



## HURRICANES LAURA/DELTA/IDA AND MAY 2021 SEVERE STORMS RESILIENT COMMUNITY INFRASTRUCTURE PROGRAM APPLICATION REVIEW

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
 Project Name: \_\_\_\_\_ Reviewer: \_\_\_\_\_  
 Project Address: \_\_\_\_\_  
 Priority Project/Alternate Project: \_\_\_\_\_  
 Initial:  Modification Number:

CHECKLIST	Required Information	Verified	Unable to Verify	N/A	Review Notes
<b>A.1. Applicant Information and Certifications</b>					
A.1.1. Authorized Representative	Yes				_____
A.1.2. Executive/Chief Elected Official	Yes				_____
A.1.3. Applicant	Yes				_____
A.1.4. NFIP Community Information	Yes				_____
A.1.5. Point of Contact	Yes				_____
A.1.6. Project Name	Yes				_____
<b>A.2. Problem Description</b>					
A.2.1. Comprehensive Description of the Problem	Yes				_____
A.2.2. Expected Results Identified	Yes				_____
A.2.3. New/Existing Problem Identified	Yes				_____
A.2.4. Previous Use of the Site Identified	No				_____
A.2.5. Affects on Historic Area Identified	No				_____
A.2.6. Related Disaster Identified	Yes				_____
A.2.7. Tie-Back to the Disaster(s)	Yes				_____
A.2.8. Description of Resiliency efforts and/or Performance Metrics	Yes				_____
A.2.9. Description of Mitigation Aspects and Performance Metrics	Yes				_____
A.2.10. Flood Profile and Discharge Tables	No				_____
A.2.11. FIRMette	No				_____
A.2.12. Identification of Applicable Flood Zone	No				_____
<b>A.3. Detailed Scope of Work</b>					
A.3.1. Existing Conditions	Yes				_____
A.3.2. Change being Implemented (Description of Construction/Rehabilitation)	Yes				_____
A.3.3. Expected Outcome	Yes				_____
A.3.4. Project Context	No				_____
A.3.5. Target Beneficiaries/Area	No				_____
A.3.6. Description of how Project Addresses Citizen Input	No				_____
A.3.7. Description of Construction/Rehabilitation	Yes				_____
A.3.8. Mitigation Plan	No				_____
A.3.9. Description of Plans to Incorporate Resilient Building Codes into the Project	Yes				_____



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<b>A.3. Detailed Scope of Work (Continued)</b>					
A.3.10. Tie to State Plans	No				
A.3.11. Estimated Projected Risk from Natural Hazards Influenced by Climate Change	Yes				
A.3.12. Estimated Projected Risk from Building Materials	Yes				
A.3.13. Assess the Benefit Measures	Yes				
A.3.14. Description of Acquisition, if Applicable	Yes				
A.3.15. Description of Type of Acquisition	No				
A.3.16. Acquisition in Relation to Mitigation Activity	No				
A.3.17. Purchase or Long-Term Lease	No				
A.3.18. Current Owner/Tenant	No				
A.3.19. Size of Property	No				
A.3.20. Description of Improvements on Property	No				
A.3.21. Verify Agreements for Receivership of Property	No				
A.3.22. Description of Long-Term Plan for Property	No				
A.3.23. Description of Long-Term Operations and Maintenance of the Project	Yes				
<b>A.4. Project Location and Type</b>					
A.4.1. Project Street Address	Yes				
A.4.2. Project GPS Coordinates	Yes				
A.4.3. KMZ or Shapefile Included	No				
A.4.4. Project Location Map	Yes				
A.4.5. Aerial Photo of Project Area	No				
A.4.6. Map of Area and Depth of Ground Disturbance	No				
A.4.7. Parcel Map with Property Identification Numbers	No				
A.4.8. Topographic Map	No				
<b>A.5. Funding Request and Budget</b>					
A.5.1. Listed Funding Sources	Yes				
A.5.2. Listed Funding Amounts	Yes				
A.5.3. Listed Use of Funds	Yes				
A.5.4. Listed Status of Funds	Yes				
A.5.5. Funding Documentation for Commitment of other Funding Sources	Yes				
A.5.6. Estimated Project Budget	Yes				
A.5.7. Expected annual operating and maintenance cost of the project	Yes				
A.5.8. Expected project useful life, in years	Yes				
A.5.9. Scalability of Project to address costs increases	Yes				



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A.5.10. Amount of CDBG-DR funds contributed towards mitigation work	Yes				
<b>A.5. Funding Request and Budget (Continued)</b>					
A.5.11. FEMA funds pledged to this project/PW#	Yes				
A.5.12. Applicant Disclosure Report	Yes				
<b>A.6. Project Schedule</b>					
A.6.1. Project Schedule including start/end dates and estimated durations	Yes				
<b>B.1. National Objectives</b>					
B.1.1. National Objective Identified	Yes				
B.1.2. Subcategory of L/M Benefit Identified	Yes				
B.1.3. Description of Benefit Based on Subcategory	Yes				
<b>B.2. Eligible Activities</b>					
B.2.1. Eligible Activities Identified	Yes				
B.2.2. Category of Activity Identified	Yes				
B.2.3. Identify and Explain the Use of Funds	No				
<b>C.1. Benefiting Area</b>					
C.1.1. Map of Benefiting Area	Yes				
C.1.2. Benefit Area Identified (Area/Direct)	Yes				
C.1.3. Primary Benefiting Area	Yes				
C.1.4. Secondary Benefiting Area	No				
C.1.5. Estimated Number of Persons Benefiting	Yes				
C.1.6. Description of Calculation Method for Determining Beneficiaries	Yes				
C.1.7. National Objective Identified	No				
C.1.8. Watershed Region Identified	No				
<b>C.2. Public Benefits</b>					
C.2.1. Does the Project Provide Job Creation or Economic Opportunity	Yes				
<b>C.3. Project Beneficiaries</b>					
C.3.1. List all Census Tract(s) and/or Block Group(s) benefitted by the project	Yes				
C.3.2. Map Indicating Census Tracts and or Block Groups (by Number)	Yes				
C.3.3. Map Indicating Location of Concentrations of LMI Persons, Showing Number	No				
C.3.4. Map Indicating Boundaries of Areas in which the Activities will be Concentrated	Yes				



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C.3.5. Map Indicating Specific Location of the Project Activity	Yes				
<b>C.4. Area Benefit - Beneficiary Income Information</b>					
C.4.1. Proposed Number of Households Benefiting	Yes				
C.4.2. Beneficiary Information Included by Income Level	Yes				
<b>C.5. Direct Benefit Activities</b>					
C.5.1. Proposed Number of Households Benefiting	Yes				
C.5.2. Beneficiary Information Included by Race, Ethnicity and LMI/Non-LMI	Yes				
C.5.3. Beneficiary Information Included by Head of Household	Yes				
<b>D.1. Attachments</b>					
D.1.1. Attachments Included in Application	No				
<b>App A.1. Grantee Statement of Assurances</b>					
App A.1. Grantee Statement of Assurances Certified	Yes				
<b>ER 1. For Engineer Review</b>					
ER 1.1 Does the Cost Estimate Appear Reasonable	Yes				

**Additional Comments:**

**OCD Decision:**

Approved

Disapproved

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