****

**Oregon Department of Emergency Management**

**Hazard Mitigation**

**Building Resilient Infrastructure Communities and Flood Mitigation Assistance (BRIC/FMA)**

**Pre-Application Form**

Completion of this form is the first step in the ODEM BRIC/FMA FY2023 grant subapplication process. Submitting this form ensures that your proposal is reviewed by the ODEM Mitigation Team. Your submittal **does not ensure forward progress and does not guarantee funding.**

When completing this form, comment boxes in the side margin provide reference and prompt information taken from the FEMA Guidelines. Comment information provided in sections G. through S. is comprehensive, specific to sub-application competitive scoring and is intended to help provide a basis for crafting initial pre-application responses that convey essential information to the proposal.

**Step 1:** Once completed, please submit this form in.pdf format to oem.hazardmitigation@oem.oregon.gov not later than **11:59pm, October 16th, 2023**. This pre-application form will be used by the Interagency Hazard Mitigation Team (IHMT) review panel if/when activated for the appliable grant program/grant round.

**Step 2:** Following pre-application review, those entities being further considered will receive an invitation from the ODEM Mitigation Team to submit a formal sub-application in early November 2023.

# **General Information**

# **A. Mitigation Assistance Grant Program**

Select the grant program from which you are seeking funding *(select only one per pre-application)*:

[ ]  **Pre-Disaster (Annual):** Building Resilient Infrastructure and Communities (BRIC)

[ ]  **Pre-Disaster (Annual):** Flood Mitigation Assistance (FMA)

**B. Activity Type**

Select the applicable activity type you are pursuing *(select only one, if CC&B also select applicable sub-category)*:

|  |  |  |
| --- | --- | --- |
| **BRIC** | **FMA** |  |
| [ ]  Capability- and Capacity-Building  | [ ]  Project Scoping  |  |
| [ ]  Project Scoping  | [ ]  Community Flood Mitigation Project |  |
| [ ]  Building Codes  | [ ]  Flood Hazard Mitigation Planning  |  |
| [ ]  Partnerships  | [ ]  Individual Flood Mitigation Project |  |
| [ ]  Planning  | [ ]  Technical Assistance  |  |
| [ ]  Mitigation Project  |  |
| [ ]  Technical Assistance |  |  |

# **C. Subapplicant Information**

Entity Name: Click here to enter text.

Point of Contact Name and Job Title: Click here to enter text.

Phone Number: Click here to enter text. E-mail Address: Click here to enter text.

Address: Click here to enter text.

County or Tribal Land your entity is based in: Click here to enter text.

Select the type of entity you fall under that is seeking HMA funding *(select one):*

[ ]  State Government [ ]  Tribal Government

[ ]  Local Government [ ]  Special District [ ]  Other Click here to enter text.

Entity UEI: Click here to enter text. Entity EIN: Click here to enter text.

# **D. Mitigation Plan**

Identify which FEMA-approved hazard mitigation plan your entity is included in below.

Plan Name: Click here to enter text. Expiration Date: Click here to enter a date.

If this is **a proposal for a BRIC CC&B planning-related activity**, please identify the Plan Type you will be pursuing funding for *(select one)*:

[ ]  State Hazard Mitigation Plan ☐ Tribal Hazard Mitigation Plan

[ ]  Local Hazard Mitigation Plan ☐ Tribal (Local) Hazard Mitigation Plan

[ ]  Local Multijurisdictional Hazard Mitigation Plan ☐ Tribal (Local) Multijurisdictional Hazard Mitigation Plan

☐ Other planning-related activity: Click here to enter text.

☐ Do not have or are not included in a Local Hazard Mitigation Plan

Are the activities in this proposal Action Items taken directly from the source Mitigation Plan?

|  |  |  |
| --- | --- | --- |
| [ ]  Yes  | [ ]  No | [ ]  Unsure |

If “No”, please describe why the proposed activity constitutes a priority for the community at this time?

Please describe: Click here to enter text.

Your entity Emergency Management Point of Contact Name: Click here to enter text.

Phone Number: Click here to enter text. E-mail Address: Click here to enter text.

Pre-application review conducted? [ ] Yes [ ]  No If “Yes”, date of review: Click here to enter text.

Your ODEM Regional Mitigation & Recovery Coordinator Point of Contact Name: Click here to enter text.

Phone Number: Click here to enter text. E-mail Address: Click here to enter text.

Pre-application review conducted? [ ] Yes [ ]  No If “Yes”, date of review: Click here to enter text.

**E. Identify the Hazard Types & Community Lifelines That Are Mitigated By This Proposal**

|  |
| --- |
| Select all applicable Natural Hazards that your proposal will reduce/mitigate the risk of: |

|  |  |  |
| --- | --- | --- |
| [ ]  **Coastal Erosion** | [ ]  **Extreme Temperatures** | [ ]  **Wildfire** |
| [ ]  **Drought**  | [ ]  **Landslide** | [ ]  **Windstorm**  |
| [ ]  **Earthquake**  | [ ]  **Tsunami**  | [ ]  **Winter Storm** |
| [ ]  **Flood** | [ ]  **Volcano**  | [ ]  **Other:** Click here to enter text. |

Select all applicable Community Lifelines that your proposal will address:

[ ]  **Safety and Security** (law enforcement/security, fire services, search and rescue, government services, and community safety)

[ ]  **Food, Water, Shelter** (food, water, shelter, agriculture)

[ ]  **Health and Medical** (medical care, patient movement, public health, fatality management, medical supply chain)

[ ]  **Energy** (power (grid) and fuel)

[ ]  **Communications** (infrastructure, alerts, warnings, and messages, 911 and dispatch, responder communications, finance)

[ ]  **Transportation** (highway, roadway, motor vehicle, mass transit, railway, aviation, maritime)

[ ]  **Hazardous Materials** (facilities, HAZMAT, pollutants, contaminants)

[ ]  **Not Applicable**

**F. Proposal Description**

Proposal Title: Click here to enter text.

Estimated Overall/Total Cost: $Click here to enter text.

Do you anticipate a non-federal cost share equal to or exceeding 30%?

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Yes  | [ ]  No | [ ]  Unsure |  |

If “Yes”, please provide a brief narrative and estimated percentage your jurisdiction intends on putting forth for the local cost share/match: Click here to enter text.

Do you anticipate requesting management costs?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  Yes  | [ ]  No | [ ]  Unsure |  |  |

Estimated Local Management Cost (is up to 5% of the amount listed above): $Click here to enter text.

Proposal Description (please provide brief detail on how this activity will address resilience, reduce risk of injuries, loss of life, and damage and destruction of property, critical services, etc.):

 Click here to enter text.

**G. Risk Reduction / Resilience Effectiveness**

Does this proposal promote or enhance hazard risk reduction and community resilience?

|  |  |  |
| --- | --- | --- |
| [ ]  Yes  | [ ]  No | [ ]  Unsure |

If “Yes”, please provide a brief description of how your proposal will achieve this goal. Click here to enter text.

**H. Climate Change and Other Future Conditions**

Will this proposal enhance climate change adaptation and resilience?

|  |  |  |
| --- | --- | --- |
| [ ]  Yes  | [ ]  No | [ ]  Unsure |

If “Yes”, please provide brief description how your proposal will enhance climate change adaptation and resilience. Please also indicate whether the project will be mitigating the changes in climate directly or if climate change mitigation will be an indirect benefit. Click here to enter text.

**I. Implementation Measures**

Please provide a brief description of implementation measures your proposed activity will incorporate or utilize. Click here to enter text.

Proposed Activity Timeline (estimated by quarter): Click here to enter text.

Location of Proposed Activity Lat./Long of Single or Multiple Locations: Click here to enter text.

**J. Population Impacted**

|  |
| --- |
| From the applicable hazard mitigation plan, please indicate the total community population affected by this proposed project and the estimated population from within this community that is disadvantaged.Affected Population: Click here to enter text. Disadvantaged Population: Click here to enter text.Percentage Disadvantaged: Click here to enter text.Select all criteria listed below that are applicable to the community that the proposal will benefit: |
| [ ]  **Limited water and sanitation access and affordability** | [ ]  **High unemployment and underemployment** | [ ]  **High housing cost burden and substandard housing** |
| [ ]  **High and/or persistent poverty** | [ ]  **Low income** | [ ]  **Limited access to health care** |
| [ ]  **Rural community** | [ ]  **Linguistic isolation** | [ ]  **Distressed neighborhoods** |
| [ ]  **Jobs lost through the energy transition** | [ ]  **Disproportionate impacts from climate** | [ ]  **All geographic areas within Tribal jurisdictions** |
| [ ]  **High energy cost burden and low energy access** | [ ]  **High transportation cost burden and/or low transportation access** | [ ]  **Disproportionate environmental stressor burden and high cumulative impacts** |
| [ ]  **Racial and ethnic segregation particularly where the segregation stems from discrimination by government entities** | [ ]  **Not Applicable**  |  |

**K. Community Engagement & Other Outreach Activities**

Were community planning processes leveraged during project conception and include a diverse range of stakeholders, including people from disadvantaged communities in project design?

|  |  |  |
| --- | --- | --- |
| [ ]  Yes  | [ ]  No | [ ]  Unsure |

If “Yes”, please describe: Click here to enter text.

|  |
| --- |
| Will this project include an outreach strategy? |
| [ ]  Yes  | [ ]  No | [ ]  Unsure |

If “Yes”, please provide brief description regarding your anticipated outreach strategy: Click here to enter text.

**L. Leveraging Partners**

Will your project Leverage Partnerships (e.g., state, tribal, private, local community, etc.) ensure the proposal meets community needs, including those of disadvantaged populations?

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Yes  | [ ]  No | [ ]  Unsure |  |

If “Yes”, please provide brief description how your proposal will incorporate partnerships and what is the anticipated outcome of those partnerships: Click here to enter text.

**M. National Floodplain Insurance Program (NFIP)**

Does this proposal involve mitigating a National Floodplain Insurance Program (NFIP) property?

|  |  |  |
| --- | --- | --- |
| [ ]  Yes  | [ ]  No | [ ]  Unsure |

If “Yes”, please provide further information regarding the property (is the property in a Special Flood Hazard Area, is it considered a Severe Repetitive Loss Property or a Repetitive Loss Property, etc.): Click here to enter text.

**N. Is this an Infrastructure Project?**

|  |  |  |
| --- | --- | --- |
| [ ]  Yes  | [ ]  No | [ ]  Unsure |

If “Yes”, please provide further information regarding what type of infrastructure: Click here to enter text.

**O. Does this project incorporate nature-based solutions?**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Yes  | [ ]  No | [ ]  Unsure |  |

If “Yes”, please describe how it will incorporate nature-based solutions: Click here to enter text.

**P. Is this proposal from a Previous Qualifying Award?**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Yes  | [ ]  No | [ ]  Unsure |  |

If “Yes”, please identify which award and brief description: Click here to enter text.

**Q. Does this proposal increase resilience and reduce risk of injuries, loss of life, and damage and destruction of property, including critical services, and facilities?**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Yes  | [ ]  No | [ ]  Unsure |  |

If “Yes”, please briefly describe how the project will effectively accomplish these goals: Click here to enter text.

**R. Will this proposal utilize innovative techniques?**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Yes  | [ ]  No | [ ]  Unsure |  |

If yes, please provide brief description of the innovation applied and its desired effects or results: Click here to enter text.

**S. Does the entity have a Building Code Effectiveness Grading Schedule Rating (BCEGSR) of 1 to 5?**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Yes  | [ ]  No | [ ]  Unsure |  |

If yes, please provide brief description of the innovation applied and its desired effects or results: Click here to enter text.

**References**

**FEMA 2023 Guidelines**

<https://www.fema.gov/grants/mitigation/hazard-mitigation-assistance-guidance>

**Qualitative Scoring Metrics**

<https://www.fema.gov/sites/default/files/documents/fema_fy22-bric-qualitative-evaluation-criteria-psm.pdf>

**Technical Scoring Criteria**

<https://www.fema.gov/sites/default/files/documents/fema_fy22-bric-technical-evaluation-criteria-psm.pdf>

**Portfolio**

<https://www.fema.gov/sites/default/files/2020-08/fema_mitigation-action-portfolio-support-document_08-01-2020_0.pdf>