

Board of County Commissioners Agenda Request

Date of Meeting: May 7, 2024

Date Submitted: April 22, 2024

To: Honorable Chairman and Members of the Board

From: Edward J. Dixon County Administrator
Tashonda Whaley, Emergency Management Director, GCSO

Subject: Approval to Submit a Hazard Mitigation Program Grant Application to Purchase and Install a Generator at the EMS Facility (Joe Adams Road Location)

Statement of Issue:

This item is presented to the Board for approval to submit a Hazard Mitigation Program Grant (HMPG) application (Attachment 1) to purchase and install a generator at the EMS Facility (Joe Adams Road location); approval for the Chairman to sign the application document(s); approval of Resolution 2024-011 (Attachment 2) and for the Chairman to sign the Resolution; and, designating the County Administrator as the signatory for amendments and other documents to the application.

Background:

The FDEM recently announced the availability of FEMA HMPG funds as a result of the recent Presidential Disaster Declaration for Hurricane Idalia (FEMA 4734-DR-FL), which was declared on August 31, 2023. HMPG funding is authorized by Section 404 of the Robert T. Stafford Disaster Relief Act. This funding helps communities implement measures to reduce or eliminate long-term risk to people and property from natural hazards and their effects. The HMPG funding for this notice is for regular funds only (e.g., hardening of facilities, generators, etc.).

Normally, this grant requires a 25 percent local match. However, the FDEM has a limited amount of state funding to cover the local match requirement for rural counties. It is unknown at this time if the County's match requirement will be waived. If not, the grant will cover 75 percent of the estimated cost, or \$251,715.00 to purchase and install the generator and the County's estimated cost will be \$83,905.00. Note, these costs are estimated based on a recent quote of \$335,620.00 for the required generator and installation, which is a Turnkey 150kW, a diesel generator with a 1200-gallons fuel tank that will provide 96-hours (or 4 days) of power.

FEMA calculates a five percent contingency and a five percent administrative cost based on the amount of funding requested for the project, which is not calculated in the total

project cost for the generator. Based on the current generator estimate, the allowable contingency allocation is calculated to be \$16,781.00 (or 5% of \$334,620.00) and the allowable administrative allocation is calculated to also be \$16,781.00 (or 5% of \$334,620.00). Contingency funds are held in reserve by FEMA in the event the project cost is more than the estimated cost and may be released to the grantee if FEMA approves. Administrative funds can be used to reimburse staff salaries and benefits, cost for consultants, etc.

Currently, the Quincy EMS Facility and personnel are located in a temporary, makeshift facility located downtown Quincy, while a new station is being designed and constructed on property located off Joe Adams Road, Quincy. The construction for the new EMS station is funded in part with a CDBG-DR Hurricane Michael grant funds. HMPG funds, if awarded, will complement the existing CDBG-DR funding.

Analysis:

Approval of this item will allow staff to proceed with the application seeking funds for the purchase and installation of a Turnkey 150kW, a diesel generator with a 1200-gallons fuel tank that will provide 96-hours (or 4 days) of power for the planned new Quincy EMS facility.

Fiscal Impact:

This project has a twenty-five (25) percent match to be covered by a Florida Legislature Waiver, and no fiscal impact is expected. In the event, the County is not approved for a waiver of the 25 percent match and the County has to incur the estimated cost of \$83,905, the funds will come from reserve from contingency.

Options:

1. Approval to submit a Hazard Mitigation Program Grant (HMPG) application to purchase and install a generator at the EMS Facility (Joe Adams Road location); approval for the Chairman to sign the application document(s); approval of Resolution 2024-011 and for the Chairman to sign the Resolution; and, designating the County Administrator as the signatory for amendments and other documents to the application.
2. Do not approve.
3. Board direction.

County Administrator's Recommendation:

Option 1.

Attachments:

1. Application
2. Application Narrative
3. Resolution 2024-011

THIS SECTION FOR STATE USE ONLY

FEMA-the-DR-FL

- Standard HMGP 5% Initiative Application Application Complete
 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

LMS Ranking: _____

County: _____

State Application ID: _____

(TIME-DATE STAMP HERE)

This application is for all Federal Emergency Management Agency (FEMA Region IV) Hazard Mitigation Grant Program (HMGP) proposals. Complete ALL sections and provide the documents requested. If you require technical assistance, contact the Florida Division of Emergency Management at DEM_HazardMitigationGrantProgram@em.myflorida.com.

Section I – Applicant

A. Applicant Instruction: Complete all sections that correspond with the type of proposed project

<u>Application Sections I-IV:</u>	All Applicants must complete these sections
<u>Environmental Review:</u>	All Applicants must complete these sections
<u>Maintenance Agreement:</u>	Any Applications involving public property, public ownership, or management of property
<u>Flood Control – Drainage Improvement Worksheet:</u>	Acquisition, Elevation, Dry Flood Proofing, Drainage Improvements, Flood Control Measures, Floodplain and Stream Restoration, and Flood Diversion – one worksheet per structure
<u>Generator Worksheet:</u>	Permanent, portable generators, and permanent emergency standby pumps
<u>Tornado Safe Room Worksheet:</u>	New Safe Room, Retrofit of existing structure, Community Safe Room, Residential Safe Room
<u>Hurricane Safe Room Worksheet:</u>	New Safe Room, Retrofit of existing structure
<u>Wind Retrofit Worksheet:</u>	Wind Retrofit projects only – one worksheet per structure
<u>Wildfire Worksheet:</u>	Defensible Space, Hazardous Fuels Reduction, Ignition Resistant Construction, other
<u>Drought Worksheet:</u>	Aquifers, other
<u>Utility Mitigation Worksheet</u>	Upgrades to sewer systems, upgrading electrical components for a utility, undergrounding electrical systems, etc.
<u>Request for Public Assistance Form:</u>	FEMA Form 90-49 (Request for Public Assistance): All applicants must complete, if applicable.
<u>Acquisition Forms:</u>	If project type is Acquisition, these forms must be completed. (Only one of the two <i>Notice of Voluntary Interest</i> forms is necessary.) <i>Model Statement of Assurances for Property Acquisition Projects</i> <i>Declaration and Release</i> <i>Notice of Voluntary Interest (Town Hall Version)</i> <i>Notice of Voluntary Interest (Single Site Version)</i> <i>Statement of Voluntary Participation</i> <i>FEMA Model Deed Restriction Language</i>
<u>Application Completeness Guidance / Checklist :</u>	All applicants are recommended to complete this checklist and utilize the guidance for completing the application.

B. Applicant Information:

FEMA-4734-DR-FL

DISASTER NAME: Hurricane Idalia

Title of Project: DRAFT - Gadsden County - QUINCY EMS Station - Generator - DRAFT

- 1. Applicant (Organization): **Gadsden County Board of County Commissioners**
- 2. Applicant Type: State or Local Government Native American Tribe Private Non-Profit Special District
- 3. County: **Gadsden**
- 4. State Legislative Senate District(s): **8**; State Legislative House District(s): **3** ;
Congressional House District(s): **2**
- 5. Federal Tax I.D. Number: **59-6000616** <https://fs.fldfs.com/dispub2/cvnhphst.htm>
- 6. Data Universal Numbering System (DUNS): **RB45LAJS8** *Unique Entity Identification (UEI)*
<https://sam.gov/SAM/>
- 7. Federal Information Processing Standards (FIPS) Code*: **12039** *(*if your FIPS code is not known, see guidance)*
- 8. National Flood Insurance Program (NFIP) Community Identification Number: **120091**
(this number can be obtained from the FIRM map for your area)
- 9. **Point of Contact:** (Applicant staff serving as the coordinator of project)

Ms. Mr. First Name: **Charles** Last Name: **Hayes**
Title: **Chief Internal Operations Coordination**
Address: **Suite 9, Jefferson Street**
City: **Quincy** State: **FL** Zip Code: **32351**
Telephone: **850-728-4394** Email: **chayes@gadsdencountyfl.gov**

10. Application Prepared by:

Ms. Mr. First Name: **Sheree** Last Name: **Keeler**
Title: **Intergovernmental Affairs Analyst**
Address: **Suite 9, Jefferson Street**
City: **Quincy** State: **FL** Zip Code: **32351**
Telephone: **850-228-5526** Email: **skeeler@gadsdencountyfl.gov**
Organization: **Gadsden County**

11. Authorized Applicant Agent (proof of authorization authority required)

Ms. Mr. First Name: **Ronterious** Last Name: **Green**
Title: **Chairman, Gadsden County Board of County Commissioners**
Address: **Suite 9, Jefferson Street**
City: **Quincy** State: **FL** Zip Code: **32351**
Telephone: **850- 875-8650** Email: **rgreen@gadsdencountyfl.gov**

Signature: _____

Date: _____

12. Local Mitigation Strategy (LMS) Compliance

- a. All proposed projects must be included in the county's Local Mitigation Strategy (LMS) Project List, and on file with FDEM's Mitigation Bureau Planning Unit. Does your jurisdiction have a current FEMA Approved Mitigation Plan and this project is listed? Yes No
- b. Attached is a letter of endorsement for this project from the county's LMS Coordinator. Yes No
Ensure the LMS endorsement letter contains both the Total Estimated Projects Cost (Section IV. D.), along with the Estimated Federal Share (Section IV. I.1.) allocated to this project.
- c. The LMS project list and endorsement letter both have an estimated cost column and Federal Share amount that is within \$500.00 between the two. Yes No

13. Has this project been submitted under a previous disaster event? No

Yes, provide the disaster number and project number (as applicable): _____

Section II – 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 Wildfire Other (list): **power outages**
2. Identify the type of proposed project:
 Elevation and retrofitting of residential or non-residential structure
 Acquisition and Relocation Acquisition and Demolition
 Wind retrofit Drainage project that reduces localized flooding
 Generator Other (explain) _____
3. List the total number of persons that will be protected by the proposed project (include immediate population affected by the project only):
39
4. List how many acres of “Total Impacted Area” is to be protected by the proposed project (include immediate area affected by the project only):
4
5. Fill in the level of protection and the magnitude of event the proposed project will mitigate. (e.g. 23 structures protected against the 100-year storm event (1% chance)
1 structure(s) protected against the **100** -year storm event (10, 25, 50, 100, or 500 year storm event)
1 structure(s) protected against **157** mile per hour (mph) winds
6. Check **all** item(s) the project may impact:
 Wetlands Water Quality Previously Undisturbed Soil
 Floodplain Coastal Zone Toxic or Hazardous Substances
 Historic Resources Fisheries Threatened & Endangered Species
 Vegetation Removal Public Controversy Potential for Cumulative Impacts
 Health & Safety Other _____
7. **Engineered projects:** If your project has been already designed and engineering information is available, attach to your application **ALL** calculations, H&H study and design plans (e.g. Drainage Improvement, Erosion Control, or other special project types). No Yes If so, see Attachment #(s) _____.

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. **Ensure that each proposed project is mitigation and not maintenance.**

1. Describe the existing problems:

The Quincy EMS Station is one of five EMS and Fire stations located in Gadsden County. The Quincy EMS station (current and planned location) is centrally located in the County, and services the entire County, with an estimated population of 44,490, as of 2023 estimates. (see uploaded document Project Background).

During a disaster incident, the Quincy EMS Station also serves as a central command center for EMS, Fire and Public Works, who ensures the safe passage or closure of roadways that may become impassable, damaged, or flooded during an event. Any interruption in power at the Quincy EMS Station will disrupt essential emergency services countywide as well as the necessary staging of EMS, Fire and Public works personnel putting citizens, property and major county, state federal roads and facilities at risk.

Throughout storm events and other occasions, the Joe Adams Road area is prone to power outages and as a result has lost power during the last three major storm events with an impact to all surrounding homes, business, and public facilities in the area. if the Quincy Fire EMS Station loses power it would have a negative impact and disrupt emergency medical services to the entire County and any required response to multi-jurisdiction incidents.

2. Describe the type(s) of protection that the proposed project will provide:

An installed automatic turnkey 150 KW generator will provide an essential secondary power source in the event of power outages. The installed, automatic generator will mitigate the impacts of events and hazards by increasing resilience of critical facilities and first responder emergency services. The generator is considered a backup, emergency power source and will ensure the continuation of essential emergency operations, response, and recovery services in the event of a power interruption.

Additionally, the Quincy EMS Station is a designed point for logistics and distribution of food, water, cooling stations, charging stations etc. for the community, thus it is imperative the Quincy EMS Station has a reliable, 24-7 backup power source. A generator is a necessary back up power source to ensure that Gadsden County citizens, visitors, business and public infrastructure remain protected during power outages

3. Scope of Work (describe in detail what you are planning to do):

The County will purchase a Turnkey, 150kW, diesel powered generator with a 1200 subbase fuel oil tank providing up to 96 hours (or the equivalent of 4-days) of power to be installed on a concrete pad at the Quincy EMS Station being constructed on Joe Adams Road, which serves as one of the five stations in Gadsden County, Florida.

Included in the purchase cost will be the cost associated to test, install and connect the generator to the automatic transfer switch to power the Quincy EMS Station. This will ensure the continued provision of essential emergency service operations. The Quincy EMS Station is being designed and constructed to meet all current building and hurricane codes. The proposed enhancements are necessary in order for Gadsden County and the citizens of this community to remain protected during power outages and natural or man-made disasters.

4. Describe any other on-going or proposed projects in the area that may impact, positively or negatively, the proposed HMGP Project:

N/A

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

A. Site

- Describe the physical location of this project, including street numbers (or neighborhoods) and project site zip code(s). Provide precise longitude and latitude coordinates for the site utilizing a hand-held global positioning system (GPS) unit or the equivalent:

Site Location: City of Quincy, Gadsden County, FL
 Address(es): PENDING ASSIGNMENT BY COUNTY 911
 GPS coordinates (decimal degree format): 30.553144, -84.584143
 Project Zip Code(s): 32351

- Titleholder: City of Quincy
- Is the project site seaward of the Coastal Construction Control Line (CCCL)? Yes No
- Provide the number of each structure type (listed below) in the project area that will be affected by the project. Include **all** structures in project area.

<input type="checkbox"/> Residential property: <u>0</u>	<input checked="" type="checkbox"/> Public buildings: <u>1</u>
<input type="checkbox"/> Businesses/commercial property: <u>0</u>	<input type="checkbox"/> Schools/hospitals/houses of worship: <u>0</u>
<input type="checkbox"/> Other: <u>0</u>	

B. Flood Insurance Rate Map (FIRM) Showing Project Site

1. <input checked="" type="checkbox"/> Attach one (1) copy of the FIRM map, a copy of the panel information from the FIRM, and, if available, the Floodway Map. 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. 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 https://msc.fema.gov/portal .								
2. 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)								
<table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> VE or V 1-30</td> <td><input type="checkbox"/> AE or A 1-30</td> </tr> <tr> <td><input type="checkbox"/> AO or AH</td> <td><input type="checkbox"/> A (no base flood elevation given)</td> </tr> <tr> <td><input checked="" type="checkbox"/> B or X (shaded)</td> <td><input checked="" type="checkbox"/> C or X (unshaded)</td> </tr> <tr> <td><input type="checkbox"/> Floodway</td> <td><input type="checkbox"/></td> </tr> </table>	<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 checked="" type="checkbox"/> C or X (unshaded)	<input type="checkbox"/> Floodway	<input type="checkbox"/>
<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 checked="" type="checkbox"/> C or X (unshaded)							
<input type="checkbox"/> Floodway	<input type="checkbox"/>							
<input type="checkbox"/> Coastal Barrier Resource Act (CBRA) Zone (Federal regulations strictly limit Federal funding for projects in this Zone; coordinate with your state agency before submitting an application for a CBRA Zone project).								
3. <input type="checkbox"/> If the FIRM Map for your area is not published, attach a copy of the Flood Hazard Boundary Map (FHBM) for your area, with the project site and structures clearly marked on the map.								
4. <input type="checkbox"/> Attach a copy of a Model Acknowledgement of Conditions for Mitigation in Special Flood Hazard Area								

C. Maps 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 or elevated. Include the Tax ID numbers for each parcel, and Parcel information – including year built and foundation.
- Attach photographs (at a minimum 4 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 that affect the project site or will be affected by the project, and labeled. For each structure, include the following angles: front, back and both sides.

Section IV – Budget/Costs

In order to assist applicants with filling out the following Budget section, we have provided the following instructions for your convenience. For this section, we ask that you provide details of all the estimated costs of the project, as it is used for the benefit-costs analysis as well as for the feasibility and effectiveness review.

For the cost sections relating to Materials, Labor, and Fees, it is important to note,

- Lump sums without supporting documentation showing a breakdown of those costs are not acceptable. For those items that will not fit in the spaces provided, attach the appropriate documentation to your application.
- Identify your match sources in sections B and I.
- Sub-Total cells will auto sum the costs in their respective columns.
- Do not factor management costs into parts A-C. If management costs are being requested, see part G.
- Contingency Costs need to be justified and reported as a separate line item in part E of this section. From left to right in that part, enter the desired percentage (maximum 5% of Material/Labor), the amount the percentage is to be applied to, and the resulting amount. **PLEASE NOTE-** These cells will not auto-calculate across the row, but the final cell will be calculated into the Final Project Cost below it. Take care that everything is calculated correctly.
- Pre-Award Costs: costs must be identified as a separate line item, AND a completed HMGP Pre-Award Cost Request Form MUST be submitted with this application, detailing the items/cost and requested start date.
- Mark all In-kind (donated) services with (**); In-house (employee) services with (***), per each line item.
- All funding sources (In-kind, In-house, Global Match, and Other Agencies) must be identified (below) AND identified on the Funding Sources - Section IV I.

For project management costs, in compliance with Disaster Relief and Recovery Act of 2018 (DRRA) and the subsequent FEMA Interim Policy #104-11-1, the Florida Division of Emergency Management has included a section for applicants to request, or refuse, project management funds that are available to them. Under this new policy, HMGP projects awarded under disasters declared on or after August 1, 2017, are eligible for project management costs up to 5 percent of their total project costs.

Applicants choosing to apply for this funding must detail the specific administrative costs in Part G of this section. These costs must be eligible administrative costs, conforming to the requirements set in 2 CFR Part 200 Subpart E. Applicants must ensure that their administrative costs are reasonable, allowable, allocable, and necessary for the performance of the federal award.

The State will allot these management costs on a project-by-project basis per the amount requested by the sub-recipient, up to 5 percent of the total project cost. A sub-recipient may request less than this, but no higher. These management costs will be considered a separate pool of funding and **WILL NOT** affect a project's benefit-cost analysis.

Management costs will be reimbursed per reimbursement request, and no more than 5 percent of any given reimbursement request amount. All management costs reimbursements will be contingent upon adequate documentation from the sub-recipient.

Management costs will be reimbursed at 100 percent of the amount of management costs requested, so far as they are adequately documented and are no more than 5 percent of the request. Any unused management costs at closeout following the final payment will be de-obligated. If the final total project cost results in an under-run, management costs will be reduced accordingly.

Applicants must make the determination to request or refuse management costs at the time of formal application submittal. The State will accept the initial determination from the applicant. There will be no recourse from the State for applicants wishing to change their initial determination after the application has been formally submitted.

Section V. Environmental Review and Historic Preservation Compliance

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

Because the HMGP is a federally funded program, 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.**

A. 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, provide the applicable documentation from this section to facilitate the NEPA compliance process.

1. Detailed project description, scope of work, and budget/costs (Section II and Section IV of this application).
2. Project area maps (Section III, part B & C of this application).
3. Project area/structure photographs (Section III, part C of this application).
4. Preliminary project plans.
5. Project alternatives description and impacts (Section V of the application).
6. Complete the applicable project worksheets.
Documentation showing dates of construction are required for all structures.
7. Environmental Justice – Provide any applicable information or documentation regarding low income or minority populations in the project area. See Section V.B of this application for details.
8. Provide any applicable information or documentation referenced on the *Information and Documentation Requirements by Project Type* below.

B. Executive Order 12898; Environmental Justice for Low Income and Minority Population:

1. Are there low income or minority populations in the project area or adjacent to the project area?
 No Yes; describe any disproportionate and adverse effects to these populations:
The new EMS Quincy facility will be located in an area that is not yet heavily developed and surrounding development is mainly commercial and other public facilities, i.e., County Jail and the planned new public safety facility, EOC, and public works/garage facility.
2. To help evaluate the impact of the project, explain below or attach any other information that describes the population, or portion of the population, that would be either disproportionately or adversely affected. Include specific efforts to address the adverse impacts in your proposal narrative and budget.
The project location and surrounding parcels are primarily zoned for municipality, commercial and agriculture use only. It is located close to the Gadsden County Jail, several industrial businesses, and the I-10, Pat Thomas Highway, it is an area that is already heavily trafficked with motorist and semis. There will be no disproportionately or adversely affected populations. Reference the uploaded NEPA Environmental Report.

C. Tribal Consultation *(Information Required)*

Section 106 of the National Historic Preservation Act (NHPA) requires federal agencies to take into account the effect of their undertakings on historic properties. The NHPA requires that agencies must complete this process prior to the expenditure of any Federal funds on the undertaking. A Tribal Consultation is required for any project disturbing ground or moving soil, including but not limited to: drainage projects; demolition; construction; elevation; communication towers; tree removal; utility improvements.

1. Describe the current and future use of the project location. A land use map may be provided in lieu of a written description.

See uploaded land use map and NEPA/HUD Environmental Assessment Report.

2. Provide information on any known site work or historic uses for project location.

See uploaded NEPA/HUD Environmental Assessment Report, completed April 2024. Note that the facility is in the design phase.

- Attach a copy of a city or county scale map (large enough to show the entire project area) with the horizontal limits (feet) and vertical depths (square feet) of all anticipated ground disturbance of 3 inches or more.

D. Alternative Actions *(Information Required)*

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.

If no action is taken it could result in an interruption of essential emergency services causing harm to citizens, businesses, and visitors.

2. Other Feasible Alternative

Describe a feasible alternative project that would be the next best solution if the primary alternative is not accomplished. This could be an entirely different mitigation method or a significant modification to the design of the current proposed project. Include a Scope of Work, engineering details (if applicable), estimated budget and the impacts of this alternative. Complete *all* of parts **a-e** (below).

a. Project Description for the Alternative

Describe, in detail, the alternative project, and explain how the alternative project will solve the problem(s) and/or provide protection from the hazard(s). Also, provide pros and cons for this alternative and a reason for why it was not selected.

An alternative would be to lease at least a 150 kw diesel generator on a trailer. The pros of this alternative would be that the generator could be available for other public facilities if needed. The cons are: (1) the generator could be offsite when needed. (2) The County would incur cost for a generator when not in use just to ensure it was available when needed. (3) It would result in a power interruption due to the time and delay in transporting, especially if there were road closures, and connecting the portable generator at the EMS Facility. (4) The generator will need to be protected from theft.

b. Project Location of the Alternative *(describe briefly, if different from proposed project)*

Project location for the alternative would be the same.

- Attach a map or diagram showing the alternative site in relation to the proposed project site *(if different from proposed project)*

c. Scope of Work for Alternative Project

Lease of a portable minimum 150KW diesel generator set on a trailer to be stored off site. The County would need to develop a fuel purchase and storage plan to ensure sufficient fuel was available to power the generator during a prolonged power outage (e.g., 24 hours or more). A transfer switch and an in-use waterproof plug cover would be needed and installed to connect the portable generator to power to the station during emergency power outages. This would also require either County personnel or a contractor to properly connect the portable generator to the facility. Estimated cost is based the cost to lease the generator for one year at \$67,410 (inclusive of all costs except delivery and set up) for up to five (5) years for a total five year cost of \$337,050 (inclusive of all costs except delivery and setup).

d. Impacts of Alternative Project

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.

There will be no impacts with the alternative project.

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.

Materials:	\$337,050.00
Labor:	\$0.00
Fees:	
Total Estimated Project Cost:	\$337,050.00

HMGP ENVIRONMENTAL REVIEW
Information and Documentation Requirements by Project Type

<i>Retrofits to Existing Facilities/Structures</i> <i>Elevations</i> <i>Acquisitions with Demolition</i>
<ul style="list-style-type: none">✓ Dates of Construction✓ Ground disturbance map for projects with 3 inches or more of ground disturbance✓ Structure photographs
<i>Drainage Improvements</i>
<ul style="list-style-type: none">✓ Engineering plans/drawings✓ Permit or Exemption letter to address any modifications to water bodies and wetlands<ul style="list-style-type: none">o Department of Environmental Protectiono Water Management Districto U.S. Army Corps of Engineers✓ Ground disturbance map for projects with 3 inches or more of ground disturbance.✓ 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 a 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.✓ Concurrence from your Local Floodplain Manager – if project is located in a floodplain.

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

Section VI – 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 the application to FEMA.

(NOTE: Not applicable to projects solely related to residential or private property.)

The _____ Gadsden County Board of County Commissioners _____ of _____
Gadsde County _____, State of Florida, hereby agrees that 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 Sub-recipient’s maintenance responsibilities following project award and to show the Sub-recipient’s acceptance of these responsibilities. It does not replace, supersede, 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 _____ Ronterious Green _____ the duly authorized representative
(printed or typed name of signing official)

Chairman, Gadsden County Board of County Commissioners
(title)

This _____ (day) of _____ (month), 2024 (year).

Signature* _____

***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.)**

HMGP Application Completeness Guidance/Checklist

This guidance/checklist contains an explanation, example and/or reference for information requested in the application. Use this list to assure your application is complete and includes the required information for HMGP projects. The appropriate documentation must also be attached. It is important to note that this list is similar to the form that will be used during the application sufficiency review by the HMGP staff.

Project Title: DRAFT

Applicant: DRAFT

Application Information	Explanation of Information Required	✓
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Section I

B. Applicant Information

FEMA__-DR-FL	Type in the four digit number FEMA assigned to the disaster that this application is being submitted under. (Example: 4337, 4283)	<input type="checkbox"/>
DISASTER NAME	Type in the Disaster name. (Example: Hurricane Irma, Tropical Storm Fay)	<input type="checkbox"/>
Title of Project	The project title should include: 1) Name of Applicant, 2) Name of Project, 3) Type of Project. (Example: City of Tallahassee, City Hall Building, Wind Retrofit)	<input type="checkbox"/>
1. Applicant	Name of organization applying. Must be an eligible applicant.	<input type="checkbox"/>
2. Applicant Type	State or local government, recognized Native American tribe, or private non-profit organization. If private non-profit, attach documentation showing legal status as a 501(C). (Example: IRS letter, Tax Exempt Certificate)	<input type="checkbox"/>
3. County	Indicate county in which the project is located.	<input type="checkbox"/>
4. State Legislative and Congressional District(s)	Specify the appropriate State Senate, House and Congressional District code for the project site . For multiple sites, list codes for each site. http://www.myfloridahouse.gov/sections/representatives/myrepresentative.aspx	<input type="checkbox"/>
5. Federal Tax I.D. Number	List the Federal Employer's Identification Number (FEIN), also known as Federal Tax Identification number, 9-digit code. May be obtained from your finance/accounting department.	<input type="checkbox"/>
6. DUNS Number	Include Data Universal Numbering System (DUNS) number in appropriate location on application. Typically, this number can be obtain through your finance department. If not, use the link below to look up your entity. If none, exists you can use the same link to request one. https://www.dnb.com/duns-number.html	<input type="checkbox"/>
7. FIPS Code	List the Federal Information Processing Standards (FIPS) Code. May be obtained from your finance/accounting/grants department. If none, submit FEMA Form 90-49. See state website under the relevant disaster (https://floridadisaster.org/dem/mitigation/hazard-mitigation-grant-program/)	<input type="checkbox"/>
8. NFIP ID Number	List the National Flood Insurance Program (NFIP) number. You must be a participating NFIP member to be eligible for HMGP funding. Make sure that the number is the same as the panel number on the FIRM provided with the application.	<input type="checkbox"/>
9. Point of Contact	Provide all pertinent information for the point of contact. This person serves as the coordinator of the project. If this information changes once the application is submitted, please contact the HMGP staff immediately.	<input type="checkbox"/>
10. Application Prepared By	Provide the preparer information. May be different from the point of contact (line 9) and/or the applicant's agent (line 11).	<input type="checkbox"/>
11. Authorized Applicant Agent	An authorized agent must sign the application. <i>"An authorized agent is the chief elected official of a local government who has signature authority, so for a county it would be the Chairman of the Board of County Commissioners and for a municipality it would be the Mayor (the exact title sometimes varies). Any local government may delegate this authority to a subordinate official (like a City or County Manager) by resolution of the governing body (the Board of County Commissioners or Board of City Commissioners). If a local government delegates signature authority, a copy of the <u>resolution</u> by the governing body authorizing the signature authority for the individual signing must be provided."</i>	<input type="checkbox"/>

	For Private Non-Profit: A member of its Board of Directors or whoever has authority to authorize funding for such a project. If this task is delegated down, a copy of a resolution confirming this must be provided.	
12. LMS Compliance	<p>a) LMS Project List: All proposed projects must be included in the county's Local Mitigation Strategy (LMS) Project List and must be on file with FDEM's Mitigation Bureau Planning Unit.</p> <p>b) LMS Endorsement Letter: All proposed projects must include an endorsement letter from the county's Local Mitigation Strategy Coordinator. You may use 1 letter as long as it includes every proposed project.</p> <p>c) Estimated Costs & Application Costs: The LMS Project List must include an Estimated Cost column and each HMGP project application must be within \$500.00 of that Project List's estimated cost. Also ensure that the Federal Cost Share indicated on the LMS Coordinator's Endorsement Letter exactly matches the Federal Cost Share indicated within the application. Ensure the LMS endorsement letter contains both the Total Estimated Projects Cost (Section IV. D.), along with the Estimated Federal Share (Section IV. I.1.) allocated to this project.</p> <p>A letter of endorsement for the project and its priority number from the Local Mitigation Strategy Project List must be included. Refer to Sample LMS Letter. Applications without a letter of endorsement will not be processed. (44 CFR 201.6 Local Mitigation Plans)</p>	<input type="checkbox"/>
13. Previous Submittal	If the project has been previously submitted under another disaster, provide the disaster number, the project number, and the title of the project.	<input type="checkbox"/>

Section II - Project Description

A. Hazards to be Mitigated/Level of Protection

1. Type of Hazards	Type of Hazards the Proposed Project will Mitigate: Identify the hazard(s) that the proposed project will mitigate. More than one hazard may be selected.	<input checked="" type="checkbox"/>
2. Identify the Type of Project	Identify the Type of Proposed Project: Describe the mitigation project being proposed. (Example: drainage, wind retrofit, generator etc.)	<input checked="" type="checkbox"/>
3. Number of Persons Protected	Explain how many people will be protected by or benefit from the proposed project. (Example: A drainage project improving a residential area of 23 homes, with an average household of 2 people = 46 people)	<input checked="" type="checkbox"/>
4. Total Impacted Area	Explain how many acres will be impacted from the proposed project: Drainage/Berm/Pond/Culverts/Flood hazard projects: combination of the area to be protected and ground disturbance must not exceed 25 acres.	
5. Level of Protection	Specify the level of protection and magnitude of the event the proposed project will mitigate. Attach support documentation that verifies the stated level of protection. (Example: In a wind retrofit project, it will be the design wind speed to comply with the Florida Building Code requirements. In a drainage project, it will be the implemented design level, e.g. a 25-year FDOT design standard for culvert.)	<input type="checkbox"/>
6. Project Impact	Identify all the items the project may impact or are within the project area.	<input checked="" type="checkbox"/>
7. Engineered Projects (e.g. Drainage)	Include available engineering calculations, studies, and designs for the proposed project showing results from applied Recurrence Interval scenarios before and after mitigation. (Number of structures, building replacement value, depth of the water, structural damages, content damages, displacement, road closures, etc.)	<input type="checkbox"/>

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

1. Existing Problem	Describe the existing problem, location, source of the hazard, and the history and extent of the damage. Include newspaper articles, insurance documentation, photographs, etc. If this project is eligible for PA (406) mitigation activities, describe the 406 activities.	<input checked="" type="checkbox"/>
2. Type of Protection	Determine how the funding will solve the existing problem and provide protection.	<input checked="" type="checkbox"/>
3. Scope of Work:	What the Project Proposes to Do: Determine the work to be done. The scope of work must meet eligibility based on HMGP regulations and guidance. Explain how the proposed problem will be solved. (NOTE: The proposed project must be a	<input checked="" type="checkbox"/>

	mitigation action, not maintenance.) <i>Does the proposed project solve a problem independently or constitute a functional part of a solution where there is assurance that the project as a whole will be completed (44 CFR 206.434[c][4])? Does the proposed project address a problem that has been repetitive or that poses a significant risk to public health and safety if left unresolved (44 CFR 206.434[c][5][i])? Projects that merely identify or analyze hazards or problems are not eligible.</i>	
4. On-Going or Proposed Projects in the Area	Determine if other projects, zoning changes, etc. are planned (particularly in the same watershed if flooding is being addressed) that may negatively or positively impact the proposed project. If there is a drainage project or downstream issue elsewhere, it may eliminate the current flooding issue, erasing the need for the proposed project. Response applies to drainage and acquisition projects. N/A is appropriate in wind retrofit shutter projects only. If this project is also being considered under the Public Assistance Program (406), describe in detail the 406 mitigation activities and/or services. Do not include project costs associated with this HMGP application.	<input type="checkbox"/>

Section III - Project Location

A. Site

1. Physical Location	List the physical location of the project site(s) including the street number(s), zip code(s) and GPS coordinates (latitude/longitude, in decimal degrees). The physical address must correspond with the address locations specified on maps submitted with the application.	<input checked="" type="checkbox"/>
2. Titleholder	Provide the titleholder's name.	<input checked="" type="checkbox"/>
3. Project Seaward of the CCCL?	Determine if the project site is located seaward of the Coastal Construction Control Line. https://floridadep.gov/water/coastal-construction-control-line	<input checked="" type="checkbox"/>
4. Number and Types of Structures Affected	Specify the number and type of properties affected by the project. (Example: Drainage project that affects 100 homes, 15 businesses and 2 schools.) What does the project protect? Should have a number next to the box that is checked. (See Section II, Item A.5 – detail of these totals)	<input checked="" type="checkbox"/>

B. Flood Insurance Rate Map (FIRM) Showing Project Site

1. Copies of FIRM	Attach a copy (or copies) of the FIRM and clearly identify the project site. The FIRM Panel number must be included. To obtain a FIRM map, go to https://msc.fema.gov/portal . See instructions on How to make a FIRMette.	<input checked="" type="checkbox"/>
2. Flood Zone Determination	Specify the flood zone(s) of the project site(s). If project is located in a Special Flood Hazard Area. Amount of coverage must be equal to or greater than the amount of Federal mitigation funding obligated to the project.	<input checked="" type="checkbox"/>
3. Flood Hazard Boundary Map (FHBM)	Not required if a copy of the FIRM is attached.	<input type="checkbox"/>
4. Model Acknowledgement of Conditions form	The Model Acknowledgement of Conditions for Mitigation in Special Flood Hazard Area form is required for those structures receiving federal funds that will also remain in the special flood hazard area by the close of the project. This form is required at application. It can be found on FEMA's website at https://www.fema.gov/media-library/assets/documents/15677	<input type="checkbox"/>

D. C. Maps with Project Site and Photographs

1. City/County Map with Project Site	The project site and staging location (if applicable) should be clearly marked on a legible City/County map. The map should be large enough to show the project site. More than one map may be required.	<input checked="" type="checkbox"/>
2. USGS TOPO with Project Site	The project site should be clearly marked on a legible USGS 1:24,000 TOPO map. To obtain a TOPO map, go to https://ngmdb.usgs.gov/topoview/	<input checked="" type="checkbox"/>
3. Parcel/Tax Map	A Parcel, Tax or Property Identification map is required <u>only</u> for acquisition and elevation projects. The location of the structure must be clearly identified.	<input type="checkbox"/>
4. Site Photographs	At least four photographs are required that clearly identify the project site. The photos must be representative of the project area, including any relevant streams, creeks, rivers, etc., and drainage areas that affect the project site or will be affected by the project. The front, back and both side angles are required for each structure. For acquisition and elevation projects, a photo taken away from the structure (in front toward the street, and in back toward backyard) to show the area along with	<input checked="" type="checkbox"/>

	photographs of specific elements of the structure affected by the project (windows for shutters or window replacements) should also be provided. Label photographs appropriately. In addition, CDs may be submitted.	
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Section IV - Budget/Costs

Make sure all calculations are correct. Provide a breakdown of materials, labor and fees for the proposed project. Support documentation must be attached, i.e. vendor's quote, professional estimate (from engineer, architect, local building official, etc.). The proposed budget line items should represent allowable costs associated with the scope of work. Contingency Cost should be included as a line item in the budget section, and justified – Maximum allowed is 5%, and is required to complete this section; it will be used for the Benefit-Cost Analysis (BCA). Costs should be accurate, complete and reasonable compared to industry standards. Make sure the total cost is correct on the entire application.

A. Materials	List materials and their associated costs. Provide breakdown.	<input checked="" type="checkbox"/>
B. Labor	Provide a breakdown of description, hours, rate, and cost or lump sum labor cost. Can use in-kind contribution as part of the 25% match. (Attach support documentation for in-kind, in-house to detail wages and salaries charged for any contribution. No overtime wages can be used to satisfy match contributions).	<input type="checkbox"/>
C. Fees Paid	Provide a breakdown of associated fees i.e., consultants, studies, engineering, permits, and project management. Maintenance is not an allowable cost under HMGP. <i>Pre-award costs may be requested (See Pre-award Costs guidance).</i>	<input type="checkbox"/>
D. Total Estimated Project Cost	This number includes all project costs without contingency costs included. Make sure all calculations are correct.	<input checked="" type="checkbox"/>
E. Contingency Cost	Per FEMA's HMA Guidance (Section VI Part D.3.4), a contingency cost is, "an allowance in the total cost estimate to cover situations that cannot be fully defined at the time the cost estimate is prepared but that will likely result in additional eligible costs. Allowances for major project scope changes, unforeseen risks, or extraordinary events may not be included as contingency costs." The applicant may request up to 5% of material/labor costs. As with other line items, the applicant must justify these contingency costs based on the nature of the project at application. If an applicant wants to include contingency costs, they will need to enter the percentage that they require as well as what amount they want that percentage to be applied to. Type the resulting calculation in the final cell on the right. These cells will NOT auto-calculate. Be sure that they are calculated correctly.	<input checked="" type="checkbox"/>
F. Final Project Cost	This number includes any contingency costs that were requested. The final BCA will use this number in its final calculation.	<input checked="" type="checkbox"/>
G. Project Management Costs	After reading the guidance provided on pg. 5, select either YES or NO to indicate your need for management costs for this project. If YES , provide a breakdown of description, hours, rate and costs for requested management costs. If NO , continue to Part I.	<input checked="" type="checkbox"/>
H. Total Estimated Management Costs Requested	This will auto complete based on what is entered into the cost cells above. Your request must not exceed 5 percent of the total project cost available for this project.	<input checked="" type="checkbox"/>

I. Funding Sources (round figures to the nearest dollar)

The proposed sources of non-federal matching funds must meet eligibility requirements. (Except as provided by Federal statute, a cost-sharing or matching requirement may not be met by costs borne by another Federal grant.) 2 CFR Part 200.306.

1. Estimated Federal Share	The estimated Federal share is generally 75%. If the Federal share is not 75%, assure actual amount is entered. It could be 50.1234% or 35.1234%, etc. of the total dollar amount of project depending on county LMS allocation and priority. This figure cannot exceed 75%.	<input checked="" type="checkbox"/>
2. Non-Federal Share	May include all 3 sources, i.e. cash, in-kind and global match, as long as the total is a minimum of 25%. Match cannot be derived from a federal agency except Federal funds that lose their federal identity (e.g., CDBG funding and certain tribal funding).	<input checked="" type="checkbox"/>
3. Cash	Cash- Local funding will be utilized for the non-federal share. Enter amount of cash and percentage of total that amount represents.	<input type="checkbox"/>
4. Total In-Kind	May use materials, personnel, equipment, and supplies owned, controlled and operated from within governing jurisdiction as an in-kind match. <i>Third party in-kind contributions would be volunteer services, employee services from other</i>	<input type="checkbox"/>

	<i>organizations furnished free of charge, donated supplies, and loaned equipment or space. The value placed on these resources must be at a fair market value and must be documented. If in-kind is claimed from outside the applicant jurisdiction, it must be cash only. ** Identify proposed eligible activities in Section IV B. and C. as a separate line with In-kind written as a part of the description.</i>	
5. Total In-house	Sub-Recipient employees, equipment, etc. – internal services (must utilize the Personnel Activity Report or the Equipment Activity Report for the Request for Reimbursement)	<input type="checkbox"/>
6. Total Project (Global) Match	Project (global) match must 1) meet all the eligibility requirements of HMGP; and 2) begin after FEMA's approval of the match project. A separate HMGP application must be submitted for global match projects. Indicate which project(s) will be matched. <i>The global match is not required to be an identical project. Projects submitted as global match for another project must meet the same period of performance time constraints as the HMGP.</i>	<input type="checkbox"/>
7. Other Agency Share	Identify Non-Federal Agency and availability date; provide the documentation from the agency. (e.g., CDBG funding, and certain tribal funding)	<input type="checkbox"/>
8. Total Funding	Total must represent (100%) of the total estimated project cost. Ensure that percentages match corresponding cost-shares and the total matches the Budget (in Section IV. F. - Total Estimated Project Cost).	<input checked="" type="checkbox"/>
9.	Your requested amount must be equal to or less than 5 percent of the total project cost	<input type="checkbox"/>

J. Project Milestones/Schedule of Work

1. Milestones (Schedule)	Identify the major milestones in the proposed project and provide an estimated time-line (e.g. <i>Designing, Engineering – 3 months, Permitting – 6 months, Procurement – 30 days, Installation – 6 months, Contracting – 1 month, Delays, Project Implementation, Inspections, Closeout, etc.</i>) for the critical activities not to exceed a period of 3 years (36-months) for performance. Milestones should not be grouped together but listed individually. Allot for the appropriate amount of time for final inspection and closeout (about 3 months).	<input checked="" type="checkbox"/>
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Section V - Environmental Review & Historic Preservation Compliance

No work can begin prior to the completion of the environmental (NEPA) review. In order for the Environmental staff to conduct the NEPA review, all sections listed below must be completed.

1. Description, SOW & Budget	Detailed Project Description, Scope of Work & Budget/Costs. Complete Sections II & IV of the application.	<input checked="" type="checkbox"/>
2. Area Maps	Project area Maps - Attach a copy of the maps and clearly mark the project site, and place the specific project structure(s) on map(s). Complete Section III, part B & C of the application.	<input checked="" type="checkbox"/>
3. Project Area/Structure Photographs	Complete Section III part C of the application.	<input checked="" type="checkbox"/>
4. Preliminary Project Plans	For shutters see the scope of work and for drainage & elevation see engineering drawings.	<input type="checkbox"/>
5. Project Alternatives	Complete Section V part D. of this application.	<input checked="" type="checkbox"/>
6. Project Worksheets	Dates of construction are required for all structures. See worksheets.	<input checked="" type="checkbox"/>
7. Environmental Justice Documentation	See Section V.B for applicable information.	<input type="checkbox"/>
8. Information/ Documentation Requirements by Project Type	Provide any of the required documentation as listed at the end of Section V in the Information and Documentation Requirements by Project Type that may have already been obtained.	<input checked="" type="checkbox"/>

B. Executive Order 12898, Environmental Justice for Low Income and Minority Population

1. Disproportionate Effects	Determine if there are populations in either the project zip code or city that are characterized as having a minority background or living below the poverty level. If yes,	<input checked="" type="checkbox"/>
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	complete the rest of Section V, part B. Describe any disproportionate effects that these populations would experience if the project were completed.	<input type="checkbox"/>
2. Population Affected	Describe the population affected by this project and the portion of the population adversely impacted. Attach any documentation and list the attachments here.	<input checked="" type="checkbox"/>

C. Information required for Tribal Consultation

Documentation for Tribal Consultation	For all projects with any ground disturbing activities of 3 inches or more, complete Section V part C.	<input checked="" type="checkbox"/>
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D. Alternative Actions

1. No Action Alternative	Discuss the impacts on the project area if no action is taken.	<input checked="" type="checkbox"/>
2. Other Feasible Alternative Action	This is a FEMA and FDEM requirement for any Application Review. A narrative discussion of at least three project alternatives (from No Action to the most effective, practical solution) and their impacts, both beneficial and detrimental is required. It is expected that the jurisdiction has completed sufficient analysis to determine the proposed project can be constructed as submitted and it supports the goals and objectives of the FEMA approved hazard mitigation plan. Has the proposed project been determined to be the most practical, effective and environmentally sound alternative after consideration of a range of options? (44 CFR 206.434[c][5][iii])	<input checked="" type="checkbox"/>
a. Project Description	It is very important and a requirement that an Alternative project is submitted. NEPA requires that at least three alternatives must be presented to mitigate the problem. In addition to the proposed action and no action, one other feasible alternative must be provided.	<input checked="" type="checkbox"/>
b. Project Location of the Alternative	Describe the surrounding environment. Include information regarding both natural (i.e., fish, wildlife, streams, soils, plant life) and built (i.e., public services, utilities, land/shoreline use, population density) environments.	
c. Scope of Work – Alternative Project	Describe how the alternative project will solve the problem and provide protection from the hazard. Provide enough detail to describe the project for the evaluation panel to decide the best course of action for the state. Include any appropriate diagrams, sketch maps, amount of materials and equipment, dimensions of project, amount of time required to complete, etc.	
d. Impacts of the Alternative Project		
e. Estimated Budget/Costs for the Alternative Project	Total cost is required.	<input checked="" type="checkbox"/>
Materials, Labor, and Fees Paid	Detailed line items are not required. Just enter a total amount.	<input checked="" type="checkbox"/>
Total Estimated Project Costs	Total cost is required. Vendor quote is not required. A lump sum budget may be submitted as justification to why this alternative was not chosen.	<input checked="" type="checkbox"/>

Section VI – Maintenance Agreement

Maintenance Agreement	Complete, sign and date the maintenance agreement. The maintenance agreement must be signed by an individual with signature authority, preferably the authorized agent.	<input checked="" type="checkbox"/>
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Other Required Documentation

Go to www.floridadisaster.org/dem/mitigation/hazard-mitigation-grant-program/ for additional documents

1. Maps	All maps must be included with the application.	<input type="checkbox"/>
2. FFATA Form	During contracting with the state, complete, sign and date the FFATA Project File Form. Instructions are provided for your convenience in the document provided. This is not required at the time of application submittal.	<input type="checkbox"/>
3. SFHA Acknowledgement of Conditions	Required for all projects in the Special Flood Hazard Area. Read and sign the SFHA Acknowledgement of Conditions document. This form must be notarized, signed by the local jurisdiction and the property owner.	<input type="checkbox"/>
4. Pre-award Cost Form	If pre-award costs are being requested with your project, be sure to identify all pre-award costs in the application budget per instructions. The pre-award cost form must be completed and submitted with your application.	<input checked="" type="checkbox"/>

5. Request for Public Assistance Form	Applicable if no FIPS number is assigned to applicant/recipient.	<input type="checkbox"/>
6. Model Statement of Assurances for Property Acquisition Projects	For Acquisition projects only.	<input type="checkbox"/>
7. Declaration and Release	For Acquisition projects only. Must be signed by all persons whose names are on the property deed.	<input type="checkbox"/>
8. Notice of Voluntary Interest	For Acquisition projects only. Two forms are available for your convenience. Use the form that is most appropriate to your situation. Must be signed by all persons whose names are on the property deed.	<input type="checkbox"/>
9. Statement of Voluntary Participation for Acquisition of Property for Purpose of Open Space	For Acquisition projects only. Must be signed by all persons whose names are on the property deed.	<input type="checkbox"/>
10. Worksheets	The appropriate worksheet(s) must be completed and submitted with the application. a. Flood Control – Drainage Improvement b. Generator c. Tornado Safe Room d. Hurricane Safe Room e. Wind Retrofit f. Wildfire g. Drought	<input checked="" type="checkbox"/>

***Submit 1 original (signed) and 1 full copy** of the entire application and backup documentation. Include a full copy of the submittal and all documentation on CD or thumb drive.

Attachment Index

Use the following template to list any supporting documentation that is **included on the CD or flashdrive**. Clearly and concisely label each attachment on this form to correspond with the file name on the CD or flashdrive. In the first column list which section and item (from the HMGP application) the attachment refers to. *Example: Section 2, Item 1. If any required documentation is not included on the CD or flashdrive, the application will be considered incomplete and will not be considered for possible funding.*

Section # & Item		Attached Document Name
1		THIS DOCUMENT WILL BE COMPLETED WHEN ALL DOCUMENTS ARE OBTAINED OR COMPLETED AND LABELED FOR UPLOADING INTO THE FEMA/FDEM GRANT PORTAL
2		
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<https://www.floridadisaster.org/dem/mitigation/hazard-mitigation-grant-program/>

- 1) HMGP – federally funded – application, selection, LMSWG is administered by FDEM according to 27-P-22 FL Administrative Code
- 2) HMGP Application and Resources
 - a. Application
 - b. Project Worksheets (required per project type – Engineering)
 - c. Acquisition Projects – forms required to be submitted
- 3) HMGP Post-Award Resources
 - a. FDEM and FEMA documents and links
- 4) Hurricane Ian
 - a. NOFA
 - b. State-wide Webinar Video – if you didn't attend
 - c. Webinar chat and Q&A Log
 - d. State-wide slides

Now I would like to go directly to the Application to review the major Programmatic pitfalls we encounter and provide you further guidance. If you brought you application, you could follow along and add your notes for clarification.

Attachment A to the Application; PROJECT BACKGROUND

Current Conditions: Currently, the Quincy EMS Station and personnel are located in a temporary, makeshift facility located in downtown Quincy, while a new station is being designed and constructed on property located off Joe Adams Road, Quincy, FL, as discussed below. The construction for a new Quincy EMS Station is funded in part with a CDBG-DR Hurricane Michael grant from the Department of Commerce. If awarded the HMPG funding will complement the CDBG-DR funding.

Property Ownership: The City of Quincy is the current owner and holds the title to the parcel located on Joe Adams Road, the planned site for the new Quincy EMS Station. Due to the nature of the CDBG-HUD funding the property location had to undergo a full NEPA HUD Environmental Assessment. The County will take control of the property from the City of Quincy once Commerce accepts the environmental assessment. The Environmental Assessment Report is uploaded with the application.

Background Quincy EMS Station: The Quincy EMS Station is one of five EMS and Fire stations located in Gadsden County. The Quincy EMS station (current and planned location) is centrally located in the County, and services the entire County, with an estimated population of 44,490, as of 2023 estimates. The Joe Adams Road property is located within 15 minutes of US 90 and I-10, which are two of the county's most high traffic and incident rate highways. These highways also provide major access points into and out of all of Gadsden's five municipalities and commercial facilities for freight and semis that often carry heavy and/or hazardous, and often flammable materials.

According to the County's 2022 Local Mitigation Strategy, there were 37 events with hazardous material spills between 2016 and 2022. At least 14 of the 37 incidents occurred along I-10 and were due to traffic accidents. With the increase in population and traffic in Florida and the region, the County is anticipating an increase in calls to natural disasters, manmade disasters and traffic related incidents making the 24-7 functionality of the Quincy EMS Station not only a county priority, but a state and regional priority as a first responder to incidents that may require multi-jurisdictional emergency response.

Gadsden County has an estimated population of 44,490 residents. The County is 65% rural, covers 529 square miles (or 338,560 acres) and spans approximately 38 miles from east to west and 22 miles from north to south. It borders Liberty County on the South/Southwest, Jackson County on the North/Northwest, and Leon County on the South/Southeast, and North on the Alabama Stateline. The Quincy EMS station is also the first responder for multi-jurisdictional incidents that occur on federal, state or privately held forest, facilities, and waterbodies such as the Ochlockonee River, Lake Talquin, and the Chattahoochee River.

During a disaster incident, the Quincy EMS Station also serves as a central command center for EMS, Fire and Public Works, who ensures the safe passage or closure of roadways that may become impassable, damaged, or flooded during an event. Any interruption in power at the Quincy EMS Station will disrupt essential emergency services countywide as well as the necessary staging of EMS, Fire and Public works personnel putting citizens, property and major county, state federal roads and facilities at risk. It should be noted that some private facilities contain hazardous and highly flammable materials according to

Florida Division of Emergency Management records (self-reported as required by Florida law), and numerous semis are transporting hazardous materials and/or flammable materials.

Throughout storm events and other occasions, the Joe Adams Road area is prone to power outages and as a result has lost power during the last three major storm events with an impact to all surrounding homes, business, and public facilities in the area. However, if the Quincy Fire EMS Station loses power it would have a negative impact and disrupt emergency medical services to the entire County and any required response to multi-jurisdiction incidents.

Project Need: It is imperative that the Quincy EMS Station, when fully constructed on Joe Adams Road and in service in last 2025 have back up power 24-7 to ensure the safety of EMS, Fire and Public Works personnel, citizens, and property. A turnkey installed generator is essential and will ensure no interruption in power, or the delay in providing essential emergency services for all citizens, tourists, businesses, property, motorists, and the environment countywide. Power outages can quickly become detrimental to citizens, businesses, property, and the environment as well as the first responders of the county if power is lost it will adversely affect all communications and computer equipment. The new Quincy EMS/Fire station is being constructed and rated to handle hurricane force winds and debris, furthermore the Joe Adams Road property is not located in a flood zone nor is it subject to flooding.

RESOLUTION NO. 2024-011

A RESOLUTION OF GADSDEN COUNTY, FLORIDA; AUTHORIZING THE SUBMISSION OF A HAZARD MITIGATION PROGRAM GRANT (HMGP) APPLICATION TO PURCHASE AND INSTALL A GENERATOR AT QUINCY EMS STATION (JOE ADAMS ROAD LOCATION), AND FOR THE CHAIRMAN TO SIGN THE APPLICATION DOCUMENT(S); AND, DESIGNATING THE COUNTY ADMINISTRATOR AS THE SIGNATORY FOR AMENDMENTS AND OTHER DOCUMENTS TO THE APPLICATION

WHEREAS, The Gadsden County Board of County Commissioners (the “Board”) concur that emergency, back-up power is essential to mitigate the impacts of events and hazards by increasing the resilience of critical facilities and first responder emergency services.

WHEREAS, generators either installed or portable are considered a backup, emergency power source and will ensure the continuation of essential emergency operations, response, and recovery services in protecting citizens, businesses, property, infrastructure, and the environment in the event of a power interruption.

WHEREAS, Gadsden County is eligible to apply for and accept the FEMA HMPG DR-4734-FL funds;

WHEREAS, the purpose of the FEMA HMGP DR-4734-FL funding is to assist local governments to mitigate the impacts of future events and increase resiliency;

NOW THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF GADSDEN COUNTY, FLORIDA, hereby

1. Authorize the submission of a Hazard Mitigation Program Grant application to purchase and install a generator at the Quincy EMS Station (Joe Adams Road location).
2. Approve the Chairman to sign the application document(s).
3. Designate the County Administrator as the signatory for amendments and other documents to the application.

PASSED AND DULY ADOPTED, in a regular session by the Gadsden County Board of County Commissioners on this _____ day of _____, 2024.

GADSDEN COUNTY BOARD OF
COUNTY COMMISSIONERS

Attest:

Clerk

Chair