



**HURRICANES LAURA/DELTA/IDA AND MAY 2021 SEVERE STORMS  
RESILIENT COMMUNITY INFRASTRUCTURE PROGRAM  
SUPPLEMENTAL INSTRUCTIONS FOR COMPLETING THE APPLICATION**

Section in Application		Required Information	Not Required	Comments
<b>A.1. Applicant Information and Certifications</b>				
A.1.1.	Authorized Representative	X		Enter information for person authorized to submit the application.
A.1.2.	Executive/Chief Elected Official	X		Enter information of Executive/Chief Elected Official of the Applicant.
A.1.3.	Applicant	X		Enter the name of the Applicant (Public Entity).
A.1.4.	NFIP Community Information	X		Enter the NFIP Community ID, Date Established, NFIP status and information regarding flood damage prevention ordinance.
A.1.5.	Point of Contact	X		Enter information for Applicant's point of contact.
A.1.6.	Project Name	X		Enter official name of project.
<b>A.2. Problem Definition</b>				
A.2.1.	Comprehensive Description of the Problem	X		Provide a comprehensive description of the problem this project is intended to address.
A.2.2.	Expected Results Identified	X		Provide the expected results if this project is implemented.
A.2.3.	New/Existing Problem Identified	X		Identify if the problem is an existing problem or if the project is intended to mitigate future damage.
A.2.4.	Previous Use of the Site Identified		X	Include this information if available.
A.2.5.	Affects on Historic Area Identified		X	Include this information if available.
A.2.6.	Related Disaster Identified	X		Select the related disaster(s).
A.2.7.	Tie-Back to the Disaster(s)	X		Explain how the problem is related to the identified disaster(s). If the proposed project does not have a tie back to the disaster but is a mitigation activity, please notify your assigned OCD analyst before continuing.
A.2.8.	Description of Resiliency efforts and/or Performance Metrics	X		Demonstrate how this project will incorporate construction standards that are more resilient to impacts of recurring natural disasters and impacts of climate change.



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<b>A.2. Problem Definition (Continued)</b>				
A.2.9.	Description of Mitigation Aspects and Performance Metrics	X		Describe how the mitigation activities will increase resilience to disasters and reduce or eliminate the long-term risks by lessening the impact of future disasters.
A.2.10.	Flood Profile and Discharge Tables		X	Include this information if available.
A.2.11.	FIRMette		X	Include this information if available.
A.2.12.	Identification of Applicable Flood Zone		X	Include this information if available.
<b>A.3. Detailed Scope of Work</b>				
A.3.1.	Existing Conditions	X		Provide a detailed description of the existing conditions that are to be addressed by this project.
A.3.2.	Change being Implemented	X		Provide a detailed description of the planned changes such as Construction and/or Rehabilitation activities.
A.3.3.	Expected Outcome	X		Provide a detailed description of the expected outcome if this project is implemented.
A.3.4.	Project Context		X	Include this information if available.
A.3.5.	Target Beneficiaries/Area		X	Include this information if available.
A.3.6.	Description of how Project Addresses Citizen Input		X	Include this information if available.
A.3.7.	Description of Construction/Rehabilitation	X		Provide a detailed description of construction/rehabilitation activities included in this project.
A.3.8.	Mitigation Plan		X	Include this information if available.
A.3.9.	Description of Plans to Incorporate Resilient Building Codes into the Project	X		Provide a detailed description of how resilient building codes will be incorporated into the project.
A.3.10.	Tie to State Plans		X	Include this information if available.
A.3.11.	Estimated Projected Risk from Natural Hazards Influenced by Climate Change		X	Include this information if available (These are performance measures required by the FRN and they must be established for each project that includes construction/rehabilitation).



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<b>A.3. Detailed Scope of Work (Continued)</b>				
A.3.12.	Estimated Projected Risk from Building Materials		X	Include this information if available (These are performance measures required by the FRN and they must be established for each project that includes construction/rehabilitation).
A.3.13.	Assess the Benefit Measures		X	Include this information if available.
A.3.14.	Description of Acquisition, if Applicable	X		State whether or not the project will require acquisition of property, i.e. purchase of property, acquisition of servitudes, etc.
A.3.15.	Description of Type of Acquisition		X	Include this information if available.
A.3.16.	Acquisition in Relation to Mitigation Activity		X	Include this information if available.
A.3.17.	Purchase or Long-Term Lease		X	Include this information if available.
A.3.18.	Current Owner/Tenant		X	Include this information if available.
A.3.19.	Size of Property		X	Include this information if available.
A.3.20.	Description of Improvements on Property		X	Include this information if available.
A.3.21.	Verify Agreements for Receivership of Property		X	Include this information if available.
A.3.22.	Description of Long-Term Plan for Property		X	Include this information if available.
A.3.23.	Description of Long-Term Operations and Maintenance of the Project	X		Provide a detailed description of how the project will be operated and maintained including the responsible entity, source of funding, etc.
<b>A.4. Project Location and Type</b>				
A.4.1.	Project Street Address	X		Provide project street address for site specific projects.
A.4.2.	Project GPS Coordinates	X		Provide GPS Coordinates for linear projects or area projects.
A.4.3.	KMZ or Shapefile Included		X	Include this information if available.
A.4.4.	Project Location Map	X		Provide a map that clearly indicates the location/extent of the project.
A.4.5.	Aerial Photo of Project Area		X	Include this information if available.
A.4.6.	Map of Area and Depth of Ground Disturbance		X	Include this information if available.
A.4.7.	Parcel Map with Property Identification Numbers		X	Include this information if available.
A.4.8.	Topographic Map		X	Include this information if available.



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<b>A.5. Funding Request and Budget</b>				
A.5.1.	Listed Funding Sources	X		Identify the funding source for each line item included in the Funding Overview.
A.5.2.	Listed Funding Amounts	X		Provide the funding amounts for each line item included in the Funding Overview.
A.5.3.	Listed Use of Funds	X		Select the appropriate activity from the drop down menu for each line item included in the Funding Overview.
A.5.4.	Listed Status of Funds	X		Provide the status of funds for each line item included in the Funding Overview.
A.5.5.	Funding Documentation for Commitment of other Funding Sources	X		Provide documentation of commitment of other funding sources.
A.5.6.	Estimated Project Budget	X		Provide a detailed project budget that includes all activities required for the project, i.e., acquisition, construction, grant management, design, etc.
A.5.7.	Expected annual operating and maintenance cost of the project	X		Provide the estimated annual operating and maintenance cost of the project.
A.5.8.	Expected project useful life, in years	X		Provide the expected useful life of the project.
A.5.9.	Scalability of Project to address costs increases	X		Describe how the project may be structured to address potential budget overruns.
A.5.10.	Amount of CDBG-DR funds contributed towards mitigation work	X		Provide the amount of CDBG-DR funds that will be contributed to mitigation activities.
A.5.11.	FEMA funds pledged to this project/PW#	X		If FEMA funds are pledged to the project, answer "Yes" and provide the FEMA PW#. Otherwise, answer "No".
A.5.12.	Applicant Disclosure Report	X		Complete, sign, date and upload the Applicant Disclosure Report. Please note that "Part 1 Threshold Determinations 1." should be checked "No". As such, "Part II" and "Part III" will remain blank.



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<b>A.6. Project Schedule</b>				
A.6.1.	Project Schedule including start/end dates and estimated durations	X		Provide a project schedule that includes major milestones, such as procurement of professional services, engineering and design, environmental review, acquisition, bid advertisement and construction with associated estimated start dates, duration and end dates.
<b>B.1. National Objectives</b>				
B.1.1.	National Objective Identified	X		Select the appropriate National Objective from the four choices provided or select "N/A" for planning activities.
B.1.2.	Subcategory of L/M Benefit Identified	X		Select the appropriate Subcategory from the choices provided.
B.1.3.	Description of Benefit Based on Subcategory	X		Provide a detailed description of how people will benefit from the proposed project. The reported benefit must adhere to the subcategory selected in Item B.1.2. above.
<b>B.2. Eligible Activities</b>				
B.2.1.	Eligible Activities Identified	X		Select the appropriate eligible activities from the choices provided.
B.2.2.	Category of Activity Identified	X		Select the appropriate category of activity from the choices provided.
B.2.3.	Identify and Explain the Use of Funds		X	Include this information if available.
<b>C.1. Benefiting Area</b>				
C.1.1.	Map of Benefiting Area	X		Provide a map that clearly defines the entire primary benefiting area of the project.
C.1.2.	Benefit Area Identified (Area/Direct)	X		Select either "Area Benefit Project" or "Direct Benefit Project".
C.1.3.	Primary Benefiting Area	X		List the jurisdiction(s) (i.e. parishes, municipalities) within the project's primary benefiting area(s).
C.1.4.	Secondary Benefiting Area		X	Include this information if available.
C.1.5.	Estimated Number of Persons Benefiting	X		Provide the estimated number of people benefiting from the project.



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<b>C.1. Benefiting Area (Continued)</b>				
C.1.6.	Description of Calculation Method for Determining Beneficiaries	X		Provide the calculation method used to determine the number of people benefiting from the project.
C.1.7.	National Objective Identified		X	Include this information if available.
C.1.8.	Watershed Region Identified		X	Include this information if available.
<b>C.2. Public Benefits</b>				
C.2.1.	Does the Project Provide Job Creation or Economic Opportunity	X		Select "Yes" or "No" as applicable.
<b>C.3. Project Beneficiaries</b>				
C.3.1.	List all Census Tract(s) and/or Block Group(s) benefitted by the project	X		Provide all Census Tract(s) and/or Block Group(s) that will benefit from the project. (A reasonable service area should be selected. The service area shall not be drawn to intentionally include LMI persons that would not benefit, nor shall it be drawn to intentionally exclude non-LMI persons that would benefit.)
C.3.2.	Map Indicating Census Tracts and or Block Groups (by Number)	X		Provide a map that identifies all Census Tract(s) and Block Group(s) benefiting from the project.
C.3.3.	Map Indicating Location of Concentrations of LMI Persons, Showing Number		X	Include this information if available.
C.3.4.	Map Indicating Boundaries of Areas in which the Activities will be Concentrated	X		For linear or area projects, provide a map that identifies the areas where the project activities will be concentrated.
C.3.5.	Map Indicating Specific Location of the Project Activity	X		For site specific projects, provide a map that indicates the specific location of the project activity.
<b>C.4. Area Benefit - Beneficiary Income Information</b>				
C.4.1.	Proposed Number of Households Benefiting	X		Enter the number of LMI households and total households benefiting from the project.
C.4.2.	Beneficiary Information Included by Income Level	X		Enter the total persons benefiting by income level.



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<b>C.5. Direct Benefit Activities</b>				
C.5.1.	Proposed Number of Households Benefiting	X		Enter the number of LMI households and total households benefiting from the project.
C.5.2.	Beneficiary Information Included by Race, Ethnicity and LMI/Non-LMI	X		Enter the total persons benefiting by race, ethnicity and LMI/Non-LMI.
C.5.3.	Beneficiary Information Included by Head of Household	X		Enter beneficiary information by Head of Household type.
<b>D.1. Attachments</b>				
D.1.1.	Attachments Included in Application		X	Include this information if available.
<b>App A Grantee Statement of Assurances</b>				
App A.1.	Grantee Statement of Assurances Certified	X		Certify that the Applicant has read and accepted the Assurances.