrete, reinforced masonry, unreinforced masonry, steel, wood, or user defined)		Letter from engineer or architect verifying construction type (If user defined chosen, please provide estimates of the percent of occupants injured and the percent of occupant fatality for the pre-mitigation state of the building for each class of wind speeds; fill out tables 1 and 2 below)
Windows, door and skylight area (Is the window, door and skylight area greater than, equal to or less than seven percent of total wall and roof area)		Letter from engineer or architect
Hurricane shelter occupancy. Maximum capacity of shelter (Each person must have a minimum of 20 square feet)		Letter from facility manager, building engineer, fire marshal or local building inspector
Project cost		Line item breakdown from contractor
Annual maintenance cost		Letter from contractor or facility manager
Project useful life		If FEMA default is not used, provide guarantee from vendor or letter from engineer
Wind speed building is designed to withstand in its pre-mitigation state		Letter from engineer

**Shelter Retrofit Project Only**

**Benefit Cost Data Collection Form (Continued)**

Please use Table 1 and 2 to report the percent of occupants injured at various wind speeds. For lower wind speeds the percent injured may be zero. For example, if the building, in its pre-mitigation state, was designed to withstand 120 mph winds, zeros would be entered for the first three rows of the Tables 1 and 2. Values for wind speeds above what the building is designed to withstand should be entered only if supporting documentation is provided, otherwise the benefit-cost module will calculate default values. Tables 1 and 2 will also need to be filled out if "user defined" is chosen as the shelter construction type.

**Table 1. Percentage (%) of occupants injured at various wind speeds (pre-mitigation) (optional)**

<b>Wind speed (miles per hour)</b>	<b>Percentage (%) of occupants injured</b>
0 - 44	
45 - 77	
78 - 118	
119 - 138	
139 - 163	
164 - 194	
195 - 210	
211 - 262	
263 +	

**Table 2. Percentage (%) of occupant fatalities at various wind speeds (pre-mitigation) (optional)**

<b>Wind speed (miles per hour)</b>	<b>Percentage (%) of occupant fatality</b>
0 - 44	
45 - 77	
78 - 118	
119 - 138	
139 - 163	
164 - 194	
195 - 210	
211 - 262	
263 +	

Please use Table 3 and 4 only if supporting documentation is provided. It is not necessary to provide values for these tables because the benefit-cost module will calculate default values. However, if values other than the default values are warranted, please fill out Tables 3 and 4. These tables ask, "How effective will the project be at reducing injuries or death at each wind speed?" For example, the mitigation project may eliminate 98 percent of injuries at wind speeds of 195 to 210 miles per hour.

**Table 3. Effectiveness of mitigation in reducing injuries (optional)**

<b>Wind speed (miles per hour)</b>	<b>Mitigation effectiveness (%)</b>
0 - 44	
45 - 77	
78 - 118	
119 - 138	
139 - 163	
164 - 194	
195 - 210	
211 - 262	
263 +	

**Table 4. Effectiveness of mitigation in reducing fatalities (optional)**

<b>Wind speed (miles per hour)</b>	<b>Mitigation effectiveness (%)</b>
0 - 44	
45 - 77	
78 - 118	
119 - 138	
139 - 163	
164 - 194	
195 - 210	
211 - 262	
263 +	

**Attachment A**

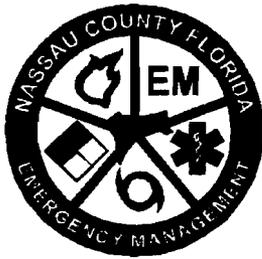
2007 Hazard Mitigation Grant Program Application

## **Attachment A**

### **2007 Hazard Mitigation Grant Program Application**

1. Proof of Authorization – designation of the Chairman of the Board of County Commissioners for 2007.
2. Letter of endorsement for this project from the LMS Coordinator.
3. Site location map including street names and longitude and latitude coordinates. (2 copies)
4. Flood Zone Map including FIRM Panel and Quad information (2 copies) for the project site.
5. The Storm Surge Map for the project site.
6. The Appraisal Boundary Map for the project site.
7. Vicinity map for the project site.
8. USGS 1:24,000 TOPO Map for the project site.
9. Three photographs of the proposed project site.
10. Copy of the Emergency Management Department 2006-2007 operating budget for Emergency Preparedness.
11. Copy of the Emergency Management Department 2006-2007 operating budget for Emergency Management and Operations.
12. A copy of the draft estimated (proposed) Capital Improvement Plan operating cost impact analysis form for 2009-2010.

8:48 It was moved by Commissioner Holloway, scconded by Commissioner Higginbotham and unanimously carried to approve appointing Commissioner Jim B. Higginbotham as the Chairman for 2007.



**Nassau County Emergency Management**

96135 Nassau Place, Suite 2

Yulee, FL 32097

904-548-4980

904-491-3628 (fax)

1-800-958-3494

[ncem@nassaucountyfl.com](mailto:ncem@nassaucountyfl.com)

April 18, 2007

Craig Fugate, Director  
Florida Division of Emergency Management

Re: Hazard Mitigation Grant Program – Nassau County Emergency Operations Center

Dear Mr. Fugate:

We are pleased to present Nassau County's application for the Hazard Mitigation Grant Program to support funding for construction of a County Emergency Operations Center.

Review of this project confirms that it is consistent with Nassau County's emergency management and mitigation policies, plans and procedures, in that it provides a critical protected central facility to house all-hazards disaster preparedness, response, recovery and mitigation activities.

As past hurricane seasons have demonstrated, a hardened emergency operations center is vital to assuring continued life safety services in the community during disaster events.

Sincerely,

A handwritten signature in cursive script, appearing to read "Nancy Freeman".

Nancy Freeman  
Director

SR-200/A1A

SR-200  
SR-200/A1A

WILLIAM BURGESS BOULEVARD

HARPER CHAPEL RD

WALTHOUR PL

WILLIAM BURGESS BLVD

DOVE RD

VETERANS WAY

NICHOLAS CUTINHA RD

VETERANS WAY

ROAD 451547

ROAD 451548

New EOC Building

30 36' 40.5359" Latitude  
81 37' 58.7928" Longitude

**Disclaimer**  
 The GIS Data is provided "as is" without warranty of any representation of accuracy, timeliness, or completeness. The data is for informational purposes only and should not be substituted for a true title search, property appraisal, survey or for zoning verification. The burden for ensuring accuracy, completeness, timeliness, non-liability, and fitness or appropriateness for use rests solely on the user.



Hendry County makes no warranties, express or implied, in the use of the GIS. There are no implied warranties of non-liability or fitness for a particular purpose. The user acknowledges and accepts the limitations of the GIS, including the fact that the data is dynamic and is in a constant state of maintenance, correction and update. Hendry County assumes no legal responsibility for the information contained in this data. All map data are based on the North Carolina State Plane coordinate system, NAD 83. Precise reference are made to the 2011.



SR-200/A1A

SR-200  
SR-200/A1A

WILLIAMBURGES BOULEVARD

HARPER CHAPEL RD

WALTHOUR PL

WILLIAMBURGES BLVD

DOVE RD

VETERANS WAY

NICHOLAS CUTINHA RD

VETERANS WAY

ROAD 451547

ROAD 451548

New EOC Building  
30 36' 40.5359" Latitude  
81 37' 58.7928" Longitude

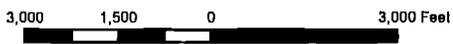
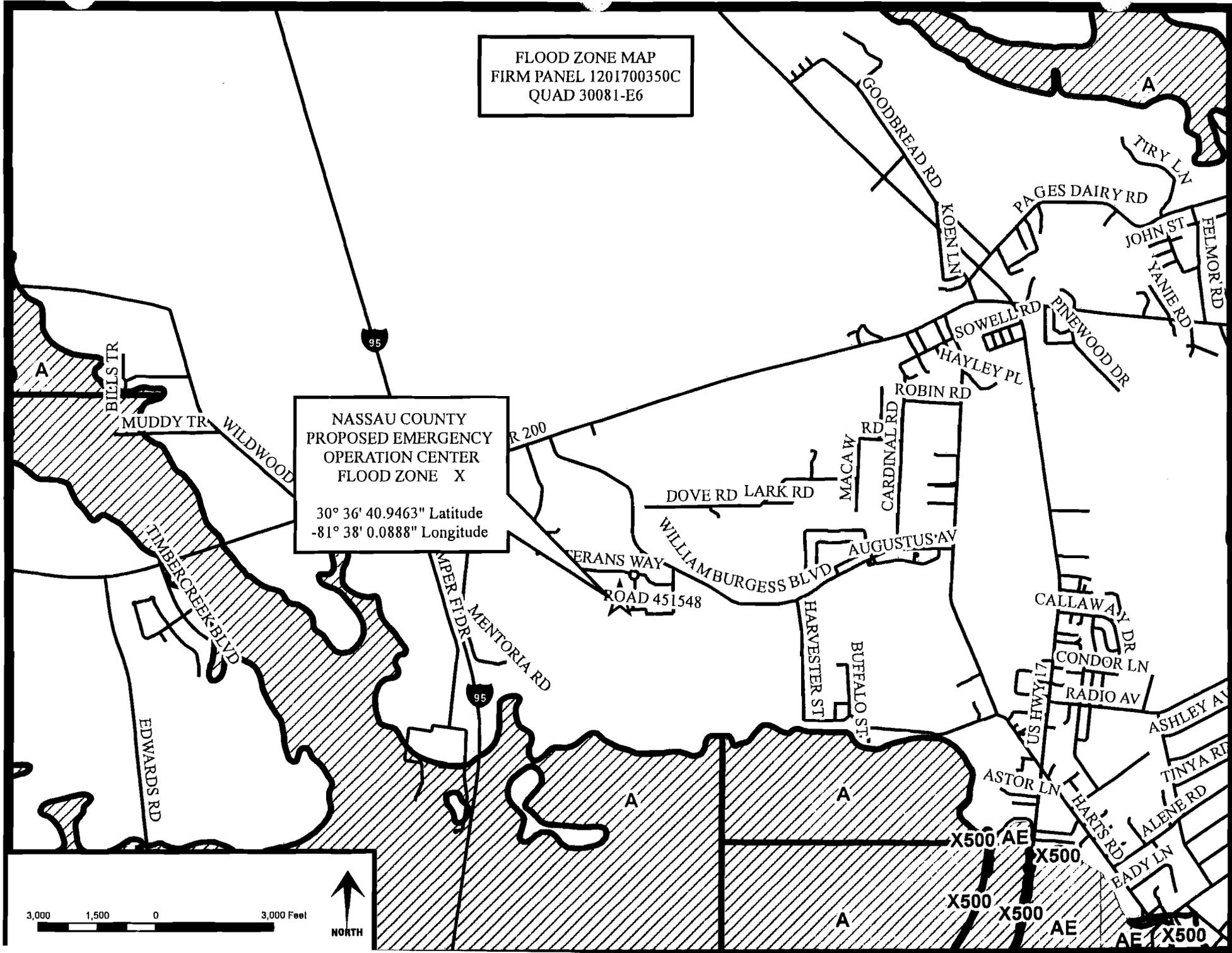
**Disclaimer**  
The City of Vista is provided to you without warranty of any representation of accuracy, timeliness, or completeness. This data is for informational purposes only and should not be substituted for a high-precision property appraisal, survey, or for zoning verification. The burden for determining accuracy, completeness, timeliness, availability, and fitness or appropriateness for use rests solely on the user.  
  
Nassau County makes no warranty, express or implied, as to the use of the data. These are not implied warranties of merchantability or fitness for a particular purpose. The user acknowledges and accepts the limitations of the data, including the fact that the data is dynamic and in a constant state of maintenance, correction, and update. Nassau County assumes no legal responsibility for the information contained in this data. Map data are based on the North Carolina State Plane coordinate system, NAD83. Technical reasons are made to the data.



FLOOD ZONE MAP  
FIRM PANEL 1201700350C  
QUAD 30081-E6

NASSAU COUNTY  
PROPOSED EMERGENCY  
OPERATION CENTER  
FLOOD ZONE X

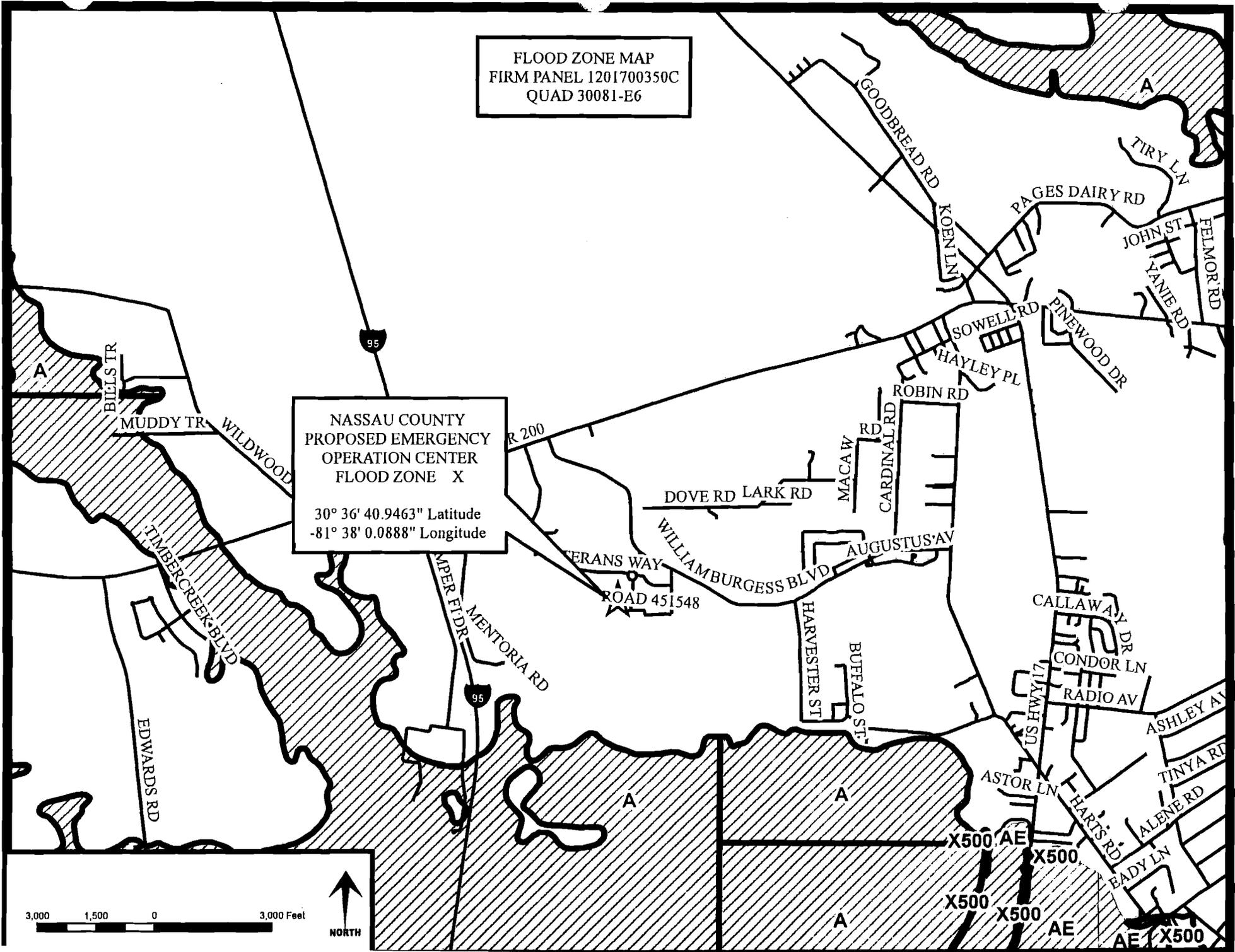
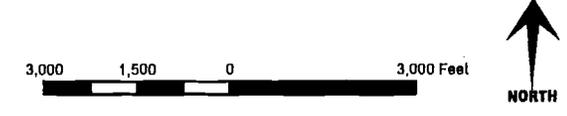
30° 36' 40.9463" Latitude  
-81° 38' 0.0888" Longitude



FLOOD ZONE MAP  
FIRM PANEL 1201700350C  
QUAD 30081-E6

NASSAU COUNTY  
PROPOSED EMERGENCY  
OPERATION CENTER  
FLOOD ZONE X

30° 36' 40.9463" Latitude  
-81° 38' 0.0888" Longitude



# Nassau County Judicial Complex Storm Surge Map



Category 5 Hurricane  
Storm Surge

Boundary Info From Appraisal by:  
The Rogers Appraisal Group, Inc.  
Dated: March 7, 2000  
+/- 129.34 Acres

DOVE RD

WALTHOUR PL

HARPER CHAPEL WAY

VETERANS WAY

WILLIAM BURGESS BLVD

VETERANS WAY

NICHOLAS CUTINHA RD

ROAD 451547

ROAD 451548

Boundary Info From Appraisal by:  
Hollis Wagand and Associates, Inc.  
Dated: February 17, 2000  
+/- 30.00 Acres

Category 4 Hurricane  
Storm Surge

I-95/1A NB ON RAMP

SIDNEY PL

HARPER CHAPEL RD

MENTORIA RD

PINE CREST RD

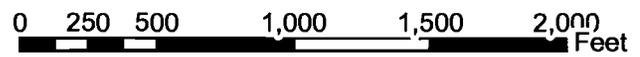
I-95/1A SB ON RAMP

I-95/1A NB OFF RAMP

I-95

SEMPER PAR DR

I-95



# Nassau County Judicial Complex Appraisal Boundary Map



Category 5 Hurricane  
Storm Surge

Boundary Info From Appraisal by:  
The Rogers Appraisal Group, Inc.  
Dated: March 7, 2000  
+/- 129.34 Acres

DOVE RD

WALTHOUR PL

HARPER CHAPEL WAY

VETERANS WAY

WILLIAM BURGESS BLVD

VETERANS WAY

NICHOLAS CUTINHA RD

ROAD 451547

ROAD 451548

Boundary Info From Appraisal by:  
Hollis Wagand and Associates, Inc.  
Dated: February 17, 2000  
+/- 30.00 Acres

Category 4 Hurricane  
Storm Surge

I-95  
1951A NB ON RAMP

SIDNEY PL

HARPER CHAPEL RD

MENTORIA RD

PINE CREST RD

I-95  
1951A SB ON RAMP

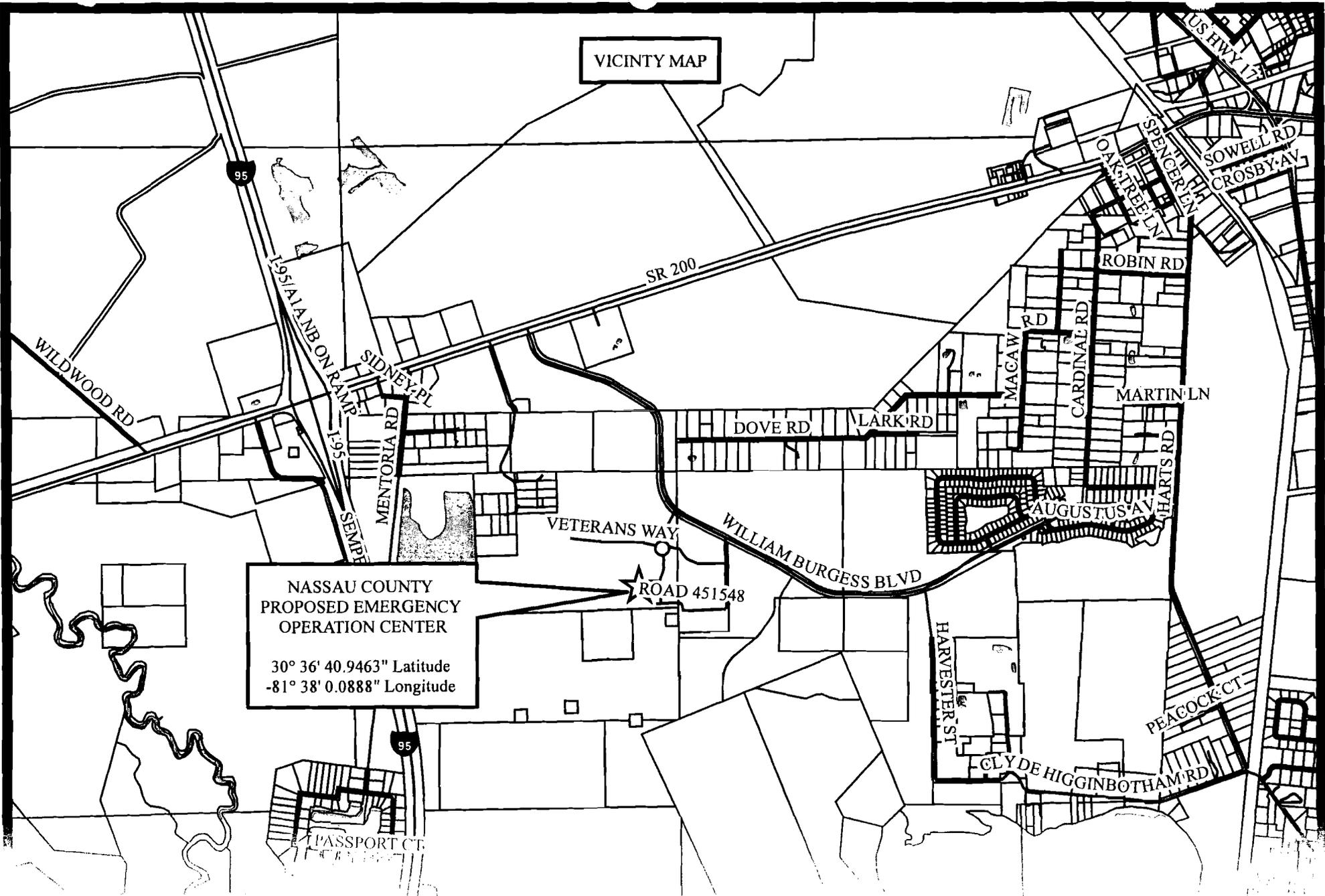
I-95  
1951A NB OFF RAMP

I-95  
SEMPER FIDR

I-95

0 250 500 1,000 1,500 2,000 Feet

VICINITY MAP



NASSAU COUNTY  
PROPOSED EMERGENCY  
OPERATION CENTER

30° 36' 40.9463" Latitude  
-81° 38' 0.0888" Longitude

ROAD 451548

USGS 1:24,000 TOPO

200

SR-200

BM

44

24

Radio Tower

25

23

BRIARWOOD AV

Harpers Chapel

DOVE RD

LARK RD

WALTHOUR PL

5

MENTORIA RD

VETERANS WAY

20

NASSAU COUNTY  
PROPOSED EMERGENCY  
OPERATION CENTER  
  
30° 36' 40.9463" Latitude  
-81° 38' 0.0888" Longitude

ROAD 451548

ROAD 451547

8

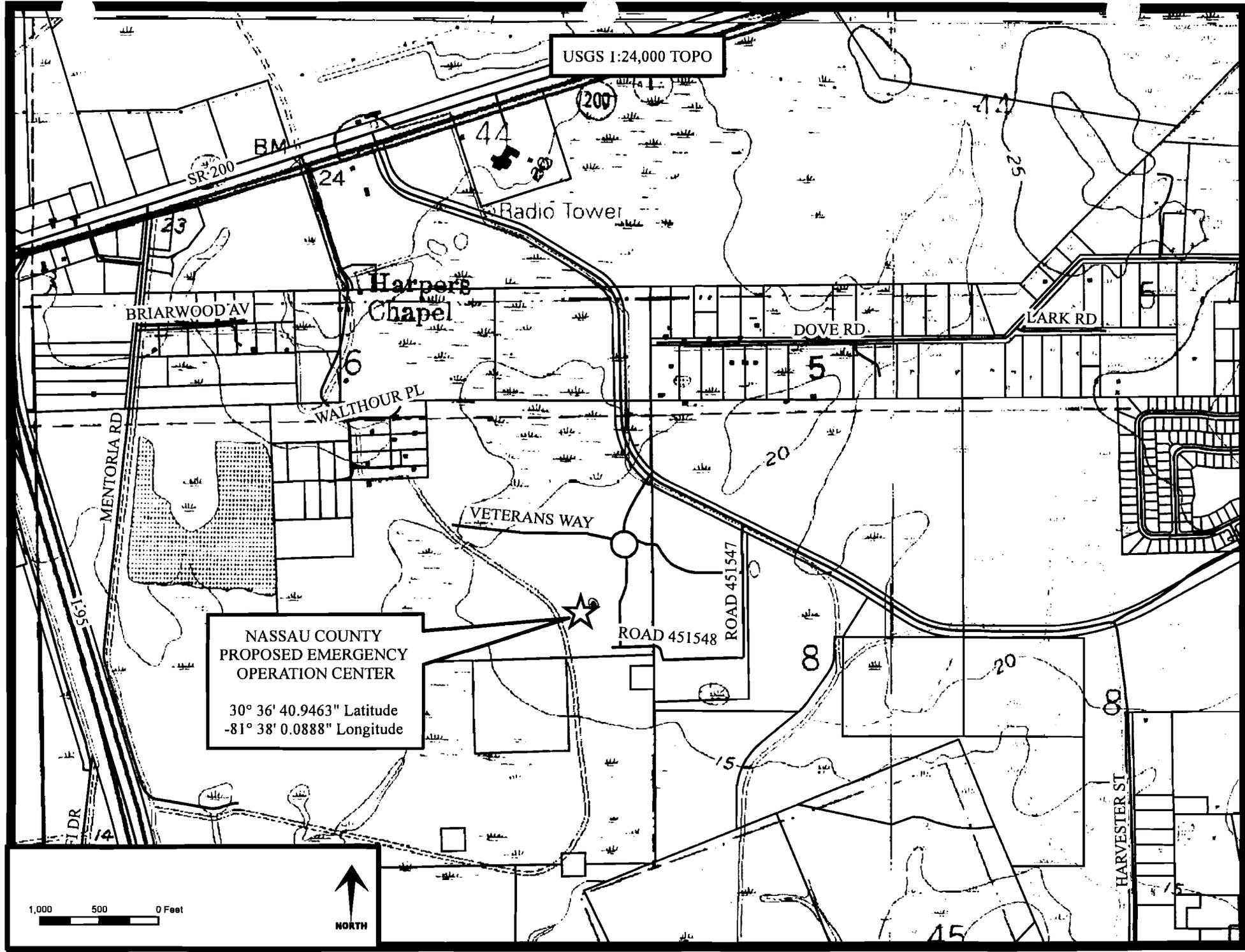
20

15

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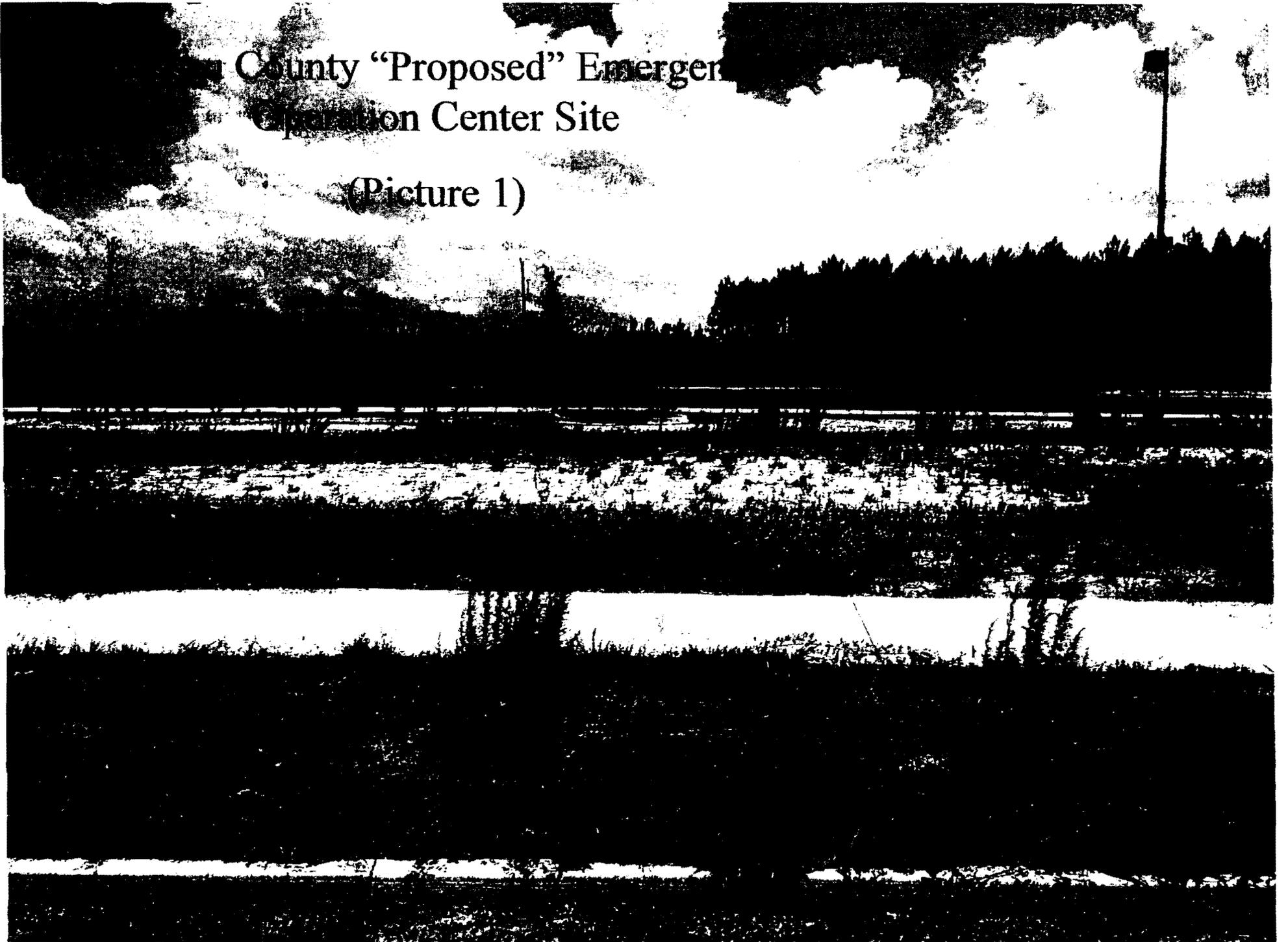
HARVESTER ST

1,000 500 0 Feet



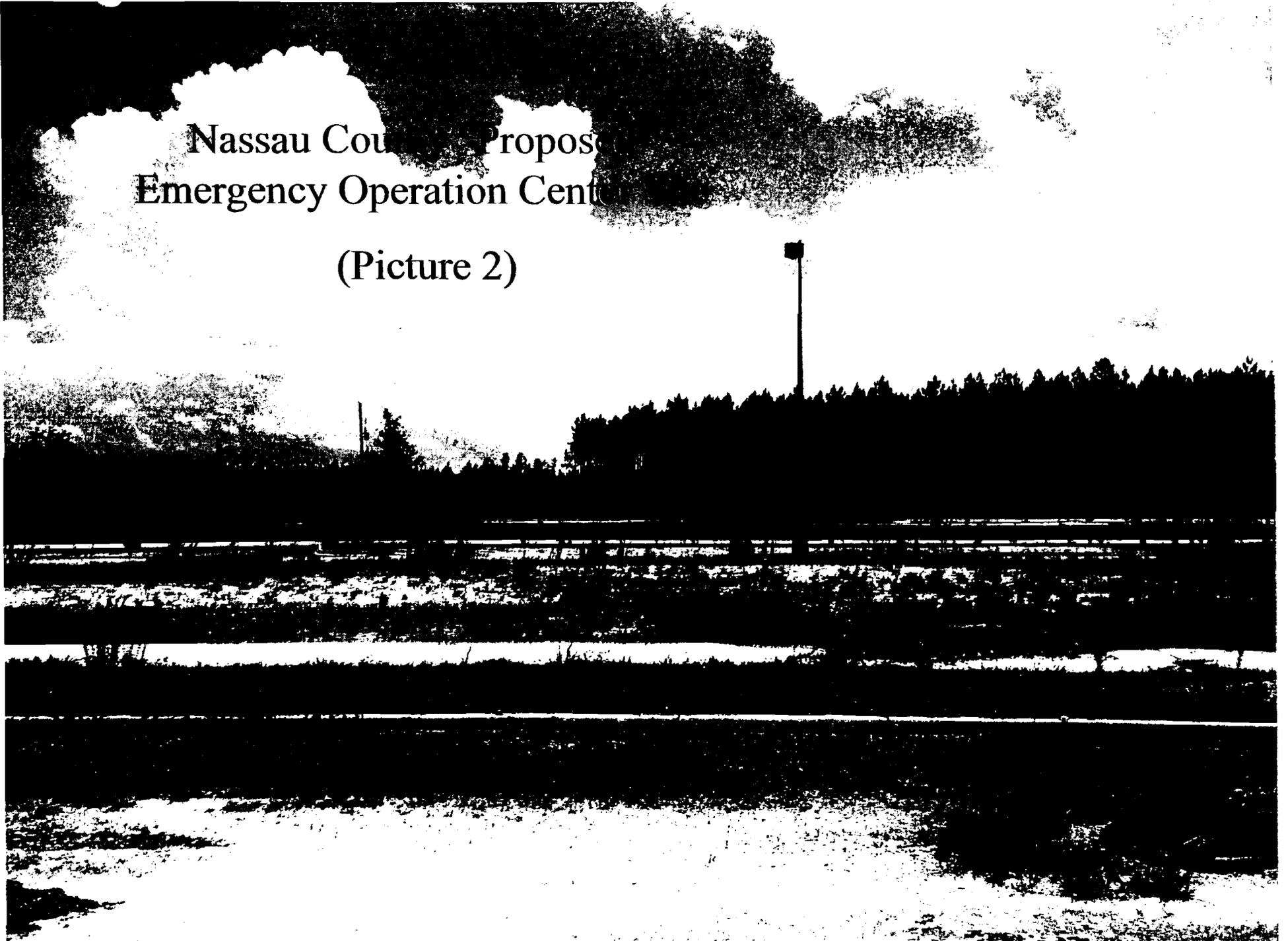
County "Proposed" Emergency  
Operation Center Site

(Picture 1)



Nassau County Proposed  
Emergency Operation Center

(Picture 2)



Emergency  
Site



BOARD OF COMMISSIONERS  
YEAR TO DATE BUDGET REPORT  
EXPENDITURES

FOR 2007 99

	ORIGINAL APPROP	TRANFRS/ ADJUSTMTS	REVISED BUDGET	YTD EXPENDED	ENC/REQ	AVAILABLE BUDGET	PCT USED
-----							
01253525 EMERGENCY PREPAREDNESS							
-----							
01253525 512000 REGULAR SALARIES AND WAGES	46,472	0	46,472	17,157.30	.00	29,314.70	36.9%
01253525 521010 FICA TAXES	2,881	0	2,881	1,063.77	.00	1,817.23	36.9%
01253525 521020 MEDICARE TAXES	674	0	674	248.81	.00	425.19	36.9%
01253525 522000 RETIREMENT	3,876	0	3,876	1,690.01	.00	2,185.99	43.6%
01253525 523010 LIFE & HEALTH INSURANCE	5,439	0	5,439	.00	.00	5,439.00	.0%
01253525 524010 WORKERS' COMPENSATION	302	0	302	212.00	.00	90.00	70.2%
01253525 531000 PROFESSIONAL SERVICES	12,500	0	12,500	.00	3,625.00	8,875.00	29.0%
01253525 531007 PROF SVC-LOCAL MITG. STRAT	7,500	0	7,500	.00	6,500.00	1,000.00	86.7%
01253525 540000 TRAVEL & PER DIEM	10,000	0	10,000	3,804.80	.00	6,195.20	38.0%
01253525 541000 COMMUNICATIONS/FREIGHT	11,500	0	11,500	3,583.88	.00	7,916.12	31.2%
01253525 541020 POSTAGE	500	0	500	171.97	.00	328.03	34.4%
01253525 541040 COMMUNICATIONS-COMPUTER	3,500	0	3,500	.00	3,500.00	.00	100.0%
01253525 545000 INSURANCE	2,000	0	2,000	158.00	.00	1,842.00	7.9%
01253525 546000 REPAIRS & MAINTENANCE	3,000	-1,739	1,261	.00	.00	1,261.00	.0%
01253525 546020 MAINTENANCE SERVICE CONTRA	0	1,536	1,536	520.00	1,016.00	.00	100.0%
01253525 547000 PRINTING & BINDING	437	0	437	.00	.00	437.00	.0%
01253525 549081 BACKGROUND CHECK	0	203	203	202.43	.00	.57	99.7%
01253525 551000 OFFICE SUPPLIES	2,000	0	2,000	664.18	.00	1,335.82	33.2%
01253525 552000 MISCELLANEOUS SUPPLIES	1,000	0	1,000	87.29	.00	912.71	8.7%
01253525 552050 UNIFORMS	500	0	500	.00	.00	500.00	.0%
01253525 552640 EQUIPMENT <\$750	2,500	0	2,500	87.64	.00	2,412.36	3.5%
01253525 554000 DVBS/SUBSCRIP/TRAINING	2,061	0	2,061	1,333.00	.00	728.00	64.7%
01253525 564001 EQUIP \$5000 OR GREATER	11,000	0	11,000	.00	.00	11,000.00	.0%
<b>TOTAL EMERGENCY PREPAREDNESS</b>	<b>129,642</b>	<b>0</b>	<b>129,642</b>	<b>30,985.08</b>	<b>14,641.00</b>	<b>84,015.92</b>	<b>35.2%</b>

03/05/2007  
09:13 SPB

BOARD OF COMMISSIONERS  
YEAR TO DATE BUDGET REPORT  
EXPENDITURES

PG 57  
glytdbud

FOR 2007 99

	ORIGINAL APPROP	TRANSFRS/ ADJUSTMTS	REVISED BUDGET	YTD EXPENDED	ENC/REQ	AVAILABLE BUDGET	PCT USED
-----							
01258525 EMERGENCY MNGMT & OPERATIONS							
-----							
01258525 512000 REGULAR SALARIES AND WAGES	89,857	0	89,857 ✓	33,220.41	.00	56,636.59	37.0%
01258525 521010 FICA TAXES	5,571	0	5,571 ✓	2,055.83	.00	3,515.17	36.9%
01258525 521020 MEDICARE TAXES	1,303	0	1,303 ✓	480.71	.00	822.29	36.9%
01258525 522000 RETIREMENT	7,494	0	7,494 ✓	3,272.20	.00	4,221.80	43.7%
01258525 523010 LIFE & HEALTH INSURANCE	15,368	0	15,368 ✓	5,946.16	.00	9,421.84	38.7%
01258525 524010 WORKERS' COMPENSATION	9,540	0	9,540 ✓	6,692.00	.00	2,848.00	70.1%
01258525 531035 DRUG TESTING	53	0	53 ✓	.00	.00	53.00	.0%
01258525 544000 RENTALS/LEASES	760	0	760 ✓	117.69	.00	642.31	15.5%
01258525 546000 REPAIRS & MAINTENANCE	2,800	2,195	4,995	1,037.62	1,225.00	2,732.38	45.3%
01258525 546020 MAINTENANCE SERVICE CONTRA	810	0	810	.00	.00	810.00	.0%
01258525 549000 OTHER CURRENT CHGS	675	0	675	.00	.00	675.00	.0%
01258525 549081 BACKGROUND CHECK	162	0	162 ✓	.00	.00	162.00	.0%
01258525 552020 GAS, OIL & LUBRICANTS	3,000	0	3,000 ✓	486.38	.00	2,513.62	16.2%
01258525 552640 EQUIPMENT <\$750	2,500	0	2,500	.00	.00	2,500.00	.0%
01258525 564000 EQUIPMENT	6,500	0	6,500	.00	.00	6,500.00	.0%
01258525 564001 EQUIP \$5000 OR GREATER	5,000	0	5,000	.00	.00	5,000.00	.0%
TOTAL EMERGENCY MNGMT & OPERATIONS	151,393	2,195	153,588	53,309.00	1,225.00	99,054.00	35.5%



NASSAU COUNTY, FL  
 CAPITAL IMPROVEMENT PLAN  
 FIVE YEAR WORK PROGRAM

**DRAFT**

FISCAL IMPACT OPERATING ANALYSIS (5.9 POLICIES)

PROJECT NAME: Personnel (Operations Spec, G15)

FISCAL YEAR OPERATING IMPACT: 09/10

DEPARTMENT: EMERGENCY MANAGEMENT

	Object Code	Operating Financial Impact	
		Replace Vehicle	Cnty Adm Recom
<b>Total Revenues (External)</b>	3xxxxx	-	
<b>Expenditures</b>			
Regular Salaries w/ Step&COLA	512xxx	39,019.27	
Other Salaries	513xxx	-	
Overtime	514000	-	
FICA Taxes	521010	2,419.19	
Medicare	521020	565.78	
Retirement (FRS)	522000	-	
Life & Health Insurance	523010	-	
Workers' Compensation	524010	-	
Unemployment Compensation	525000	N/A	
<b>Total Personal Services</b>		<b>42,004.24</b>	<b>-</b>
Professional Services	531000	-	
Contractual Services	534000	-	
Travel & Per Diem	540000	-	
Communications & Freight	541000	-	
Utility Services	543000	-	
Rentals & Leases	544000	-	
Insurance	545000	-	
Repairs & Maintenance	546000	-	
Printing & Binding	547000	-	
Promotional Activities	548000	-	
Other Current Chrgs & Oblig	549000	-	
Office Supplies	551000	-	
Operating Supplies	552000	-	
Equipment less than \$750	552640	-	
Books, Dues & Subscrpts	554000	-	
<b>Total Operating</b>		<b>-</b>	<b>-</b>
Equipment \$750 to \$4999	564000	-	
Equipment > \$5000<\$50000	564001	-	
Books and Library Materials	566xxx	-	
<b>Total Capital (Equipment-Do not list CIP projects)</b>		<b>-</b>	<b>-</b>
<b>TOTAL OPERATING EXPENDITURES ESTIMATED</b>		<b>42,004.24</b>	<b>-</b>



**NASSAU COUNTY**  
BOARD OF COUNTY COMMISSIONERS  
P.O. Box 1010  
Fernandina Beach, Florida 32035-1010

Jim B. Higginbotham  
Michael H. Boyle  
Tom Branam  
Barry Holloway  
Marianne Marshall

Dist. No. 1 Fernandina Beach  
Dist. No. 2 Fernandina Beach  
Dist. No. 3 Yulee  
Dist. No. 4 Bryceville  
Dist. No. 5 Callahan

JOHN A. CRAWFORD  
Ex-Officio Clerk

DAVID A. HALLMAN  
County Attorney

**COPY**

April 18, 2007

Mr. Leroy Thompson  
Community Program Administrator  
Florida Division of Emergency Management  
2555 Shumard Oak Boulevard  
Tallahassee, FL 32399-2100

RE: 2007 Hazard Mitigation Grant Program application, Nassau County

Dear Mr. Thompson,

Thank you for the assistance that you provided to Nassau County's Emergency Management Director Nancy Freeman and Grants Manager Eron Thompson when they attended your HB7121 grant application workshop in Tallahassee on March 16, 2007. Attached please find the completed 2007 Hazard Mitigation Grant Program (HMGP) application for the Nassau County Emergency Operations Center project. This transmittal includes one original of the HMGP application and attachments as well as the required four copies.

If you have any questions or need additional information regarding this HMGP application, please contact Ms. Thompson at (904) 321-5785.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim B. Higginbotham".

Jim B. Higginbotham  
Chairman of the Board

Enclosure – 2007 HMGP application (one original with four copies)

(904) 491-7380 or (800) 789-6673

*An Affirmative Action / Equal Opportunity Employer*



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**1 From** Please print and press hard.  
Date 4/19/07 Sender's FedEx Account Number 3159-9588-4

Sender's Name Eron Thompson, GRANTS MGR Phone (904) 491-7380

Company BOARD OF COUNTY COMMISSIONERS

Address 96160 NASSAU PL  
Dept./Floor/Suite/Room

City YULEE State FL ZIP 32097-8626

**2 Your Internal Billing Reference**  
First 24 characters will appear on invoice. ATT: GRANT DEPT

**3 To**  
Recipient's Name Mr. Leroy Thompson Phone (407) 268-8899

Company Florida Division of Emergency Mangement

Recipient's Address 2555 Shumard OAK Boulevard  
We cannot deliver to P.O. boxes or P.O. ZIP codes. Dept./Floor/Suite/Room

Address  
To request a package be held at a specific FedEx location, print FedEx address here.  
City Tallahassee, State FL ZIP 32399-2100

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**4a Express Package Service** **Packages up to 150 lbs.**

FedEx Priority Overnight Next business morning. \* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.  FedEx Standard Overnight Next business afternoon. Saturday Delivery NOT available.  FedEx First Overnight Earliest next business morning delivery to select locations. \* Saturday Delivery NOT available.

FedEx 2Day Second business day. \* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.  FedEx Express Saver Third business day. \* Saturday Delivery NOT available.

FedEx Envelope rate not available. Minimum charge: One-pound rate. \* To most locations.

**4b Express Freight Service** **Packages over 150 lbs.**

FedEx 10Day Freight\* Next business day. \*\* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.  FedEx 2Day Freight Second business day. \*\* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.  FedEx 3Day Freight Third business day. \*\* Saturday Delivery NOT available.

\* Call for Confirmation: \*\* To most locations.

**5 Packaging**

FedEx Envelope\*  FedEx Pak\* Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak.  FedEx Box  FedEx Tube  Other \* Declared value limit \$500.

**6 Special Handling** Include FedEx address in Section 3.

SATURDAY Delivery NOT Available for FedEx Standard Overnight, FedEx First Overnight, FedEx Express Saver, or FedEx 3Day Freight.  HOLD Weekday at FedEx Location NOT Available for FedEx First Overnight.  HOLD Saturday at FedEx Location Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

**Does this shipment contain dangerous goods?**  
One box must be checked.

No  Yes As per attached Shipper's Declaration.  Yes Shipper's Declaration not required.  Dry Ice Dry ice, 9, UN 1845 \_\_\_\_\_ x \_\_\_\_\_ kg  Cargo Aircraft Only

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging.

**7 Payment Bill to:**

Sender Acct. No. in Section I will be billed.  Recipient  Third Party  Credit Card  Cash/Check

Enter FedEx Acct. No. or Credit Card No. below.

FedEx Acct. No. Exp. Date  
Credit Card No.

Total Packages	Total Weight	Total Declared Value*
1		\$ .00

\* Our liability is limited to \$100 unless you declare a higher value. See back for details. By using this Airbill you agree to the service conditions on the back of this Airbill and in the current FedEx Service Guide, including terms that limit our liability. FedEx Use Only

**8 NEW Residential Delivery Signature Options** If you require a signature, check Direct or Indirect.

No Signature Required Package may be left without obtaining a signature for delivery.  Direct Signature Anyone at recipient's address may sign for delivery. Fee applies.  Indirect Signature If no one is available at recipient's address, anyone at a neighboring address may sign for delivery. Fee applies.

519

PULL AND RETAIN THIS COPY BEFORE AFFIXING TO THE PACKAGE. NO POUCH NEEDED.