

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2022	2023	2024	2025	2026
Capital Expenditures	0	0	0	0	0
Operating Costs	\$266,666	0	0	0	0
External Revenues	(\$200,000)	0	0	0	0
Program Income(County)	0	0	0	0	0
In-Kind Match(County)	(\$66,666)	0	0	0	0
NET FISCAL IMPACT	*0	0	0	0	0
#ADDITIONAL FTE POSITIONS (CUMULATIVE)	0	0	0	0	0

Is Item Included In Current Budget? Yes No

Does this item include the use of federal funds? Yes No

Budget Account No.: Fund _____ Department _____ Unit _____ Object _____

Fund _____ Department _____ Unit _____ Object _____

B. Recommended Sources of Funds/Summary of Fiscal Impact:

Upon the approval for the grant, a separate agenda will be brought to the BCC with the grant agreement to establish a funding source in the Building fund (fund 1400).

C. Departmental Fiscal Review: _____

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Dev. and Control Comments:

Steve Manta 5/6/22
 UM 5/4 OFMB JA 5.5.22
 MG 5/5/22

Dr. J. J. Javalley 5/6/22
 Contract Dev. and Control
 5-6-22 TW

B. Legal Sufficiency:

[Signature]
 Assistant County Attorney

C. Other Department Review:

 Department Director

Continued from page 1

Background Justification: The CRS is a national program developed by FEMA. The program is voluntary and designed to incentivize local communities to do what they can to minimize flood risks in their communities. Once in the program, there are annual updates. Participating in the program allows insurable properties in the community to be eligible for reduced flood insurance premiums through the NFIP. A WMP is important to understand floodplain management and the way in which water travels. Providing this information to FEMA and to the community is essential for improving the current CRS rating. There are nearly 38,000 active NFIP policies in the County valued at more than 12 billion dollars. Improving the CRS rating will have a substantial impact on the flood insurance premiums for County property owners. FAU staff have assisted a number of other communities to develop WMPs.

Hazard Mitigation Grant Program (HMGP) Watershed Planning Initiative

Notice of Proposal Form

Subapplicant			
Subapplication Title			
Subapplication Type			
Total Project Cost	\$	Federal Share	\$
If a subapplication for this planning activity for has been submitted under a previous grant cycle, please list the program, date, and disaster (if applicable)			

1.0 Contact Information

Application Prepared by:			
Name			
Title			
Agency/Organization			
Primary Phone		Type	<input type="checkbox"/> Work <input type="checkbox"/> Mobile
Secondary Phone		Type	<input type="checkbox"/> Work <input type="checkbox"/> Mobile
Email			
Address line 1			
Address line 2			
City		State	
			Zip
Authorized Applicant Agent – individual authorized to sign certifications (<i>proof of authorization required</i>)			
Name			
Title			
Agency/Organization			
Primary Phone		Type	<input type="checkbox"/> Work <input type="checkbox"/> Mobile
Secondary Phone		Type	<input type="checkbox"/> Work <input type="checkbox"/> Mobile
Email			
Address line 1			
Address line 2			

City		State		Zip	
Signature		Date			
Point of Contact (POC) – individual to be contacted for additional information					
Name					
Title					
Agency/Organization					
Primary Phone		Type	<input type="checkbox"/> Work <input type="checkbox"/> Mobile		
Secondary Phone		Type	<input type="checkbox"/> Work <input type="checkbox"/> Mobile		
Email					
Address line 1					
Address line 2					
City		State		Zip	

2. Subapplicant Information

Subapplicant			
Type of Subapplicant	<input type="checkbox"/> State Government <input type="checkbox"/> Local Government <input type="checkbox"/> Indian Tribal Government <input type="checkbox"/> Special Governmental District <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Other (please specify)		
City/Town/Village			
County			
FIPS Code		Unique Entity ID	
State Legislative Districts		Federal Tax ID Number	

3. Local Mitigation Strategy (LMS) Compliance

Local Mitigation Strategy Information			
Does your jurisdiction have a current FEMA Approved Mitigation Plan?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Attached is a letter of endorsement for this project from the county's LMS Coordinator.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Plan Approval Date		Jurisdiction Adoption Date	Plan Expiration Date

4. Project Description

Description					
Project Description		<input type="checkbox"/> Watershed Master Plan			
List the total number of persons that will be protected by the proposed project below					
Total population covered by plan		# of flood insurance policies covered by plan		# of flood insurance policies in SFHA	
1. Describe the existing problems:					

Description

2. Scope of Work:

For Phase 2, FDEM will coordinate with Sub-recipients to produce a Watershed Master Plan (WMP) for credit under the Community Rating System (CRS). In Phase 1, a pilot project was completed that consisted of research, the creation of a framework and guidance documents that ensure a consistent statewide approach to WMP development.

Sub-recipients under the Watershed Planning Initiative will use the Phase 1 guidance materials to produce a Watershed Master Plan for credit under CRS. Phase 1 materials can be found at: <https://www.floridadisaster.org/dem/mitigation/watershed-planning-initiative> or <https://www.fau.edu/engineering/research/cwr3/clearinghouse/>. The Sub-recipient will finalize the process by receiving approval from ISO/CRS that the created WMP is sufficient to receive credits under CRS 452.b. Tasks necessary to the completion of a Phase 2 include:

Task 1 – Creation of preliminary scope of work, initial flood modeling & submission of draft WMP to CRS officials for approval. The flood modeling should consider evaluations of the watershed's runoff response from design storms under current and predicted future conditions and assessments of the impacts of sea level rise and climate change. Preliminary modeling should include 10-, 25- & 100-year storm events. This initial scope of work and WMP draft should include preliminary modeling of the 10-, 25- and 100-year storm events, an inventory of the ground characteristics and data availability, existing regulations and plans in place, a description of vulnerable areas or areas of interest, a list of potential solutions, and a brief description of future actions plans.

Task 2 – Submit final WMP & CRS approval. After receiving feedback and approval on the sub-recipient's scope of work and flood modeling submission in Task 1 from FDEM and CRS officials, the sub-recipient will finalize the flood modeling process and complete their WMP. At a minimum, the modeling and WMP must include 10, 25 & 100 year storm events—or model sea level rise—to receive credit through CRS element 452.b. The sub-recipient will update their CRS plan and submit the updated prospective point total to CRS to receive points for element 452.b. The sub-recipient will submit the updated CRS plan to CRS for approval at the same time as they submit their final WMP to CRS for approval. If revisions are necessary. The sub-recipient will correct and re-submit for CRS approval.

Please describe in detail below (or on a separate page attached to this proposal) how your community plans to complete the above tasks. Please provide any details related to staffing to complete the proposed project, if you will be hiring an outside agency/firm, and what resources you have at your disposal to accomplish the project:

Description

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

5. Community Information

Answer questions A through H for the community(ies) that is participating in the Watershed Planning Initiative.

Information can be provided using this proposal form, the attached CRS Points Spreadsheet (for questions g & h) or in a separate document clearly identifying the questions and answers.

- a) Jurisdiction Name
- b) Name of LMS Coordinator or Floodplain Coordinator/Manager
- c) Is the community a participant in good standing with the National Flood Insurance Program (NFIP)?
- d) The NFIP Community Identification Number (CID)
- e) Does the community participate in the Community Rating System (NFIP CRS)?
- f) What is the current CRS Class Rank?
- g) What is the total # of CRS points accrued at the time of application?
- h) What is the total # of CRS points you expect to receive from completing a WMP?

Jurisdiction Name (a)	LMS and/or Floodplain Coordinator (b)	NFIP Participant (c)	CID # (d)	CRS (e)	CRS Ranking (f)	CRS Total Accumulated Points (g)	Expected Points from WMP (h)
		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA		<input type="checkbox"/> Y <input type="checkbox"/> N			

Project Location

- 1. Attach a copy of a city or county scale map (large enough to show the entire WMP area)
- 2. Attach a map outlining the total area being modelled for your WMP

Flood Insurance Rate Map (FIRM)

- 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. 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>.
- 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)

<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 type="checkbox"/> B or X (shaded)	<input type="checkbox"/> C or X (unshaded)
<input type="checkbox"/> Floodway	
<input type="checkbox"/> Coastal Barrier Resource Act (CBRA) Zone	

6. Schedule of Work

Using the outline below, estimate in monthly increments how much time will be estimated for each task to complete the Plan. When developing the schedule, please use timeframes from the date of subrecipient agreement execution. Add additional tasks as necessary on a separate sheet and attach to this proposal form.

Task(s)	Number of Months to Complete
Data Collection (Task 1)	
Preliminary Flood Modelling (Task 1)	
Preliminary Scope of Work (Task 1)	
Completed WMP (Task 2)	
WMP Review (Task 2)	
CRS Revisions (Task 2)	
CRS Approval (Task 2)	
Total Months (maximum 12 months)	

Total Schedule	
Estimate the total duration of your proposed activities (in months)	12
Proposed start date (MM/DD/YYYY)	
Proposed end date (MM/DD/YYYY)	

7. Budget

Cost estimates should be consistent with scope of work items and work schedule. Presented cost estimates in the budget should have sufficient source documentation or justification. Costs must be eligible under HMGP and conform to the requirements set forth in 2 CFR 200 E.

Applicants must ensure that cost are reasonable, allowable, allocable, and necessary for the completion of a Watershed Master Plan consistent with the scope of work. Additional justifications related to the budget can be attached to your submitted proposal form.

Cost Item	Unit	Amount	Rate	Total Cost
Personnel				
Fringe Benefits				
Travel				
Equipment				
Supplies				
Contractual				
Other				
Total Project Cost				

8. Cost share

Maximum Federal Share for the project is 75 percent. Non-federal funding share is that portion of the total project costs provided by the non-federal entity in the form of in-kind contributions (professional services, labor, etc.) or cash match received from third parties or contributed by the entity. In-kind contributions must be provided and/or cash expended during the project period of performance to satisfy matching requirement. Please present the cost-share information for the proposed project below.

Federal and Non-Federal Cost Share Breakdown			
TOTAL PROJECT COSTS	\$		
Estimated Federal Share (max 75%)	\$		%
Estimated Local Share: Cash	\$		%
Estimated Local Share: In-Kind *	\$		%
Estimated Local Share: Third-Party *	\$		%
Date of local share funding availability			
*Provide narrative or description of in-kind or third-party match sources below:			

Federal and Non-Federal Cost Share Breakdown

Provide any additional comments and/or reference to applicable attachments (optional)

Watershed Planning Initiative Notice of Proposal Form Guide

THE FLORIDA DIVISION OF EMERGENCY MANAGEMENT



Watershed Planning Initiative

The Florida Division of Emergency Management's (FDEM) Bureau of Mitigation prioritizes flood risk management as an integral part of its mission. Florida is particularly vulnerable to tropical systems, storm surge, and other heavy rain events that contribute to flood risk. These combined conditions will result in increased flood risk exposure throughout the state. According to the Florida Demographic Forecast, growth and development are projected to increase and Florida can expect a net immigration of 375,000 people over the next six years.

Our Mission

Working together to ensure that Florida is prepared to respond to emergencies, recover from them, and mitigate against their impacts.

Contact Info

Florida Division of Emergency Management
2555 Shumard Oak Boulevard
Tallahassee, Florida 32399-2100

THE FLORIDA DIVISION OF EMERGENCY MANAGEMENT



Watershed Planning Initiative

Subapplicant - Local Government or Community, County Government, Water Management District, or Intergovernmental Partnership

Subapplication Title - Name of Community developing a Watershed Master Plan

Subapplication Type - Planning – Mitigation – Watershed Master Plan

Total Project Cost - Please pull from *Budget* section of Proposal

Federal Share - Please pull from *Cost Share* section of Proposal

Subapplicant			
Subapplication Title			
Subapplication Type			
Total Project Cost	\$	Federal Share	\$

THE FLORIDA DIVISION OF EMERGENCY MANAGEMENT



Watershed Planning Initiative

Contact Information

Application Prepared by - Please fill in all applicable fields

Point of Contact - Please fill in all applicable fields

Authorized Applicant Agent - Ensure that the authorized agent sign and date at the bottom. Please also attach proof of authorization to the proposal once completed.

Application Prepared by:			
Name			
Title			
Agency/Organization			
Primary Phone	Type	<input type="checkbox"/> Work	<input type="checkbox"/> Mobile
Secondary Phone	Type	<input type="checkbox"/> Work	<input type="checkbox"/> Mobile
Email			
Address line 1			
Address line 2			
City	State	Zip	

Point of Contact (POC) – individual to be contacted for additional information			
Name			
Title			
Agency/Organization			
Primary Phone	Type	<input type="checkbox"/> Work	<input type="checkbox"/> Mobile
Secondary Phone	Type	<input type="checkbox"/> Work	<input type="checkbox"/> Mobile
Email			
Address line 1			
Address line 2			
City	State	Zip	

Authorized Applicant Agent – individual authorized to sign certifications (proof of authorization required)			
Name			
Title			
Agency/Organization			
Primary Phone	Type	<input type="checkbox"/> Work	<input type="checkbox"/> Mobile
Secondary Phone	Type	<input type="checkbox"/> Work	<input type="checkbox"/> Mobile
Email			
Address line 1			
Address line 2			
City	State	Zip	
Signature	Date		

Watershed Planning Initiative

Subapplicant Information

Prospective participants must ensure that all information is filled in correctly. If the applying community is delinquent on Federal debt, please provide an explanation at the bottom of this section.

FIPS Code - For a full list of FIPS County Codes, please use this link:

https://www.nrcs.usda.gov/wps/portal/nrcs/detail/fl/about/?cid=nrcs143_013697

Unique Entity ID – If unsure of your Unique Entity ID, please use this link:

<https://fedgov.dnb.com/webform/>

Subapplicant			
Type of Subapplicant	<input type="checkbox"/> State Government <input type="checkbox"/> Local Government		
	<input type="checkbox"/> Indian Tribal Government <input type="checkbox"/> Special Governmental District		
	<input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Other (please specify)		
City/Town/Village			
County			
FIPS Code		Unique Entity ID	
State Legislative District		Federal Tax ID Number	
Is the Subapplicant delinquent on any Federal debt?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:			



THE FLORIDA DIVISION OF EMERGENCY MANAGEMENT

Watershed Planning Initiative

Local Mitigation Strategy (LMS) Compliance

Be sure to attach your letter of endorsement from the county's LMS Coordinator to your application. Please ensure you fill out all sections.

Local Mitigation Strategy Information				
Does your jurisdiction have a current FEMA Approved Mitigation Plan?				<input type="checkbox"/> Yes
				<input type="checkbox"/> No
Attached is a letter of endorsement for this project from the county's LMS Coordinator.				<input type="checkbox"/> Yes
				<input type="checkbox"/> No
Plan Approval Date		Jurisdiction Adoption Date		Plan Expiration Date



Watershed Planning Initiative

Project Description

Project Description – If you are applying to receive funding to produce a WMP only, please only select that box. If you plan on also updating other parts of your CRS plan, please detail the points in the attached CRS Points Spreadsheet that is required in the *Community Information* section. If you select Other or CRS Update, please explain what work you are proposing in the explanation section.

Plan Protection Parameters – Please provide details of the area being proposed. You must provide: total population covered by the plan, the # of flood insurance policies covered by the plan (using the most recent data available), and include the # (or an accurate estimate) of flood insurance policies in the Special Flood Hazard Area (SFHA) within your modelling area.

Description					
Project Description		<input type="checkbox"/> Watershed Master Plan <input type="checkbox"/> CRS Update (beyond 452.b) <input type="checkbox"/> Other			
If other, please explain:					
List the total number of persons that will be protected by the proposed project below					
Total population covered by plan		# Of flood insurance policies covered by plan		# Of flood insurance policies in SFHA	
1. Describe the existing problems:					
2. Describe the type(s) of protection that the proposed project will provide:					
3. Scope of Work (describe in detail what you are planning to do, if you will be using in-house staff to accomplish your goals, if you will be hiring an outside agency/firm, what resources you have at your disposal to accomplish the project):					
4. Describe any other on-going or proposed projects in the area that may impact, positively or negatively, the proposed HMGP Project:					

Watershed Planning Initiative

Project Description Continued

Existing Problems – Provide a description of the existing problems your community faces regarding flood risk exposure. Examples of problems you should address in this section include: Is your community inland or coastal? What types of flood risk is your community most susceptible to? Does your community have natural features (waterways, wetlands, etc.) that affect flood risk?

Types of Protection – Please provide details of the types of protection that WMP will provide. This should be related to FDEM Mitigation's goals and mission statement. Examples of this include reducing or eliminating loss of life, lessening the impact of flooding, increasing regulation of land within the SFHA, or other related issues.

Description					
Project Description		<input type="checkbox"/> Watershed Master Plan <input type="checkbox"/> CRS Update (beyond 452.b) <input type="checkbox"/> Other			
<i>If other, please explain:</i>					
List the total number of persons that will be protected by the proposed project below					
Total population covered by plan		# Of flood insurance policies covered by plan		# Of flood insurance policies in SFHA	
1. Describe the existing problems:					
2. Describe the type(s) of protection that the proposed project will provide:					
3. Scope of Work (describe in detail what you are planning to do, if you will be using in-house staff to accomplish your goals, if you will be hiring an outside agency/firm, what resources you have at your disposal to accomplish the project):					
4. Describe any other on-going or proposed projects in the area that may impact, positively or negatively, the proposed HMGP Project:					

Watershed Planning Initiative

Project Description Continued

Scope of Work – Provide a detailed description of the work you are planning to do. This should include a list of the modelling you will conduct and should provide a description of the various components of your proposed WMP.

We would also request that applicants provide a description of how you will accomplish your scope of work. This could include a list showing the # of staff that will create the plan and their qualifications, resources that you possess that will facilitate WMP development and approval, and/or information about outside agencies or firms that will assist you.

On-Going Projects in Study Area – Please describe any other on-going or proposed projects in the area that could impact the project.

Description					
Project Description		<input type="checkbox"/> Watershed Master Plan <input type="checkbox"/> CRS Update (beyond 452.b) <input type="checkbox"/> Other			
<i>If other, please explain:</i>					
List the total number of persons that will be protected by the proposed project below					
Total population covered by plan		# Of flood insurance policies covered by plan		# Of flood insurance policies in SFHA	
1. Describe the existing problems:					
2. Describe the type(s) of protection that the proposed project will provide:					
3. Scope of Work (describe in detail what you are planning to do, if you will be using in-house staff to accomplish your goals, if you will be hiring an outside agency/firm, what resources you have at your disposal to accomplish the project):					
4. Describe any other on-going or proposed projects in the area that may impact, positively or negatively, the proposed HMGP Project:					

Watershed Planning Initiative

Community Information

Answer questions A through H that is expected to participate in the Watershed Planning Initiative.

- a) Jurisdiction Name
- b) Name of LMS Coordinator (County) or Floodplain Coordinator/Manager (municipal)
- c) Is the community a participant in good standing with the National Flood Insurance Program (NFIP)?
- d) CID Number of Community
- e) Does the community participate in the Community Rating System (NFIP CRS)?
- f) What is the participating communities current CRS Class Rank?
- g) What is the total # of CRS points accrued at the time of application?
- h) What is the total # of CRS points you expect to receive from completing a WMP

For questions g and h, please use the attached CRS Points Spreadsheet to detail CRS points by activity.

Project Location – Please attach a copy of a city or county scale map that clearly shows the entire WMP area, as well as a map outlining the total area being modelled for your WMP.

Flood Insurance Rate Map (FIRM) – If published for your area, a FIRM map is required. Please Attach a copy of the FIRM Map to this proposal. If a FIRM map is not available in your area, please attach a copy of the Flood Hazard Boundary Map for your area. To access the FIRM site, follow this link: <https://msc.fema.gov/portal>

Applicable Flood Zones – Please select all flood zones that lie within the project area.

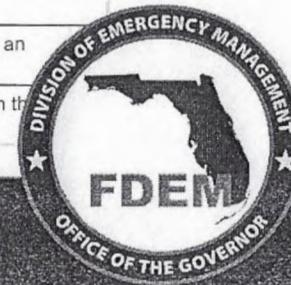


THE FLORIDA DIVISION OF EMERGENCY MANAGEMENT

Watershed Planning Initiative

Community Information

Jurisdiction Name (a)	LMS and/or Floodplain Coordinator (b)	NFIP Participant (c) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	CID # (d)	CRS (e) <input type="checkbox"/> Y <input type="checkbox"/> N	CRS Ranking (f)	CRS Total Accumulated Points (g)	Expected Points from WMP (h)
Project Location							
1. <input type="checkbox"/> Attach a copy of a city or county scale map (large enough to show the entire WMP area)							
2. <input type="checkbox"/> Attach a map outlining the total area being modelled for your WMP							
Flood Insurance Rate Map (FIRM)							
1. <input 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). 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 .							
1. 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)							
<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 type="checkbox"/> B or X (shaded)				<input type="checkbox"/> C or X (unshaded)			
<input type="checkbox"/> Floodway							
<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).							
1. <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							



Watershed Planning Initiative

Cost Share

Cost share, or non-federal matching funds, are the portion of project costs not paid by federal funds. Funds for this project will be used to pay 75% of federal share of the eligible activity costs.

Non-federal funding share is that portion of the total costs of the program provided by the non-federal entity in the form of in-kind contributions (professional services, labor, etc.) or cash match received from third parties or contributed by the entity. In-kind contributions must be provided and/or cash expended during the project period of performance to satisfy requirements.

Please ensure all sections are filled out correctly, and please provide a date of funding availability for non-federal funding.

Proposed federal vs. non-federal funding shares		
Total Budget	\$	
Proposed federal share	\$	75%
Proposed non-federal share	\$	25%

Non-federal funding source (complete this table for each funding source)			
Estimated Federal Share	\$	% of Total:	%
Non-Federal Shares			
Estimated Local Share: Cash	\$	% of Total:	%
Estimated Local Share: In-Kind	\$	% of Total:	%
Estimated Local Share: Third-Party	\$	% of Total:	%
Funding amount from above	\$	Percent non-federal share by source	%
Date of funding availability			
Provide any additional comments and/or reference to applicable attachments (optional)			

Watershed Planning Initiative

Complete proposal form, convert it into a pdf with all necessary attachments, and submit via email to:

watershedplanning@em.myflorida.com

THE FLORIDA DIVISION OF EMERGENCY MANAGEMENT

