

**SAFE ROOM 2**

# ENVIRONMENTAL AND HISTORICAL PRESERVATION CHECKLIST

Please provide the following information as it appears on your application.

Disaster Declaration #: FEMA-4332-DR-TX

Name of Sub-Applicant Organization/Agency: Clay County

Project Title: Clay County Residential Safe Room Rebate Program

## MAINTENANCE ASSURANCE DESCRIPTION:

1. Identify any maintenance activities required to preserve the long-term mitigation effectiveness of the project. Below provide the annual cost of maintenance before mitigation and what the maintenance will include. Not needed if project is not tied to an existing capital improvement. (Either describe in 1,500 characters or less or attach a separate Word document).
2. Attach a maintenance schedule, estimated costs, and a signed maintenance commitment letter, if required, to the application submission. (See sample Maintenance letter on page 8 of this document).

Multiple locations throughout Clay County. Home owners will be responsible for safe room maintenance.

## NATIONAL FLOOD INSURANCE PROGRAM (NFIP)

1. Is the community where the project is located participating in the NFIP?  YES  NO  
If "YES", are they in good standing?  YES  NO  
NFIP Community ID Number: 480742
2. Is this project located in a floodplain/floodway designated on a FEMA Flood Insurance Rate Map (FIRM)?  YES  NO  
(Note: Maps can be obtained from the Map Service Center at <https://msc.fema.gov/portal>.)

If "YES", please mark the project location(s) and structure(s) on the FIRM and attach with the application and provide the following information:

A. FIRM Panel Number(s): \_\_\_\_\_

B. FIRM Zone Designations:

Special Flood Hazard Area (SFHA):

A  AO  AH  A1-30  AE  A99  AR  AR/AE

AR/AO  AR/A1-30  AR/A  V  VE  V1-30

Moderate Flood Hazard Area (shaded):  B  X

Minimal Flood Hazard Area (unshaded):  C  X

Floodway:

Coastal Barrier Resource Act (CBRA) Zone:

(Federal regulations strictly limit Federal funding for projects in this Zone. Coordinate check with your state agency before submitting an application for a CBRA Zone project)

C. If a FIRM map is not available, please check the box:

## ENVIRONMENTAL QUESTIONNAIRE

### SECTION I – REGULATIONS

The Council on Environmental Quality (CEQ) has developed regulations to implement the National Environmental Policy Act (NEPA). These regulations, as set forth in Title 40, Code of Federal Regulations (CFR), Parts 1500-1508, require an investigation of the potential environmental impacts of a proposed federal action and an evaluation of alternatives as part of the environmental assessment process. The FEMA regulations that establish the agency-specific process for implementing NEPA are set forth in 44 CFR, Part 10. FEMA will assist in obtaining NEPA clearance.

Environmental data is required for project applications when submitting a project to the Texas Division of Emergency Management for the FEMA Hazard Mitigation Grant Program.

Please Note: Environmental review is typically the most time consuming aspect of project funding approval.

### SECTION II - ENVIRONMENTAL CHECKLIST

#### Environmental Checklist Instructions

Select appropriate answer by clicking the appropriate box (an X should appear in the box).

Provide a detailed response to each question and attach supporting documentation in order to comply with FEMA's front loading requirements discussed in [Hazard Mitigation Assistance Unified Guidance 2015](#).

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#### YES NO N/A NATIONAL HISTORIC PRESERVATION ACT

- Are any structures involved in the project? **If yes**, provide construction dates of all structures  
Dates: \_\_\_\_\_
- Was consultation with the State Historic Preservation Officer (SHPO) conducted?  
**If yes**, provide date \_\_\_\_\_ and attach all formal correspondence with application.
- Was consultation with the Tribal Historic Preservation Officer (THPO) conducted?  
**If yes**, provide date \_\_\_\_\_ and attach all formal correspondence with application.

**Coordinating Agency:** *The SHPO and/or THPO*

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#### YES NO N/A ARCHEOLOGICAL RESOURCES PRESERVATION ACT

- Will there be any ground disturbance?
- Will there be any potential disturbance to cultural resources?
- Was consultation with SHPO/THPO conducted?  
**If yes**, provide date \_\_\_\_\_ and attach all formal correspondence with application.

**Coordinating Agency:** *The SHPO and/or THPO*

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#### YES NO N/A ENDANGERED SPECIES ACT

- Will there be any disturbance to the physical environment?
- Are any threatened or endangered species present in the project area?
- Has critical habitat been identified in the project area?
- Was consultation with U.S. Fish and Wildlife Service (USFWS) and Texas Parks and Wildlife Department (TPWD) conducted?  
**If yes**, provide date \_\_\_\_\_ and attach all formal correspondence with application.

**Coordinating Agency:** *The USFWS and TPWD*

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**YES NO N/A FISH AND WILDLIFE COORDINATION ACT**

- Is the project located in or near a waterway or body of water?
- Will the project cause any modification to the waterway or body of water?
- Was consultation with USFWS, National Marine Fisheries Service (NMFS), and TPWD conducted?  
If yes, provide date \_\_\_\_\_ and attach all formal correspondence with application.

**Coordinating Agency:** USFWS, TPWD and NMFS

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**YES NO N/A FARMLANDS PROTECTION POLICY ACT**

- Is the project located in or near designated prime and unique farmlands?
- Will the project convert any designated prime and or unique farmlands?
- Was consultation with Natural Resources Conservation Service (NRCS) conducted?  
If yes, provide date \_\_\_\_\_ and attach all formal correspondence with application.

**Coordinating Agency:** U.S. Dept. of Agriculture's NRCS, Dept. of Conservation (Division of Land Resource Protection)

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**YES NO N/A CLEAN AIR ACT**

- Will the project result in temporary or permanent air emissions?
- Was consultation Texas Commission on Environmental Quality (TCEQ) conducted?  
If yes, provide date \_\_\_\_\_ and attach all formal correspondence with application. **Coordinating**

**Agency:** Environmental Protection Agency (EPA) and TCEQ

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**YES NO N/A CLEAN WATER ACT (Section 404), RIVERS AND HARBORS ACT (Section 10)**

- Will the project involve dredging or disposal of dredged material, excavation, adding fill material or result in any modification to waters\* of the U.S.?
- Will the project involve bank stabilization or installing transmission in waters\* of the U.S.?
- Will the project be near or in navigable waters\*?
- Was consultation with the U.S. Army Corps of Engineers (USACE) conducted?  
If yes, provide date \_\_\_\_\_ and attach all formal correspondence with application.
- Will a permit be required?
- Have you submitted an application to the USACE?  
If yes, attach all formal correspondence with application.
- Does a nationwide permit apply?
- Does a general permit apply?

\* "waters" includes waters subject to ebb and flow of tide, wetlands, lakes, rivers, streams, mudflats, sloughs, prairie potholes, wet meadows, playa lakes, natural ponds, impoundments, tributaries, territorial seas, and wetlands adjacent to waters previously identified.

**Coordinating Agency:** USACE

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**YES NO N/A WILD AND SCENIC RIVERS ACT**

- Is the project located near or in a designated wild or scenic river?
- Was consultations TPWD ro USFWS conducted?

If yes, provide date \_\_\_\_\_ and attach all formal correspondence with application.

**Coordinating Agency:** *USFWS and the U.S. Forest Service within their jurisdiction and TPWD.*

**YES NO N/A WILDERNESS ACT**

- Is the project located near or in a designated wilderness or coastal wildlife area?
- Was consultations with TPWD or USFWS conducted?

If yes, provide date \_\_\_\_\_ and attach all formal correspondence with application.

**Coordinating Agency:** *USFWS, National Park Service and the Bureau of Land Management (BLM), General Land Office and TPWD.*

**YES NO N/A OTHER RELEVANT LAWS AND ENVIRONMENTAL REGULATIONS**

- Do any other laws and/or regulations apply to the project?

If yes, please reference the regulation below and attach proper documentation to application.

Regulation: \_\_\_\_\_

**Coordinating Agency:** *Applicable State Statutory Requirements, Executive and Administrative Orders and any local environmental requirements.*

**EXECUTIVE ORDERS**

**YES NO N/A E.O. 11988 – FLOODPLAINS**

- Is the project located in a FEMA-identified 100-year or 500-year floodplain?
- Is the project located in a FEMA-identified floodway?
- Is the project depicted on a FEMA Flood Insurance Rate Map (FIRM)?

If yes, attach the map with application

- Was consultation with local floodplain administrator and state water control agency conducted?

If yes, provide date \_\_\_\_\_ and attach all formal correspondence with application.

**Comments:** *A letter is required from the State Community Assistance Program Coordinator indicating the community is in good standing with the NFIP.*

**Coordinating Agency:** *Local community floodplain administrator and the Texas Water Development Board.*

**YES NO N/A E.O. 11990 – WETLANDS**

- Is the project in an area that is inundated or saturated by surface or ground water (e.g. swamps, marshes, bogs, etc.) or in or near identified wetlands\*?
- Is the project depicted on a National Wetlands Inventory (NWI) map?

If yes, attach the map and all formal correspondence with application

\* "Wetlands" are identified by obtaining a National Wetlands Inventory (NWI) map from the USFWS, the USACE, or their websites. The Natural Resource Conservation Service also has wetland maps for agricultural land.

**Coordinating Agency:** *USFWS, USACE and NRCS*

**YES NO N/A E.O. 12898 – ENVIRONMENTAL JUSTICE**

- Is the project in an area of low income or minority populations?
- Will the project disproportionately impact any low income or minority populations?
- Is any socio-economic data attached?

**Comments:** *If the project would disproportionately adversely affect low income or minority populations, or would disproportionately assist higher income populations at the exclusion of lower income or minority populations, then E.O. 12898 must be addressed.*

**Coordinating Agency:** *Local census office*

**EXTRAORDINARY CIRCUMSTANCES (FEMA 44 CFR §10.8 (d)(3))**

If Extraordinary Circumstances exist within an area affected by an action, such that an action that is categorically excluded from NEPA compliance may have a significant adverse environmental impact, an environmental assessment shall be prepared. Please answer "Yes" or "No" to the questions below:

**YES NO**

- Greater scope or size than normally experienced for a particular category of action;
- Actions with a high level of public controversy;
- Potential for degradation, even though slight, of already existing poor environmental conditions;
- Employment of unproven technology with the potential adverse effects or actions involving unique or unknown environmental risks;
- Presence of endangered or threatened species or their critical habitat, or archaeological cultural, historical or other protected resources;
- Presence of hazardous or toxic substances at levels which exceed Federal, State, or local regulations or standards requiring action or attention;
- Actions with the potential to affect special status areas adversely or other critical resources such as wetlands, coastal zones, wildlife refuge and wilderness areas, wild and scenic rivers, sole or principal drinking water aquifers;
- Potential for adverse effects on health or safety; and
- Potential to violate a Federal, State, local, or tribal law or requirement imposed for the protection of the environment.
- Potential for significant cumulative impact when the proposed action is combined with other past, present and reasonably foreseeable future actions, even though the impacts of the proposed action may not be significant by themselves.

**SECTION III - ALTERNATIVES NARRATIVE**

Alternative #1 – No Action Alternative - evaluates the consequences of taking no action and leaving conditions as they currently exist. Please describe the benefits of this action and the shortfalls or gaps associated with this action. *(Either describe in 1,500 characters or less or attach a separate Microsoft Word document)*

To do nothing. Leave as is

ALTERNATIVE #2 - Proposed Action – this is the sub-applicant’s proposed project. Explain why the proposed action is the preferred alternative. Identify how the preferred alternative would solve a problem, why the preferred alternative is the best solution and benefits the community, why and how the alternative is environmentally preferred and why the project is the economically preferred alternative. Also include the shortfalls or gaps associated with the proposed action. *(Either describe in 1,500 characters or less or attach a separate Microsoft Word document)*

Have a community wide safe room

ALTERNATIVE #3 – Second Alternative - is the second alternative to the Proposed Project above and would also solve the problem. It would be a viable project that could be substituted in the event the proposed project is not chosen. Identify how this project would solve the problem, the community benefits and why it is an environmental and economical alternative. Also include the shortfalls or gaps associated with this action. *(Either describe in 3,500 characters or less or attach a separate Microsoft Word document.)*

N/A

**SECTION IV – PUBLIC NOTICE PROCEDURES**

NEPA is a planning and disclosure process. Therefore both NEPA and EO 11988 require notification of the public

- A. when a project and its alternatives are initially being developed and scoped; and
- B. after the completion of the final draft environmental assessment, and before the signing of the Finding of No Significant Impacts (FONSI) and any action taken.

The requirements of (A), which is referred to as a NOTICE OF INTENT, can usually be met by one of the following:

- 1. Publishing at the beginning of a disaster FEMA's General Notice for a Presidential Declaration, which issues notification that funds will be provided under the Stafford Act to undertake projects.
- 2. Publishing a NOTICE OF INTENT in a local newspaper to undertake a project, providing the alternatives, and then giving the public 15 days to respond.
- 3. Holding one or more public meetings on the project to solicit public comments.

Exactly which of the above vehicles is used to meet the requirements of (A) will usually be determined by the scope of the proposed project, agency coordination, and previous notification and scoping work performed by the applicant. Any comments received during this phase of notification should be addressed in the Environmental Assessment (EA).

The requirements of (B), which is referred to as a FINAL NOTICE, can usually be met by the following:

- 1. Publishing a FINAL NOTICE in a local newspaper and giving the public 15 days to respond.
- 2. If no comments are received, the FONSI can be signed and the project can proceed.
- 3. If comments are received they can be addressed individually and/or in a rewrite of the EA.
- 4. If significant negative comments are received, the project should be put on hold until the issues are resolved.

An example of a Final Public Notice can be found on page 9.

**Note:** The above requirements are also to be applied to a project deemed to be a categorical exclusion (CATEX) from the preparation of an EA, but involves EO 11988 (floodplains) and/or EO 11990 (wetlands) and/or potentially or existing contentious issues.


**SECTION V – PROJECT CONDITIONS AND CERIFICATIONS**

Indicate by checking each box below that you will adhere to these listed project conditions.

- If during implementation of the project, ground-disturbing activities occur and artifacts or human remains are uncovered, all work will cease and FEMA, TDEM, and the State Historic Preservation Officer (SHPO) will be notified.
- If deviations from the approved scope of work result in design changes, the need for additional ground disturbance, additional removal of vegetation, or will result in any other unanticipated changes to the physical environment, FEMA will be contacted and a re-evaluation under NEPA and other applicable environmental laws will be conducted.
- If wetlands or waters of the U.S. are encountered during implementation of the project, not previously identified during project review, all work will cease and FEMA will be notified.

Print Name: Keith Burch  
(Name of Authorized Official/Project Officer)

Title: EMC

Signature: 

Date: 06/29/2020



## Sample Maintenance Letter

Agency Letterhead

Date

Texas Department of Public Safety  
Texas Division of Emergency Management  
Hazard Mitigation Grants Program Unit  
P.O. Box 4087  
Austin, TX 78773-0270

RE: Name of Grant Sub-applicant and Project Title

Dear State Hazard Mitigation Officer:

This is to confirm that the name of agency/sub-applicant is committed to performing the necessary maintenance for the entire useful life of this project which is currently estimated for # years once completed. The name of agency/sub-applicant has allocated an annual budget which will allow maintenance to occur as needed to ensure the building/facility remains in good repair and operational. Below are the details of the maintenance:

Entity responsible for the maintenance:

Maintenance Task:

Maintenance Schedule:

Cost of Maintenance:

Associated Budget:

Please contact name and contact information if you have any questions.

Sincerely,

Name  
Title  
Address

**(EXAMPLE) FINAL PUBLIC NOTICE**

**IMPORTANT NOTE:** When describing the project, do not use addresses or names, as this would violate the Privacy Act.

**PUBLIC NOTICE OF A PROJECT PENDING FUNDING BY THE  
FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA)**

Notification is hereby given of the Federal Emergency Management Agency's (FEMA's) pending intent to provide Hazard Mitigation Grant Program funding for community name to short project description. Funds will be provided in accordance with the Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law 93-288, as amended.

Under the National Environmental Policy Act (NEPA) and EO 11988, FEMA is required to provide public notice of any proposed actions in or affecting floodplains or wetlands.

Community, county, Texas proposes to detailed project description including location, impact on the floodplain and/or wetlands, and why it is the best and/or only solution to the problem.

FEMA's review has determined that no significant impact to the existing floodplain will result from this project.

Within 15 days, interested persons may submit comments, obtain more detailed information about the action, or request a copy of the findings by contacting FEMA's Region VI office which is located at 800 North Loop 288, Denton, Texas, 76209. Requests can also be made to local program person-phone number-e-mail address or to XXXXXXXX, FEMA Regional Environmental Officer at (PHONE) or (EMAIL).

DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency

**CERTIFICATIONS REGARDING LOBBYING; DEBARMENT, SUSPENSION  
AND OTHER RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE  
REQUIREMENTS**

OMB Control Number: 1660-0083  
Expiration: 10/31/2021

**PAPERWORK BURDEN DISCLOSURE NOTICE**

Public reporting burden for this form is estimated to average 1.7 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing, and submitting the form. This collection of information is required to obtain or retain benefits. You are not required to submit to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street SW, Washington, DC 20472-3100, and Paperwork Reduction Project (1660-0083). **NOTE: Do not send your completed form to this address.**

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 44 CFR Part 18, "New Restrictions on Lobbying" and 28 CFR Part 17, "Government-wide Debarment and Suspension (Nonprocurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Federal Emergency Management Agency (FEMA) determines to award the transaction, grant, or cooperative agreement.

**1. LOBBYING**

As required by section 1352, Title 31 of the U.S. Code, and implemented at 44 CFR Part 18, for persons entering into a grant or cooperating agreement over \$ 100,000, as defined at 44 CFR Part 18, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement.

(b) If any other funds than Federal appropriated funds have been paid or will be paid to any other person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or an employee of Congress, or employee of a member of Congress in connection with this Federal Grant or cooperative agreement, the undersigned shall complete and submit Stand Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all subrecipients shall certify and disclose accordingly.

Standard Form-LLL "Disclosure of Lobbying Activities" attached

(This form must be attached to certification if non-appropriated funds are to be used to influence activities.)

**2. DEBARMENT, SUSPENSION, AND OTHER  
RESPONSIBILITY MATTERS (DIRECT RECIPIENT)**

As required by Executive Order 12549, Debarment and Suspension, and implemented at 44 CFR Part 67, for prospective participants in primary covered transactions, as defined at 44 CFR Part 17, Section 17.510-A.

A. The applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this application been convicted of a or had a civilian judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or perform a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1) (b) of this certification; and

(d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause of default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

**3. DRUG-FREE WORKPLACE (GRANTEE OTHER THAN  
INDIVIDUALS)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 44 CFR Part 17, Subpart F, for grantees, as defined at 44 CFR Part 17.615 and 17.620-

A. The applicant certifies that it will continue to provide a drug-free workplace by;

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug free awareness program to inform employees about-

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant to be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will-

(1) Abide by the term of the statement; and

(2) Notify the employee in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such convictions;

(e) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position, title, to the applicable FEMA awarding office, i.e., regional office or FEMA office.

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is convicted-

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation act of 1973, as amended; or

(2) Requiring such an employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, City, County, State, Zip code)

There are workplaces on file that are not identified

Sections 17.630 of the regulations provide that a grantee that is a State may elect to make one certification in each Federal fiscal year. A copy of which should be included with each application for FEMA funding. States and State agencies may elect to use a state wide certification.



### LEGEND

**GENERAL INFORMATION AND DEFINITIONS:**  
 FLOOD ZONE: A geographic area which has been determined to be subject to flood damage and which is included on this map.  
 FLOOD DAMAGE: Damage to property caused by flooding.  
 FLOOD DAMAGE PREVENTION: Measures taken to reduce the amount of flood damage to property.  
 FLOOD DAMAGE REPAIR: Measures taken to restore property to its original condition after flooding.  
 FLOOD DAMAGE CONTROL: Measures taken to prevent or reduce the amount of flood damage to property.  
 FLOOD DAMAGE MITIGATION: Measures taken to reduce the amount of flood damage to property.  
 FLOOD DAMAGE RESISTANCE: Measures taken to increase the resistance of property to flooding.  
 FLOOD DAMAGE TOLERANCE: Measures taken to increase the tolerance of property to flooding.  
 FLOOD DAMAGE SURVIVAL: Measures taken to increase the survival of property during flooding.  
 FLOOD DAMAGE RECOVERY: Measures taken to increase the recovery of property after flooding.

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### NOTES

1. This map is a Flood Insurance Rate Map (FIRM) showing flood zones and unincorporated areas in Clay County, Texas. The map is based on data provided by the Federal Emergency Management Agency (FEMA) and is subject to change without notice.

2. The map is divided into zones based on flood risk. Zone A is the highest risk zone, followed by Zone B, Zone C, Zone D, Zone E, Zone F, Zone G, Zone H, Zone I, and Zone K. Zone K is the lowest risk zone.

3. Unincorporated areas are shown as white areas on the map. These areas are not subject to flood insurance rates.

4. The map is overlaid with a grid with letters A through J across the top and numbers 1 through 9 down the left side.

5. Major features include the Colorado River, several waterways, and numerous water towers.

6. The map is a technical drawing and should be used for informational purposes only. It is not intended for use in legal proceedings or for engineering purposes.

NATIONAL FLOOD INSURANCE PROGRAM

**FIRM**

**FLOOD INSURANCE RATE MAP**

**CLAY COUNTY, TEXAS AND INCORPORATED AREAS**

PARCEL ID OF A5

MAP NUMBER  
480701810

ISSUING AGENCY  
APRIL 2, 1995



## Texas Division of Emergency Management Recovery, Mitigation and Standards

### Section 404 Hazard Mitigation Grant Program (HMGP) Application Introduction, Instruction, and Information

#### **INTRODUCTION**

The Hazard Mitigation Grant Program (HMGP) assists states and local communities in implementing long-term hazard mitigation measures following a major disaster. The funding for this program is based on a 75% federal and 25% local cost share. Further information concerning Texas' involvement in the HMGP can be found in the current Texas Division of Emergency Management (TDEM) Hazard Mitigation Grant Administrative Plan.

If you require technical assistance with this application, or to request a copy of the current TDEM Hazard Mitigation Grant Program Administrative Plan please contact Texas Division of Emergency Management, Recovery and Mitigation, Mitigation Section at (512) 377-0023 or [TDEM-Mitigation@tdem.texas.gov](mailto:TDEM-Mitigation@tdem.texas.gov).

#### **INSTRUCTIONS**

The application and attachments can be found on the following website:

<https://grants.tdem.texas.gov/>

Please complete ALL sections and provide the documents requested. All questions must be answered completely and accurately. TDEM and the Federal Emergency Management Administration (FEMA) staff reviewing the application will not be familiar with your community, the specific project area, and the need for the proposed project. Therefore, it is the responsibility of the applicants to ensure the application addresses all of the questions and requirements. This is particularly important given the competitive nature of the grant program. If you are unsure as to the meaning of a particular question, contact TDEM for clarification.

#### **ELIGIBILITY**

TDEM, as the grantee, is responsible for ensuring applicants meet the eligibility requirements and projects are eligible for HMGP funding.

##### **Applicant Eligibility:**

1. HMGP projects must be from an eligible applicant. (i.e., Municipality, City, County, Special District, Tribe, Eligible Nonprofit Agency, or Organization).
2. Applicant must have an approved hazard mitigation plan. For private non-profit organizations, the community where the project is located must have an adopted plan.

##### **Project Eligibility:**

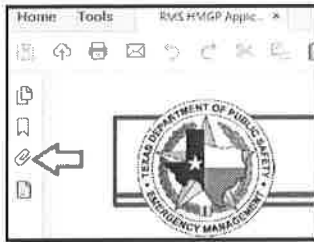
1. Projects cannot be retroactively funded through HMGP. Therefore, projects already in progress or completed will not be considered.
2. HMGP projects must comply with the FEMA approved state and applicable local hazard mitigation plan.
3. HMGP projects must meet all applicable codes and standards for the project locale (i.e., construction, public notifications, etc.).
4. HMGP projects must have a direct beneficial impact upon the designated disaster area, whether or not the project is located in the designated area.
5. HMGP projects must comply with 44 Code of Federal Regulations (CFR) part 9, Floodplain Management and Protection of Wetlands and 44 CFR, part 10, Environmental Considerations.
6. HMGP projects must solve a problem independently or constitute a functional portion of a solution where there is assurance that the project as a whole will be completed. Projects that merely identify or analyze hazards or problems are not eligible.
7. HMGP projects must be cost effective and substantially reduce the risk of future damage, hardship, loss, or suffering resulting from a major disaster.
8. HMGP projects must provide the best solution. Sub-applicants must demonstrate that after consideration of a range of options for the mitigation measure, it has been determined that the proposed project is the most practical, effective, and environmentally sound solution.

## Project Eligibility - Continued

9. HMGP projects must contribute to a long-term solution that is the most practicable. Ideally, it should integrate hazard mitigation principles with existing programs and overall community planning.
10. HMGP projects must consider long-term effects. Projects should address, when applicable, long-term changes to the areas and entities it protects, and ensure manageable future maintenance and modification requirements.
11. HMGP projects must address a problem that has been repetitive or that possesses a significant risk if left unsolved.
12. HMGP projects must cost less than the anticipated value of the reduction in both direct damage and subsequent negative impacts to the area if future disasters occur.

## ATTACHMENTS

Below are the attachments related to this application. You can access the attachments by clicking the paper clip symbol on the left side of the form (see image below).



## Attachment List

1. Budget Worksheet
2. Budget Worksheet Instructions
3. Designation of Subrecipient Agent (DSA) Form (Note: See Grant Management System for additional information below)
4. Environmental Historical Preservation (EHP) Checklist
5. FEMA Benefit Cost Analysis (BCA) Toolkit Instructions to Install
6. Property Site Inventory Worksheet (Required for Acquisition, Elevation, and Mitigation Reconstruction projects)
7. Three SF424 Forms (SF424-Application for Federal Assistance, SF424B-Non-Construction Assurances and SF424D-Construction Assurances)
8. FEMA Form Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; And Drug-Free Workplace Requirements
9. FEMA Form Disclosure of Lobbying Activities

## REQUIRED DOCUMENTATION

Below is the minimum required documentation that must be submitted with the application.

Note: This is not an all inclusive list since requirements may vary depending on project type and the sub-applicant.

1. Application (with supporting documents used for additional space or to clarify answers)
2. Map(s), Photo(s), Drawing(s), etc. as required in the application
3. EHP Checklist
4. FEMA Insurance Rate Map (FIRM) per the EHP Checklist
5. Supporting Documentation per EHP Checklist
6. Budget Worksheet
7. Property Site Inventory Worksheet (Required for Acquisition, Elevation and Mitigation Reconstruction projects)
8. BCA zip file
9. Certification and Signature of Authorized Agent (page 10 of the application)
10. Floodplain Manager Authorization Form (page 11 of the application)
11. DSA Form
12. All three SF424 forms (SF424, SF424B and SF424D)
13. FEMA Form Certifications Regarding Lobbying (also includes Debarment, Suspension and Other Responsibility Matters; and Drug Free Workplace Requirements)
14. FEMA Form Disclosure of Lobbying Activities (Complete to disclose lobbying activities pursuant to 31U.S.C.1352)

## GRANT MANAGEMENT SYSTEM (GMS)

The Division of Emergency Management uses the GMS on-line system to manage the HMGP and other FEMA grant programs. For more information and to register for access please visit <https://grants.dps.texas.gov/index.cfm>.

Note: The DSA Form provides the information needed to set up the contact information in the system.



# Texas Division of Emergency Management Recovery, Mitigation and Standards

## Section 404 Hazard Mitigation Grant Program (HMGP) Application Form

Disaster Declaration #: FEMA- 4416 -DR-TX

Declaration Date: 3/29/2019

### SUB-APPLICANT INFORMATION

Name of Sub-applicant Organization/Agency: Clay County

Address: 214 N Main St.

City: Henrietta County: Clay State: TX Zip: 76365

Primary Contact Name: Keith Burch Title: Emergency Management Coordinator

Email: keith.burch@claycountytexas.net Office Phone: (940) 538-4052 Cell: (940) 781-5842

Secondary Contact Name: Mike Campbell Title: Clay County Judge

Email: mike.campbell@co.clay.tx.us Office Phone: (940) 538-4651 Cell: (940) 538-6423

### Check One:

- State Government     
  Local Government     
  Federally Recognized Tribe     
  Private Non-Profit

Tax ID #: 75-6000861 DUNS #: 045329646 FIPS Code: 48077  
(Data Universal Numbering System)

State Legislative House District(s): 69th State Legislative Senate District(s): 30th

Congressional House District(s): 13th

National Flood Insurance Program (NFIP) Community Identification #: 480742  
(This number can be obtained from the FIRM map for your area)

NFIP Community Rating System Class # (if available): \_\_\_\_\_

### PROJECT INFORMATION

Project Title: Clay County Residential Safe Room Rebate Program

#### Application Type: (select from the following)

- Standard HMGP     
  5% Initiative     
  Planning     
  Phased Project

#### Project Type: (select from the following)

- Acquisition     
  Elevation     
  Residential Saferoom     
  Community Saferoom  
 Drainage     
  Generator     
  Wildfire     
  Structural Retrofit  
 Other: \_\_\_\_\_

#### Hazards to be Mitigated: (select from the following)

- Flood     
  Wind     
  Wildfire     
  Subsidence     
  Storm Surge  
 Other: \_\_\_\_\_

Note. A Property Site Inventory Worksheet (see attached) is required for Acquisition, Elevation, and Mitigation Reconstruction projects)



**SCOPE OF WORK**

**Project Description:**

*Description must include: what hazard(s) the project will address, type of project (drainage, safe room, fuel reduction, buy-out, etc., and/or infrastructure), step by step description of the major elements of the project (contracting, construction elements, close-out, etc.), and how the project will be accomplished by the end of the 36 month period of performance (PoP). Attach extra pages as necessary.*

The residents who live within Clay County are aware of the susceptibility and dangers that high winds and tornadoes bring to the region. With Clay County residing in wind zone IV, over the past 65 years the county has experienced approximately 135 wind events causing 1 death, 2 injuries, and \$4,718,615 in property damages. They have also experienced approximately 31 tornadoes causing 42 injuries and \$51,919,621 in property damages.

This program will provide Clay County homeowners the opportunity to receive funding to assist in the installation of safe room in/on their residence. Roughly 53.6% of the single family residents and 15.8% manufactured homes were built with less stringent construction standards and no shelter/ safe room installed, thus making them more vulnerable to high winds and tornadoes.

Application Intake: Clay County will process rebate applications in the order in which they are received: on a first come/first serve basis.

Application Vetting/Review: Clay County will verify that the applicant does not reside in a floodplain zone. They will also verify that the resident resides within Clay County and are the owner of the property. They will then obtain a State Historical Preservation Officer's clearance selected citizen. Selected citizens would be structures that are over 45yo, undisturbed soils; or citizen participants installing a safe room prior to the SHPO Clearance or final approval.

Award Letter Issuance: An award letter will state a commitment to pay up to 50% of the cost associated with the installation of a FEMA-compliant shelter. This amount will not exceed \$3,000. It will also explain the the install process and that the shelter being installed must be FEMA certify P-320. Due to high demands the letter will contain an installation deadline. If Clay County is not inform installation delays the rebate will be revoked. Notices of approaching deadline will be mail to the applicant.

Technical Assistance: We will maintain a list, of FEMA certified installer. These list will only be issues upon request. All construction work will be conducted according to FEMA P-320 requirements and conform to current ICC 500 standards for Individual Safe Rooms and in compliance with local planning, zoning, building and all other applicable codes.

Shelter Verification:Clay County will schedule a site visit to a rebate recipient's home after their install invoices is received. During the visit, they will confirm the shelter's existence, photograph it and capture the coordinated of the shelter.

Reimbursement Process: Reimbursement packets will be be submitted to TDEM once the invoiced shelter installation has been confirmed. Each reimbursement packet will included a copy of the rebate award letter, a copy of the resident's invoice, a copy of the applicant's voluntary participation form, the Certificate of installation from the installer: indicating the physical address and GPS coordinates of the installed shelter, and photos of the shelter. Clay county will then issue a rebate check to the appropriate party within 30 days of the receipt of reimbursement from TDEM.

Document Maintenance: A file will be built for each rebate. The file contain: original application, rebate award letter, a copy of the resident's invoice, a copy of the applicant's voluntary participation form, the Certificate of installation from the installer: indicating the physical address and GPS coordinates of the installed shelter, and photos of the shelter. A check registry will be maintained to document each check issued under this program.

**Project Objectives - Problem Solutions/Hazard Reduction:**

*Description must include: how the project will independently solve the problem, the level of protection provided by the project, how the project will increase the level of protection to the citizens and/or properties, the number of people and properties that will directly benefit from the project, and how the project will ultimately reduce the costs associated with recovery from future disasters. Attach extra pages as necessary.*

This project will assist 75 homeowners by reducing their risk to loss of life or injury sustained from high winds or tornadoes.

FEMA shelters have all ready need tested to protect individuals from death and injury. Without these shelters residence will either have to travel or have limited protection against these events. Residence with access and functional needs (14.2%) and including the aging population (21.2%) can build shelters that fit their needs.

Each shelter built in Clay County could fit 6-8 persons. With 75 shelters being requested Clay County could protect roughly protect 525 residence.

**Project Objectives - Outcome, Level of Effort and Milestones:**

*Description must include: major milestones for the project (contracting complete, final engineering/design complete, mobilization for construction, construction phase(s), activities associated with these steps, percentage of total project budget or dollar amounts associated with these steps. Attach extra pages as necessary.*

Milestone #1: Inform the public about the program and application process threw fliers, county and local websites, and social media. Schedule: Upon acceptance of grant, notify Clay County residence of the HMGP-4416 safe room rebate program. % of Budget: Approximately 1%.

Milestone #2: Take in applications and process. County staff will receive applications and process in accordance with the FEMA guidelines/ requirements. Schedule: This process will be on-going throughout the project's performance period with applications added to the County list on a first come-first serve basis. Application acceptance and list will be maintained until project close-out. % of Budget: Approximately 1%.

Milestone #3: Shelter installation process. The EMC will ensure that FEMA approved contractors are used, inspect, photograph, and obtain GPS coordinates. Schedule: This process will also be on-going throughout the project's performance period. Residents will be provided instructions in their rebate award letter to guide them through the process of selecting a qualified contractor to install their shelter. Residents will be responsible for contracting directly with the contractor of their choice for the installation of the shelter. % of Budget: 95% of the budget. This budgetary primary covers the rebates to be paid on the installation of FEMA P-320 compliant shelters that were awarded by letter from the Clay county to the applicant residents. This Milestone also includes the incidental and on-going communications Clay County will maintain with those residents as we support them through this process.

See Attachment

**Milestones/Timeline:**

List the major milestones (e.g. designing, engineering, permitting, etc.) for the project by providing an estimated timeline for the critical activities not to exceed a 36 months. These milestones should correspond with the Project Objective description above and budget. For the Starting Month column below, please enter the month (1 through 24) you will begin this milestone once you receive your award (i.e. Month 1 would be the same month as your performance period start date, Month 36 is the last month of your performance period.) For the Mos. to Complete column, please enter the number of months it will take to complete the milestone. (See examples below)

	Milestone	Starting Month	Est. Mos. to Complete
1.	Announcing the Residential Safe Room Program to the public	Month 2	1/2 month
2.	Application In-Take Process (overlapping Milestone)	Month 3	12 months
3.	Shelter installation Process (overlapping Milestone)	Month 4	24 months
4.	Reimbursement Process (overlapping Milestone)	Month 6	26 months
5.	Project Close-Out	Month 24	36 months
6.		Month #	# Mos to Comp
7.		Month #	# Mos to Comp
8.		Month #	# Mos to Comp
9.		Month #	# Mos to Comp
10.		Month #	# Mos to Comp

**Project Objectives - Project Staff and Management:**

*Description must include: how the sub-applicant will organize and manage the project to ensure successful completion within the project period of performance, a brief description of all staff associated with the project by position and what their role and responsibilities are for completing the project within the period of performance. Attach extra pages as necessary.*

The implementation of this project will involve Clay County Emergency Management Office and will be responsible for managing the project and the County Staff will ensure that the rebate payments are properly made and accounted for.

The Emergency Management Coordinator (EMC) will oversee the management and operations of the project and assist with the daily functions of the project as needed. The EMC will also create a list of applicants; provide residents and installers with technical assistance as requested throughout the performance period; maintain and upon request, provide applicants with a list of qualified shelter vendors/installers; after the shelter is completed: inspect, take photographs, and document coordinates; and will respond to open records request

The Clay county staff will: promote the program through fliers, websites, and social media; Process the applications; assist with the reimbursement; and ensure all rebate payments are properly made and accounted for.

Clay County EMC will submit the reimbursement package to TDEM and upon receipt of funds, issue payment to the rebate recipients. Clay County Treasurer will also maintain financial records in accordance with OMB requirements, UGMS and Generally Accepted Accounting Principles.

**Damage History - Overview of Past Damage:**

Provide a detailed past history of damages in the project area including approximate costs. Include information for Presidential or Federal level disasters as well as State or local level declarations. Attach any supporting documents. Costs should include damages to structures and infrastructure in the project area as a result of the hazard. Additional costs should include the cost to the local government to respond to victims of the hazard in the project area, any interruption to local businesses, losses of public services, and costs for temporary housing of the affected population, etc. This section helps demonstrate the need for the project.

**Note:** Acquisition, Relocation, Elevation, or Demolition Project:

Complete a listing of specific damages to each property on a separate spreadsheet and include as an attachment.

Date	Level of Event	Type or Extent of Damage	Total Cost of Damage
04/30/19	EF1 Clay County		\$ 40,000.00
10/13/12	High Winds Clay County 61 Mph		\$ 54,502.00
08/18/07	EF1 Clay County		\$ 12,127.00
05/10/06	High Winds Clay County 65Mph		\$ 373,550.00
04/26/98	F1 Bellevue	2 Injuries	\$ 77,583.00
08/17/97	High Winds Clay County Unknown mph	2 Injuries	\$ 3,528,162.00
06/16/97	F1 Clay County		\$ 235,944.00
05/08/93	F1 Clay County		\$ 874,293.00
05/14/86	F3 Clay County		\$ 5,788,476.00
04/10/79	F4 Clay County	40 Injuries	\$ 40,000,000.00

**Project Location:**

Fully describe the location of the proposed project. Describe the area and/or population affected or protected by this project. Include the location if possible (street address with numbers or neighborhood, city, county with zip codes, Lot, Block or Survey). Provide GPS reading (Lat/Long) of the project site in degrees decimal minutes to 5 places if possible (i.e.: 30.326958 / -97.724750). Attach a separate spreadsheet for multiple latitude/longitude coordinates and descriptions as needed.

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

**Description:**

These shelters may be installed in any of the Cities located within the Clay County area. These areas all lie in a high risk zone for Tornadoes: being located in a Zone IV. As part of the rebate application process, applicants will supply the physical (911) address of the residence in which the shelter will be installed and provide the coordinates of the residence. This information will be later confirmed by Clay County EMC when the installed shelters are physically inspected and verified/ The location/GPS information will be provided to TDEM as part of the reimbursement request process. The location/GPS of information will also be provided to the County EMC and City EMCs

**Population and Structures Affected by Project:**

Indicate the approximate number of people affected by this project to include residents, customers, commuters, or visitors, etc. Provide the number of each type of structure (listed below) in the project area. Include all structures directly affected in project area.

- Number of people affected
- Number of residential properties
- Number of businesses / commercial properties
- Number of public buildings
- Number of schools
- Number of hospitals / medical clinics
- Other (List):

**MAPS**

Two maps must be provided with your application. One must show the general location of the project site and the other must show the specific project site. In certain cases when there are no maps available, substitute with an overview photo, drawing or sketch. Ensure it is legible, shows magnetic north, and has major landmarks noted for orientation.

Map Depicting Project Site: (check the boxes to indicate what type of maps are attached)

- City, County, or District scale map showing the entire project area with the project site and structures marked on the map.
- USGS 1:24,000 topographical map with project site marked on the map. (Map depicting relationship to existing features – natural and otherwise)
1. Rivers, lakes, streams, wetlands, saltwater, etc.
  2. Geologic features, steep slopes, unstable areas
  3. Roads, bridges, buildings, etc.
- For acquisition or elevation projects**, include a copy of the Parcel Map (Tax Map, Property Identification Map, etc). with each property in the project clearly marked on the map. **Use SAME ID number as in the Property Site Inventory Worksheet.**

**NOTE:** On one or both of the maps and depending on the type of project, you may depict multiple requirements that are listed below, instead of a separate map for each.

**Photos, Sketches, Drawings, Engineer Designs, etc:**

These help clarify the project setting and the potential impacts of the project on the environment (soils, vegetation, hydrology, wildlife) and they assist in understanding the written description of the project, especially if contours and elevations are provided. The photographs should be representative of the project area, including any relevant streams, creeks, rivers, drainage areas, etc; which affect the project site or will be affected by the project. If photos are provided, then FEMA may not need to conduct a site visit, thereby, reducing the review time. Include ALL engineering calculations and quantity determinations for this project. These are in addition to any map substitutions. Please check the box below for the items you are attaching to your application, if any:

- |  |  |
|--|--|
| <input type="checkbox"/> Photographs       | <input type="checkbox"/> Engineering Designs (including calculation and quantity determinations) |
| <input type="checkbox"/> Sketches/Drawings | <input type="checkbox"/> Other   |

**ENVIRONMENTAL HISTORICAL PRESERVATION (EHP) COMPLIANCE**

Please complete the EHP Checklist (see attachment) and include in the application submission.

As a Federal agency, the Department of Homeland Security (DHS) / Federal Emergency Management Agency (FEMA) is required to consider the effects of its actions on the environment and/or historic properties to ensure that all activities and programs funded by the agency, including grants-funded projects, comply with Federal EHP regulations, laws, and Executive Orders, as applicable. Grant recipients proposing projects that have the potential to impact the environment, including but not limited to construction of communication towers, modification or renovation of existing buildings, structures and facilities (including installation of equipment), or new construction including replacement of facilities, must participate in the DHS/FEMA EHP review process. More information about the EHP requirement can be found at the following links:

<https://www.fema.gov/environmental-planning-and-historic-preservation-compliance>

<https://www.fema.gov/media-library/assets/documents/26621>

Maps will also be required for this portion of the application. If you have photos, sketches, drawings, engineer designs, etc. that will help clarify the project location and structures, please be sure to include them with your application.

**BUDGET INFORMATION**

Please complete the Budget Worksheet attachment by following the attached "Budget Worksheet Instructions". You can access the attachment by clicking on the paper clip on the left side of the form.

Once the budget has been completed, provide the following information from the worksheet:

*(Note: Enter numbers only (no \$ or comma's) as the fields is automatically formatted)*

<b>Total Project Costs:</b>	\$ 475,306.00
<b>Applicants Cost Share:</b>	\$ 237,653.00
<b>Federal Amount:</b>	\$ 237,653.00

Reminder: Applicant must include the Budget Worksheet when submitting the application

**BENEFIT COST ANALYSIS**

Applicants must demonstrate mitigation projects are cost effective. The Benefit Cost Tool Version 5.3 is used to perform benefit cost analysis for applications submitted under FEMA's Hazard Mitigation Assistance Grant Programs. To use this tool, you must first download the file from the website (see link below). If you have any questions about the new BCA software program, please contact the BC Helpline at [bchelp@dhhs.gov](mailto:bchelp@dhhs.gov) or at 1-855-540-6744.

<https://www.fema.gov/media-library/assets/documents/128334>

Once the BCA has been completed, provide following information from the BCA:

*(Note: Enter numbers only (no \$ or comma's) as the fields is automatically formatted)*

<b>Total Project Cost:</b>	_____
<b>Total Value of Project Benefits:</b>	_____
<b>Benefit Cost Ratio:</b>	_____

Reminder: Applicant must include a zip file of the BCA when submitting the application

**BCA Exceptions**

- **Acquisition Projects** - The acquisition of structures that are declared Substantially Damaged (from any origin) and located in a riverine Special Flood Hazard Area (SFHA) on a preliminary or effective FIRM is considered cost effective.
- **Residential Safe Room Projects** - The pre-calculated benefit provides standardized Benefit-Cost Analysis (BCA) benefit values associated with residential safe rooms so that individual BCAs are not required, as long as the project costs do not exceed \$5,421.32 (in Texas).
- **Acquisition and Elevation Projects** - The national average for benefits for acquisition and elevation projects is \$276,000 for acquisition projects and \$175,000 for elevation projects. **FEMA determined the acquisition or elevation of a structure located in the 100-year floodplain for which costs are equal to or less than the amount of benefits noted above is cost effective.** For projects that contain multiple structures, the average cost of all structures in the project must meet this criterion. There is no need for recipients to conduct a separate BCA for a structure that meets this criterion.
- A wind retrofit project is considered cost effective as long as the total project costs are less than the costs listed below:

<u>Mitigation Package Type</u>	<u>Roof Replacement Project</u>	<u>Maximum Costs</u>
Intermediate Protection	No	\$13,153
Intermediate Protection	Yes	\$24,920
Advanced Protection	No	\$40,252
Advanced Protection	Yes	\$52,018

## CERTIFICATION AND SIGNATURE OF AUTHORIZED AGENT FORM

The Chief Elected Official (jurisdiction) or Executive Director (non-jurisdiction) must certify the following statements before the project listed below will be considered for Hazard Mitigation Grant Program (HMGP) funding.

**Name of Sub-Applicant (jurisdiction/non-jurisdiction) Identified in the Application:**  
*(auto-populated from the first page of the application)*

Clay County

**Project Titles Identified in the Application:**  
*(auto-populated from the first page of the application)*

Clay County Residential Safe Room Rebate Program

To certify, please check the boxes and sign below:

- The undersigned will ensure all State and Federal requirements related to the HMGP funding are fulfilled.
- The undersigned understands that the jurisdiction/non-jurisdiction applying for this grant is liable for the required matching funds (local share) related to the project listed above.
- The undersigned has reviewed and approved the project and information contained in the application.

**Signature of the Authorized Agent**

Name: MIKE CAMPBELL

Title: COUNTY JUDGE

Signature: [Handwritten Signature] Date: 6/29/2020

# FLOODPLAIN MANAGER AUTHORIZATION FORM

Please provide the following information for the designated Floodplain Manager for the project listed below.

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

Sub-Applicant: Clay County

Disaster Declaration: FEMA- 4416 -DR-TX

Project Title: Clay County Residential Safe Room Rebate Program

Project Number (if known): \_\_\_\_\_

### Floodplain Manager Contact Information:

Name: Keith Burch Title: EMC

Organization: Clay County

Address: 214 N Main St.

City: Henrietta State: TX Zip: 76365

Email: keith.burch@claycountytexas.net Office Phone: (940) 538-4052 Cell: (940) 781-5842

### Floodplain Manager Certification Information:

CFM Certification Number: \_\_\_\_\_

If not a CFM, please enter the date of attendance for:

CFM - 1 Week Course: 11/18/19

Floodplain 101 Course: \_\_\_\_\_

### Certification:

By signing below, the above Floodplain Manager is authorized to represent and act on behalf of the sub-applicant in all floodplain matters related to the project and grant listed above

  
\_\_\_\_\_  
Signature of Authorized Official/Project Officer

6/27/2020  
\_\_\_\_\_  
Date

Mike Campbell  
\_\_\_\_\_  
Printed Name

Clay County Judge  
\_\_\_\_\_  
Title

Please submit completed form(s) with the application email as an attachment.



## SUBMITTAL INSTRUCTIONS:

- Review the application and ensure all questions are answered and all documents are attached. Below is the minimum required documentation. **Note:** This is not an all inclusive list since requirements may vary depending on project type and the subgrantee.
  1. Application (with supporting documents used for additional space or to clarify answers)
  2. Map(s), Photo(s), Drawing(s), etc. as required in the application
  3. EHP Checklist
  4. FIRM Map(s) per the EHP Checklist
  5. Supporting Documentation per EHP Checklist
  6. Budget Worksheet
  7. Property Site Inventory Worksheet (*Required for Acquisition, Elevation, and Mitigation Reconstruction projects*)
  8. BCA zip file
  9. Certification and Signature of Authorized Agent (page 10 of the application)
  10. Floodplain Manager Authorization Form (page 11 of the application)
  11. DSA Form
  12. All three SF424 forms (SF424, SF424B and SF424D)
- Upon completion of the application, save your file by clicking the Save As button below and name your file with the following structure:

Disaster# Grant - Jurisdiction/Organization Name - Project Type

*Example: 4332 HMGP - Test, City of - Generator*

Save As

- Submit completed application via email by clicking on this link: [TDEM-Mitigation@dps.texas.gov](mailto:TDEM-Mitigation@dps.texas.gov)

4: Reimbursement process. Clay county staff will assist in the reimbursement process by submitting all required documentation. Schedule: This process will be on-going throughout the project's performance period. % of Budget: Approximately 3% of the budget. This will cover Clay county personal will complete in processing rebate payments on the installed shelters. This will include physically verifying and photo-documenting the installation; obtaining the fully-executed, notarized certificates of installation from the shelter installers; submitting the proper documentation to the State to justify each rebate reimbursement requested and ensuring each rebate payment is properly made to residents installing shelters under this project.

Milestone #5: Project Close-out: Finalize all documentation. Schedule: This process will be undertaken at the close of the project's performance period. It will involve Clay County's submission of final FSR and reports. It may also include audits from TDEM or FEMA.



A NEW WAY TO SIGN IN - If you already have a SAM account, use your SAM email for login.gov.

[Log in](#)

[Login.gov FAQs](#)

- ⚠ ALERT: SAM.gov will be down for scheduled maintenance Saturday, 06/27/2020 from 8:00 AM to 8:00 PM.
- ⚠ ALERT: CAGE is experiencing intermittent service interruptions. SAM registrants may encounter an error validating a CAGE Code. If this happens, please try again later.

Learn About Registration Status

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[What is Draft status?](#)

[What is Work in Progress status?](#)

[What is Submitted status?](#)

[What is Active status?](#)

[What is Expired status?](#)

What If?

[What if my entity fails TIN validation?](#)

[What if my entity fails CAGE Code validation?](#)

[What if I still need help?](#)

What's Next?

Find Your Registration in SAM

**SAM Status Tracker**

Check Entity Registration Status

Page Description

You can quickly check an entity's registration status in SAM by entering a DUNS Number or CAGE Code. The SAM Status Tracker will show you the current status of that entity's most recent record, as well as tell you what steps are left to complete based on why they are registering.

The SAM Status Tracker only returns the registration status for publicly-searchable registration records. If you are a Federal government user, please log into SAM and use the Search Records link in the main navigation menu to view registrations or data that are not publicly available.

Use the SAM Status Tracker Now

Check registration status by typing in a DUNS Number.

DUNS Number  Plus 4 (Optional)

Or, check registration status by typing in a CAGE Code.

CAGE Code

[Search](#) [Clear](#)

CLAY, COUNTY OF  
Status: Active

Your registration was activated on Feb 21, 2020. It expires on Feb 20, 2021 which is one year after you submitted it for processing.



**Core Data**

Completed



**Assertions**

Completed



**Reps & Certs**

Completed



**POCs**

Completed



**Submit**

Completed



**Processing**

Completed



**Active**

Completed



IBM-P-20200424-1037  
WAVS

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A NEW WAY TO SIGN IN - If you already have a SAM account, use your **SAM email** for login.gov.

[Log In](#)

[Login.gov FAQs](#)

⚠ ALERT: SAM.gov will be down for scheduled maintenance Saturday, 06/27/2020 from 8:00 AM to 8:00 PM.

⚠ ALERT: CAGE is experiencing intermittent service interruptions. SAM registrants may encounter an error validating a CAGE Code. If this happens, please try again later.

## Entity Dashboard

CLAY, COUNTY OF  
 DUNS: 045329646 CAGE Code: 5QSR3  
 Status: Active  
 Expiration Date: 02/20/2021  
 Purpose of Registration: All Awards

100 N BRIDGE ST  
 HENRIETTA, TN, 37065-2800  
 UNITED STATES

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### Entity Overview

#### Entity Registration Summary

Name: CLAY, COUNTY OF  
 Doing Business As: DISTRICT CLERKS OFFICE  
 Business Type: US Local Government  
 Last Updated By: Mike Campbell  
 Registration Status: Active  
 Activation Date: 02/21/2020  
 Expiration Date: 02/20/2021

#### Exclusion Summary

Active Exclusion Records? No



IBM P-2020049 1-1037  
 WWW5

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