



# **Local Hazard Mitigation Plans Program (LHMPP) Application Guide**

**Texas General Land Office  
Community Development & Revitalization**

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# RECORD OF CHANGES

THIS SECTION DESCRIBES CHANGES MADE TO THIS DOCUMENT: WHEN THEY WERE MADE, WHAT THEY WERE, AND WHO AUTHORIZED THEM.

Use this table to record the following information:

- Change number, in sequence, beginning with “1”
- Date change was made to the document
- Description of change and rationale if applicable
- Initials of person who made the change

NUMBER	DATE	DESCRIPTION	INITIALS
-	08/02/2021	Original approval.	CD
1	08/03/2021	Addition of Program Contact Information and updating of reference images.	GO
2	08/03/2021	Simplified instructions for Funding Tabs	ES
3	08/05/2021	Minor edits to Eligible Activities section.	CD
4	08/16/2021	Replaced RFQ with RFP information.	SH
5	11/22/2021	Updated instructions for Applicant Info Tab, updated Other Funds required docs, updated Environmental Exempt Form and SF-424 instructions, updated links	ES
6	2/2/2022	Update instructions for Grant Category section, under Applicant Info Tab. Clarified instructions for GAs working submitting multiple applications on behalf of different jurisdictions.	ES
7	10/25/2022	Added Required IRS Form 147C instructions	TC
8	3/25/2025	Added password reset instructions	ES
9	12/31/2025	Updated program application period	KS



# DEFINITIONS

**44 CFR 201:** Code of Federal Regulations that provides information regarding the policies and procedures for mitigation planning as required by the provisions of section 322 of the Stafford Act, 42 U.S.C. 5165.

**Action Plan:** The public document required by HUD that details the State of Texas's storm recovery programs and allocation of CDBG-DR and CDBG MIT funding.

**Applicant:** Any unit of local government (cities and counties), Indian tribes, councils of governments, including entities coordinating jointly across jurisdictional boundaries, located in an eligible HUD MID or State MID area, who apply for assistance through the Local Hazard Mitigation Plans Program.

**Approval Pending Adoption:** Designation provided by the Federal Emergency Management Agency (FEMA), which means the hazard mitigation plan has been reviewed by the State Department of Emergency Management and FEMA. The HMP meets all requirements set for by 44 CFR 201.6, with the exception of being adopted by the local jurisdiction.

**Approved:** Designated provided by FEMA, which means the HMP meets all requirements set for by 44 CFR 201.6 and has been adopted by the local jurisdiction

**Authorized Signatory:** Person who has been authorized to sign documents and has the power to sign the organization to an agreement that is binding.

**Conflict of Interest:** occurs when an individual's personal interests: family, friendships, financial, or social factors: could compromise his or her judgment, decisions, or actions.

**Cost Share:** Also known as "non-Federal share," or "match," is the portion of the costs of a federally assisted project or program not borne by the Federal Government.

**Council of Governments (COG):** Voluntary organizations of local governmental entities that coordinate programs and services to address needs that cross jurisdictional boundaries.

**Department of Housing and Urban Development (HUD):** The federal department through which the CDBG-MIT program funds are administered, monitored, and distributed to grantees.

**Duplication of Benefits:** Also known as DOB, is used to describe assistance that is from more than one source and that is used for the same purpose or activity. The purpose may apply to the entire project or only part of it. DOB may apply when assistance for the same purpose has been received or will be received.

**DUNS Number:** The D-U-N-S (data universal numbering system) number is a unique nine-digit identifier for organizations. DUNS numbers are used by the federal government to keep track of how federal funds are allocated. It is used to create a business's credit profile.



**Federal Debarment:** an action to preclude individuals and entities from receiving federal financial and nonfinancial assistance and benefits under federal programs and activities for a designated period of time.

**Federal Suspension:** a temporary exclusion action which lasts until the conclusion of the criminal or administrative proceedings upon which the action is based, or for 12 months or 18 months if the prosecuting official justifies an extension in writing.

**Grant Management Plan:** the document that outlines the applicant's approach to addressing all elements required to deliver a successful and eligible project. At minimum, the Grant Management Plan shall include:

- Detail of the project's objectives and goals
- A list of actions and responsible persons to achieve the goals and objectives along with a timeline for the various stages of the project
- A process to handle project implementation
- A process to handle financial management and contract administration
- Staff/partner organizational chart showing all key stakeholders who will administer and execute an award
- A process to handle staff/partner personnel changes and duty transfers

**Hazard Mitigation Plan (HMP):** a comprehensive document that contains detailed information about the types of hazards a community faces, and the actions that can occur before disaster strikes to reduce the community's vulnerability. Once the HMP is developed/updated, reviewed, and approved by the Federal Emergency Management Agency (FEMA), a community will obtain and/or keeps its eligibility to apply for FEMA mitigation grants. Plan must be updated every 5 years.

**Hazard Identification Risk Assessment:** a risk assessment is a process by which a local government identifies potential hazards and analyzes what could happen if a hazard occurs and also the results of when a hazard occurred.

**HUD MID:** a HUD-identified Most Impacted and Distressed Area. As required by HUD's Federal Register notice, 84 FR 45838 (August 30, 2019), the GLO will allocate at least 50 percent of the funds to address mitigation needs within these areas.

**Identified Risk:** the top risks to which Texas has the greatest exposure. Each proposed project must mitigate against at least one of the following identified risks. For 2015 and 2016 Floods State Mitigation Competitions: severe coastal flooding, riverine flooding, storms, and tornadoes. For the Hurricane Harvey State Mitigation Competition: hurricanes/tropical storms/tropical depressions, severe coastal flooding, and riverine flooding.

**Local Government:** per 44 CFR 201.2, FEMA defines a local government as any county, municipality, city, town, township, public authority, school district, special district, intrastate district, council of governments (regardless of whether the council of governments is incorporated as a nonprofit



corporation under State law), regional or interstate government entity, or agency or instrumentality of a local government; any Indian tribe or authorized tribal organization, or Alaska Native village or organization; and any rural community, unincorporated town or village, or other public entity.

**Local Hazard Mitigation Plans Program:** a program created by partnering with the Texas Division of Emergency Management (TDEM) to provide CDBG-MIT funds for the development of an enhanced State of Texas Hazard Mitigation Plan (enhanced SHMP), as well as providing funds for the development of Hazard Mitigation Plans (HMPs) for eligible areas.

**MID:** an acronym for Most Impacted and Distressed Areas. See also, HUD MID and State MID.

**Multijurisdictional HMP:** when there are multiple governmental jurisdictions participating in the development of update of the HM Plan.

**Participating Jurisdiction:** a jurisdiction that has agreed to be a part of, as well as contribute to, the development of the multi-jurisdictional plan. They hold no direct administrative/grant responsibility. Participating Jurisdictions are not eligible to apply to develop or update a sub-section in a multi-jurisdictional HMP. Instead, an application for the entire HMP should be submitted by the multi-jurisdictional plan's Responsible Jurisdiction.

**Preliminary Draft Plan:** a sub-element of the overall planning process used to produce updates to particular sections of the HMP to reflect the results of the HMP development or the HMP Update activities. This deliverable will encompass all of the requirements contained in the Planning Process and Risk Assessment sections.

**Responsible Jurisdiction:** the jurisdiction that will lead and manage the HM Planning process from application development through project completion.

**Request for Information:** a request for additional documentation or information—made by the GLO to Applicants whose applications have been reviewed—needed to make a final application eligibility determination.

**Request for Proposals:** a document that announces a project, describes it, and solicits bids from qualified contractors to complete it.

**SAM Search:** system for Award Management lookup to determine an Applicant's federal grant eligibility.

**SF-424:** an application for federal assistance and is required in federal grant applications. This form collects information including type of submission, Applicant information, type of Applicant, and proposed project dates.

**Scope of Work:** division of work to be performed to complete a project including, work activities and other programmatic obligations.



**Single jurisdictional HMP:** when only one governing body participates in the development or update of a HMP.

**Special Purpose Districts:** independent, special-purpose governmental units that exist separately from local governments such as county, municipal, and township governments, with substantial administrative and fiscal independence. Special purpose districts include but are not limited to municipal utility districts, water control and improvement districts, special utility districts, flood and drainage districts, navigation districts, port authorities, and river authorities.

**State MID:** areas designated by the state to be Most Impacted and Distressed, which received a 2015 Floods, 2016 Floods, or Hurricane Harvey Presidential disaster declaration but were not classified as Most Impacted and Distressed Areas by HUD.

**Subrecipient:** a non-federal entity that receives a subaward from a pass-through entity to carry out part of a federal program. For the 2015 and 2016 Floods, and Harvey State Mitigation Competitions, the subrecipients are the Applicants. They include: Cities, Counties, Indian Tribes, Council of Governments, State Agencies, Special Purpose Districts, Port Authorities, and River Authorities.

**TIGR:** an acronym for the Texas Integrated Grant Reporting System. As the TX GLO's grant reporting system of record, it houses all applications and application documents.

**Unit of Government:** any department or agency of the federal government; any state or agency, office, or department of a state; and any city, county, district, commission, authority, entity, port, or other public corporation, organized and existing under statutory law or under a voter-approved charter or initiative.



# ACRONYMS

**APA** – Approved Pending Adoption

**APP** – Approved

**BRIC** – Building Resilient Infrastructure and Communities Project Grant

**CDBG** – Community Development Block Grant

**CDBG-DR** – Community Development Block Grant – Disaster Recovery

**CDBG-MIT** – Community Development Block Grant - Mitigation

**CFR** – Code of Federal Regulations

**COI** – Conflict of Interest

**COG** – Councils of Governments

**DOB** – Duplication of Benefits

**DR** – Disaster Recovery or Disaster Declaration Number (alphabetic designation or precursor for)

**FEMA** – Federal Emergency Management Agency

**FMA** – Flood Mitigation Assistance Program

**GIS** – Geographic Information System

**HIRA** – Hazard Identification Risk Assessment

**HHPD** – Rehabilitation of High Hazard Potential Dams

**HMP** – Hazard Mitigation Plan

**HMA** – Hazard Mitigation Assistance

**HMGP** – Hazard Mitigation Grant Program

**HHPD** – Rehabilitation of High Hazard Potential Dam Program

**HUD** – U.S. Department of Housing and Urban Development

**HUD-MID** – Housing and Urban Development Moderate-Income Data

**ICC** – International Code Council

**LHMPP** – Local Hazard Mitigation Plans Program

**MJHMP** – Multijurisdictional Hazard Mitigation Plan





**POP** – Period of Performance

**RFP** – Request for Proposal

**SOP** – Standard Operating Procedures

**SOW** – Scope of Work

**TDEM** – Texas Division of Emergency Management

**TIGR** – Texas Integrated Grants Reporting System

**U.S.C.** – United States Code



# INTRODUCTION

The \$25,000,000 Local Hazard Mitigation Plans Program (LHMPP) assists eligible entities through providing grants to develop or update local hazard mitigation plans, or through providing cost share for hazard mitigation planning activities funded through other federal sources. CDBG-MIT funds administered by HUD and implemented through the Texas General Land Office fund these planning activities, and the Hazard Mitigation Plan development and approval oversight is administered by FEMA and implemented through the Texas Division of Emergency Management. Grant awards will range from \$20,000 - \$100,000. Application intake will begin on July 28, 2021, and will be processed for eligibility on a first come, first served basis December 31, 2025.

This document – the LHMPP Application Guide - is the main resource for governmental entities interested in the program. The document includes detailed information on eligible activities, eligibility criteria, and how to apply. Prospective Applicants are encouraged to review this document prior to applying for the program, as well as during the creation and submission of an application. This document also includes important preliminary information regarding the steps following the applications, including award, contract, deliverables, and reimbursement process. Prospective Applicants are encouraged to review these sections in order to know what to expect after application submittal.

## PROGRAM CONTACT INFORMATION

To learn more about the Local Hazard Mitigation Plans Program, stay up to date with Program updates, and to access the LHMPP application, visit our website, linked below. Feel free to contact us with any questions you may have, using the email address or phone number, also below.

**Local Hazard Mitigation Plans Program Website:**

<https://recovery.texas.gov/mitigation/programs/local-hazard-mitigation-plans/index.html>

**Email:** [lhmpglo@recovery.texas.gov](mailto:lhmpglo@recovery.texas.gov)

**Phone:** 512-770-4900



# ELIGIBLE ACTIVITIES

- Hazard Mitigation Plan Development<sup>\*</sup> - Develop a local Hazard Mitigation Plan that identifies, assesses, and reduces long-term risks to life and property from hazard events, or provide cost share (local match) for funding previously awarded to do the same from FEMA
- Hazard Mitigation Plan Update<sup>\*</sup> - Update a current local Hazard Mitigation Plan that is within 2 years of expiration, an expired Local Hazard Mitigation Plan, or provide cost share (local match) for funding previously awarded to do the same from FEMA

<sup>\*</sup> may include studies to enhance a community's understanding of risk

The following sections provide a description of each eligible activity.

## Hazard Mitigation Plan Development

Eligible governmental entities without an HMP can apply for funds under this program to develop one. HMPs are prepared and adopted by communities with the primary purpose of identifying, assessing, and reducing the long-term risk to life and property from hazard events. Effective mitigation planning can break the cycle of disaster damage, reconstruction, and repeated damage.

Developing and approving HMP will allow governmental entities to become eligible and apply for federal and state funding.

Although GLO is providing the funding for developing HMPs, the local community will coordinate the HMP development process directly with the Texas Division of Emergency Management (TDEM).

## Hazard Mitigation Plan Update

HMPs must be updated every 5 years in order to maintain eligibility for various funding sources.

Eligible governmental entities can apply for funds to update their HMP even if it has expired.

Updating an HMP means reviewing and revising the plan to reflect changes in development, progress in local mitigation efforts, and changes in priorities. The planning team must identify how, when, and by whom the plan will be updated.

Having an up-to-date HMP will allow governmental entities to continue to be eligible and apply for federal and state funding.

Although GLO is providing the funding for updating HMPs, the local community will coordinate the HMP update process directly with the Texas Division of Emergency Management (TDEM).



# ELIGIBLE CRITERIA

## General Criteria

- Applicant must fall under FEMA's Definition of a local government as per 44 CFR 201.2, which states: Local government is any county, municipality, city, town, township, public authority, school district, special district, intrastate district, council of governments (regardless of whether the council of governments is incorporated as a nonprofit corporation under State law), regional or interstate government entity, or agency or instrumentality of a local government; any Indian tribe or authorized tribal organization, or Alaska Native village or organization; and any rural community, unincorporated town or village, or other public entity.
- Applicant must be located in federally declared counties or ZIP codes from Hurricane Harvey (DR-4332, August 2017), 2016 Floods (DR-4272, June 11, 2016) (DR-4269, April 25, 2016) (DR-4266, March 19, 2016) and 2015 Floods (DR-4223, May 29, 2015) (DR-4245, November 25, 2015). The list of specific counties and ZIP codes is included in the State of Texas CDBG-MIT Action Plan (p.286-287) and in the Action Plan Summary (p.5-6), both available at: <https://recovery.texas.gov/action-plans/mitigation/index.html>.
- Applicant must have an active record with the U.S. Government System for Award Management (SAM) and must not be delinquent on any federal debt. Additionally, they must not have been suspended or debarred by the federal government.
- To be eligible for an award, Applicants must demonstrate that between the LHMPP grant and other funds, if any, the entire cost associated with the proposed activities will be completely covered.
- Applicant must apply for a LHMPP grant amount between \$20,000 - \$100,000.
- Applicant must reveal if any other funds have been received or will be received toward developing a new or updating a HMP to avoid any duplication of benefits.
- Applicant must reveal any potential conflicts of interest.
- Applicant must complete application in its entirety with all required supporting documentation.

## Activity-Specific Criteria

### Hazard Mitigation Plan Development

- Applicant must have no HMP.

### Hazard Mitigation Plan Update

- Applicant must have an adopted HMP expiring within 2 years from the submission of the application or must have an expired HMP.



- Applicant must show proof of adoption of their current HMP, i.e., adoption resolution.

## Special Circumstances

### Cost Share

Applicants that have already acquired or applied for other federal funds for Hazard Mitigation Planning (such as FEMA funds), can utilize the LHMPP Grant to cover any required cost share. Cost share, also known as “non-federal share” or “local match”, is the portion of the costs of a federally assisted project or program not borne by the Federal Government. Applicants that apply to LHMPP for cost-sharing purposes will have to provide required details in the application form.

Cost share requirements vary by federal program, usually ranging from 1% to 25% of the total project cost. If the LHMPP Grant is utilized as a cost share, the LHMPP amount requested must also meet the minimum cost-share requirements set by the applicable federal program.

### Fulfilling Part of Another Entity’s HMP

A grant cannot be awarded to an entity to update a sub-section in a multi-jurisdictional HMP. Instead, an application to update the entire HMP should be submitted by the responsible multi-jurisdictional entity. LHMPP Applicants must be the Responsible Jurisdiction.

### Branching off a Multi-jurisdictional HMP

A local community participating in a multijurisdictional HMP wishing to develop its own HMP is eligible to apply to this program. In this scenario, the community should apply under HMP Development, not under HMP Update. The application must be submitted within the two-year window prior to the current HMP’s expiration date. The Applicant may (but is not required to) include documentation with their LHMPP application that indicates the Applicant has notified the previous Responsible Jurisdiction about the Applicant’s discontinuation of participation.

### Re-Applying to the Program After Receiving an Award

Applicants that receive funding and adopt approved HMPs may apply again to this Program in the two years prior to the expiration of the HMP, provided that funds remain, and the Program is still running. For more information, see Program Duration section.

### Program Duration

This Program will launch on July 28, 2021. Because local HMPs operate on a 5-year cycle, the application period for the Program will remain open for six (6) years and until funds are exhausted.



# SUBMITTING AN APPLICATION

## Requesting a User Account

Before starting an application, the Applicant must first create a disasTRAX user account. The user account can be requested either by the applicant (e.g., a representative or employee of the applying community), or by their agent (e.g., a consultant). The requester must not already have a disasTRAX account. If requester already possesses a disasTRAX account, requester should contact [lhmpg.glo@recovery.texas.gov](mailto:lhmpg.glo@recovery.texas.gov) for further guidance.

**Note: a vendor/consultant cannot use the same credentials to submit multiple applications for different jurisdictions. Instead, they should create new credentials each time they need to create an application for a new jurisdiction.**

The following explains how to request and obtain an account.

1. Go to: <https://dmsrecovery.quickbase.com/db/brkp4bbka?a=nwr&ifv=1>
2. Enter a valid email address. Enter first and last name of the requester (see image below).



The screenshot shows a web form titled "Local Hazard Mitigation Plans Program Application" by the "Texas General Land Office". Below the title, it says "Community Development and Revitalization" and "CDBG-MIT Funds". The form section is titled "Request User Account". It contains three input fields: "Email Address", "First Name", and "Last Name", each with a red asterisk indicating it is a required field. The "Email Address" field is the largest and is positioned on the left, while the "First Name" and "Last Name" fields are smaller and positioned to its right.

3. Scroll down, read the Term of Service and Privacy Policy, check the box to confirm reading and agreeing to the Term of Service and Privacy Policy, and then Click "Submit Request" (see image below).



By using or accessing this tool ("Quickbase Database"), You (the individual or legal entity) agree to be bound by the terms of this End User License Agreement ("EULA") between You ("You" or "Your") and ICF Incorporated LLC ("ICF" or "we" or "us").

Your use of (a) the website located at <https://dmsrecovery.quickbase.com/> sub-domains (each, a "Site") and (b) services through the Site (and any updates thereto) ("Site Services") is governed by this EULA.

BY ACCESSING AND USING THE QUICKBASE DATABASE, YOU ARE ACCEPTING AND AGREEING TO THIS EULA ON BEHALF OF YOURSELF OR THE ENTITY YOU REPRESENT IN CONNECTION WITH THE ACCESS. YOU REPRESENT AND WARRANT THAT YOU HAVE THE RIGHT, AUTHORITY, AND CAPACITY TO ACCEPT AND AGREE TO THIS EULA ON BEHALF OF YOURSELF OR THE ENTITY YOU REPRESENT.

**1. Restrictions**

Except as otherwise agree to in writing by the parties, You agree not to, and You will not permit others to:

- 1.1. Share or disseminate personally identifiable information contained in the Quickbase Database.
- 1.2. license, sell, rent, lease, assign, distribute, transmit, host, outsource, disclose or otherwise commercially exploit the Quickbase Database or make the Quickbase Database available to any third party.
- 1.3. copy or use the Quickbase Database for any purpose,
- 1.4. modify, make derivative works of, decompile, disassemble, reverse compile or reverse engineer or attempt to derive source code of any part of the Quickbase Database (except to the extent applicable laws specifically prohibit such restriction for interoperability purposes, in which case You agree to first contact us and provide us an opportunity to create such changes as are needed for interoperability purposes).
- 1.5. share Access Credentials with others.
- 1.6. use the Quickbase Database to provide third party training.
- 1.7. display, store, process or transmit any Content, that may (i) menace or harass any person or cause damage or injury to any person or property; (ii) involve the publication of any material that is false, defamatory, harassing or obscene; (iii) violate privacy rights or promote bigotry, racism, hatred or harm; (iv) constitute unsolicited bulk e-mail, "junk mail", "spam" or chain letters; (v) constitute an infringement of intellectual property or other proprietary rights.
- 1.8. use the Quickbase Database for any unlawful purposes.

**2. Confidentiality.** You agree to use the Quickbase Database and ICF's other Confidential and Proprietary Information only as expressly set forth herein, not to disclose such Confidential and Proprietary Information to any third party and to maintain adequate procedures to prohibit the unauthorized disclosure, duplication, misuse or removal of the Quickbase Database.

**3. Site Policies.** You agree to comply with the Terms of Service and Privacy Policy governing use of the Site.

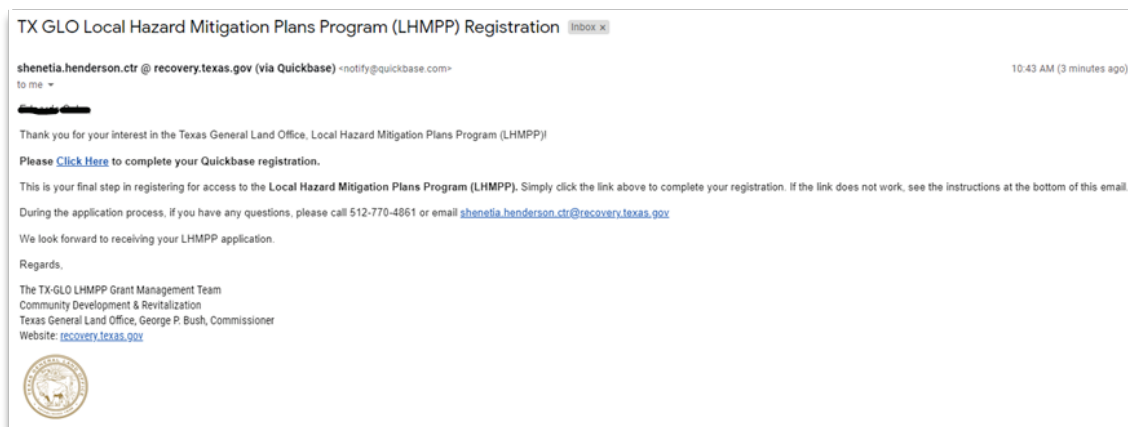
**4. Indemnification.** You agree to defend, release and indemnify ICF, Quickbase, and their respective employees, agents, officers, directors, representatives, successors, heirs, assigns, affiliates, shareholders, parent companies, subsidiaries, indemnities, and insurers from any and all claims arising from Your use of the Quickbase Database or breach of this EULA.

**5. No Warranty.** ICF makes no warranty that the Quickbase Database will be uninterrupted, free of viruses or other harmful code, timely, completely secure or error-free. You agree Your use of the Quickbase Database is on an 'as is' basis.

☒ I have read and agree to ICF's Term of Service and Privacy Policy \*

[Submit Request](#)

4. A verification email will be sent to the address provided. Click the link in the email to continue the registration process (see image below).



5. After clicking the link, you will be asked to re-enter the email for verification purposes. Re-enter email and click Next (see image below).



**YOUR EMAIL ADDRESS**

Please **DOUBLE-CHECK** that this is your correct email address. Without your correct email address you will be unable to complete registration.

[Next >>>](#)

- Set up a password and a security question. Check the box to confirm reading and agreeing to the Quickbase Terms of Service and the Quickbase Privacy Policy. Click Register (see image below).

All fields marked with an asterisk (\*) are required.

First name \*

Last name \*

Email address

---

Choose a password \*

Retype password \*

Password strength:

- ✓ Must be at least 8 characters
- ✓ Must include both numbers and letters

---

Please set up a security question in case you ever need to reset your password.

Question: \*

Answer: \*

Retype Answer: \*

- ✓ Security answers must match
- Your answer is not case sensitive.

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☐ I have read and agree to the Quickbase [Terms of Service](#) and the Quickbase [Privacy Policy](#)

[Register](#)

- A verification email will be sent to the address provided. Email will come from [corpsales@quickbase.com](mailto:corpsales@quickbase.com). Click the link in the email to complete the registration.
- You'll be then asked to enter your password. Enter your password and click verify (see image below).





Email Address

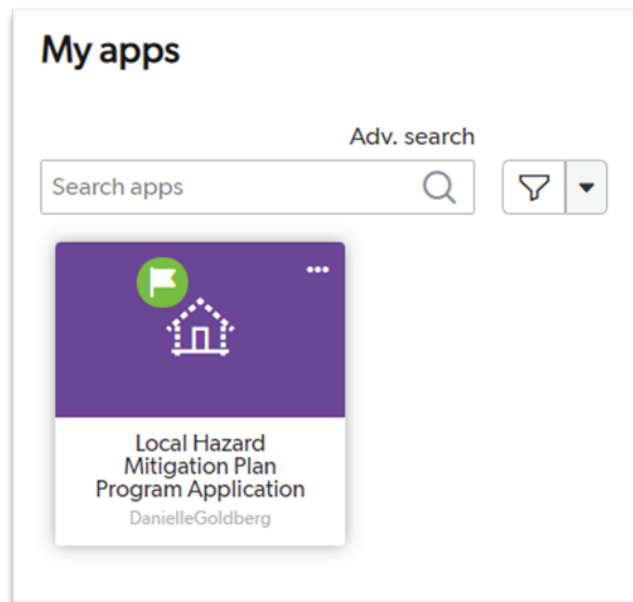
Password

I forgot my password

Verify

☐ Keep me signed in on this computer

- Next, click on “Local Hazard Mitigation Plans Program Application” purple icon (see image below).



- Bookmark the website you are on (<https://dmsrecovery.quickbase.com/db/brkqdsyve>) for future reference. This website is where Applicants can create and complete an LHMP application.

## Password Resetting


If a registered users forgets their password, this can be reset by using the link below. Users attempting to reset their password will be asked to enter the email address used when the account was first created.

Reset Your Password link: <https://dmsrecovery.quickbase.com/db/main?a=ForgotPassword&what=>



## Creating and Completing an Application

1. Go to: <https://dmsrecovery.quickbase.com/db/brkqdsyve> and log in using the previously created user account credentials. If you are already logged in, please ignore this step and continue reading.
2. To start an LHMPP Application, click on the word “HERE” in the “Welcome!” section (see image below).



### Local Hazard Mitigation Plans Program

Texas General Land Office  
Community Development and Revitalization  
CDBG-MIT Funds

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**Welcome!**

To start a new Application, click [HERE](#)  
To continue an existing application, locate the Application in the table below and click to open it.

---

**Eligibility**

To learn more about eligibility for each program, click [HERE](#)

---

**Log Out**

Click [HERE](#)

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**Website**

For more information on the LHMPP, visit our website [HERE](#)

A blank LHMMP Application Form will appear (see image below). The objective of the application form is to collect the information required to determine an Applicant's eligibility to receive a LHMPP grant and the ability to successfully utilize the funds requested. Each application will be reviewed thoroughly and fairly, in its entirety. All requirements and objectives of the specific Federal allocation and the Texas General Land Office CDBG Mitigation (CDBG-MIT) Action Plan must be met prior to the awarding of any contract.



Instructions	1. Applicant Information	2. Funding	3. Grant Category	4. Project Budget & Work Schedule	5. Documentation	6. Submit
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**Please read the following before beginning the LHMPP Application.**

**Navigation:**

The Application is broken into 5 sections which can be completed in any order:

1. Applicant Information
2. Funding
3. Grant Category
4. Project Budget & Work Schedule
5. Documentation

Click the green Save & Keep Working Button to save your progress.

**Terminology:**

**Responsible Jurisdiction:** The jurisdiction that will lead and manage the HM Planning process from application development through project completion.

**Participating Jurisdiction:** A jurisdiction that has agreed to be a part of, as well as contribute to, the development of the multi-jurisdictional plan. They hold no direct administrative/grant responsibility. Participating Jurisdictions are not eligible to apply to develop or update a sub-section in a multi-jurisdictional HMP. Instead, an application for the entire HMP should be submitted by the multi-jurisdictional plan's Responsible Jurisdiction.

The LHMPP Application includes the following tabs:

1. Applicant Information
2. Funding
3. Grant Category
4. Project Budget & Work Schedule
5. Documentation
6. Submit

As you complete the application, click the green Save & Keep Working button to save your progress.

If the application cannot be completed in one session, simply save it and return to it at your convenience by visiting: <https://dmsrecovery.quickbase.com/db/brkqdsyve>. The Application Form is set up to require specific information based on the Grant Category for which you are applying. It is also crucial that you read the following instructions before proceeding in applying for the Program.

To complete the application, carefully follow the steps below. Note that the fields marked with a red asterisk (\*) are mandatory. Please, before starting completing the application, note the two following definitions:

**Responsible Jurisdiction:** The jurisdiction that will lead and manage the HM Planning process from application development through project completion.

**Participating Jurisdiction:** A jurisdiction that has agreed to be a part of, as well as contribute to, the development of the multi-jurisdictional HMP. They hold no direct administrative/grant responsibility. Participating Jurisdictions are not eligible to apply to develop or update a sub-section in a multi-jurisdictional HMP. Instead, an application for the entire HMP should be submitted by the multi-jurisdictional plan's Responsible Jurisdiction.



## 1. Applicant Information

Start by completing the first section of the “Applicant Information” tab (see image below).

**Applicant (Jurisdiction) Information**

**Applicant (Jurisdiction) Name \*** **Plan Title**

**Applicant Phone** **Applicant Fax**

**Applicant Address \***

Search for an address

Applicant - Fund: Street 1

Applicant - Fund: Street 2

Applicant - Fund: City

Select a Applicant - Fund: State/Region... Applicant - Fund: Postal Code

### Applicant (Jurisdiction) Name

Type in the name of the jurisdiction (city, county, COG, tribe, etc.) applying to the Program. As stated in the Eligibility Criteria section, Applicants must fall under FEMA’s Definition of a local government as per 44 CFR 201.2.

If the Applicant is a city, type “City of + [Name]” (e.g., City of Houston); if the Applicant is a county, type “[Name] + County” (e.g., Harris County). If the Applicant is applying for the development or update of a multi -city, -county or -other-entity hazard mitigation plan, enter the name of the Responsible Jurisdiction (lead). Note that the Applicant is the entity that will be entering in a contractual relationship with the GLO, to include application entry and submission, contract execution, project implementation, and closeout.

### Plan Title

Enter the name that will be given to the plan that is being developed or updated (for example: “Rango County Hazard Mitigation Plan Update”).

### Applicant Phone, Fax and Address

Type in the Applicant’s phone number, fax, and full address.

After completing this section of the tab click the green Save & Keep Working button to save your progress.

Continue the application by completing the next section (see image below).



The screenshot shows a section of the LHMPP application form. It contains three dropdown menus. The first is labeled 'Grant Category' with an information icon. The second is labeled 'Responsible Jurisdiction Type'. The third is labeled 'Is the plan development or update for a multi-jurisdictional plan?' with an information icon. Each dropdown menu has a downward arrow on the right side.

## Grant Category

Answer this set of questions to determine whether you are eligible to apply for a LHMPP grant and find out which grant category you should apply for. Based on the answers provided, the system will automatically return the grant category that the applicant must apply for. As stated in the Eligible Activities section, this Program funds two different activity types:

- Hazard Mitigation Plan Development
- Hazard Mitigation Plan Update

The image below shows the answers of a hypothetical applicant requesting funds to update their multi-jurisdictional plan. In the example, the grant category automatically assigned to the applicant is "Hazard Mitigation Plan Update".



## Grant Category

Does your jurisdiction have a Hazard Mitigation Plan?

Yes, we have an HMP (current or expired) ▼

Enter the name of your HMP\*

Texas County HMP

Select the expiration date of your HMP\*

04-06-2022 📅

① Is your HMP a multi-jurisdictional HMP?\*

Yes ▼

① What is your jurisdiction's current role in the multi-jurisdictional plan?\*

Responsible jurisdiction ▼

For what purpose do you intend to use LHMPP grant funds?\*

to update the entirety of our multi-jurisdictional HMP. ▼

① What will your role be in the updated multi-jurisdictional HMP?\*

Responsible jurisdiction ▼



Indicate the number of jurisdictions, NOT including yourself (the responsible jurisdiction), that will be participating in the plan for which you are requesting funds. NOTE: This number cannot be 0.\*

1

Please add details for each jurisdiction, NOT including yourself (the responsible jurisdiction), that will be participating in the plan for which you are requesting funds.  
Note: the number of rows in the table should match the previously indicated number of participating jurisdictions

Add Participating Jurisdiction

Full Report | More ▼ 1 Jurisdiction

	Participating Jurisdiction Name	Contact Name	Contact Email	Contact Phone	Participant Status
 	City of Austin	Jeff Brown	test@gmail.com	(000) 000-0000	Current Participant

Grant Category:  
Hazard Mitigation Plan Update  
Subcategory:  
Current multi-jurisdiction

The image below shows the answers of a hypothetical applicant that never had a HMP and is requesting funds to develop their single-jurisdictional plan. In the example, the grant category automatically assigned to the applicant is "Hazard Mitigation Plan Development".

## Grant Category

Does your jurisdiction have a Hazard Mitigation Plan?

No, we have never had an HMP ▼

① Are you requesting funding for a multi-jurisdictional HMP?\*

No ▼

Grant Category:  
Hazard Mitigation Plan Development  
Subcategory:  
New, single jurisdiction

Depending on the answers provided, the applicant could also not be eligible to apply for LHMPP funding. The image below shows the answers of a hypothetical applicant requesting funds to update a plan that is will not expire within 2 years from the application submission, as required. In this scenario, the applicant is not eligible to receive apply.



## Grant Category

Does your jurisdiction have a Hazard Mitigation Plan?

Yes, we have an HMP (current or expired) ▼

Enter the name of your HMP\*

Texas County HMP

Select the expiration date of your HMP\*

04-06-2027



### Grant Category:

Ineligible: A grant cannot be awarded to update an HMP that is expiring more than two years from the date of this application.

### Subcategory:

Ineligible: A grant cannot be awarded to update an HMP that is expiring more than two years from the date of this application.

## Responsible Jurisdiction Type

Indicate the jurisdiction type for the responsible jurisdiction. Note: the Responsible Jurisdiction is jurisdiction that will lead and manage the HM Planning process from application development through project completion. To be eligible, LHMPP applicants must be Responsible Jurisdictions. Using the drop-down menu, select the Applicant's jurisdiction type. If Applicant does not fall into any other categories listed in the drop-down menu, select "other" and type in the jurisdiction type in the "If Other, please specify" box.

After completing this section of the tab click the green Save & Keep Working button to save your progress.

Continue the application by completing the next set of questions (see image below).



Responsible Jurisdiction Type

County

Has the Applicant applied for FEMA funding to develop or update a plan?\*

Yes

TIN/FEIN\*

12-1234567

DUNS\*

102029312

UEI (SAM)\*

122345512344

Are you (the Applicant) delinquent on Federal Debt?\*

No

## Has the Applicant applied for FEMA funding to develop or update a plan?

CDBG funding is a funding source of 'last resort,' meaning other sources of potential funding must be exhausted before CDBG funds are used. Funds awarded in this Program should be used for the purpose of covering any gaps in unmet need that may be present. If answer is "no" you'll be required to specify why no application for FEMA funding was submitted.

## Is the purpose of your proposed project to fulfill part of another entity's HMP?

Indicate whether the purpose of the project is to fulfill part of another entity's HMP. Note that a grant cannot be awarded to a Participating Jurisdiction to develop or update a sub-section of a multi-jurisdictional HMP. Instead, an application for the entire HMP should be submitted by the multi-jurisdictional plan's Responsible Jurisdiction.

## TIN/FEIN

Indicate the Tax Identification Number or Federal Employer Identification Number

## DUNS

To be eligible for an LHMP award, Applicants must be registered with the U.S. Government System for Award Management (SAM). Each entity with a SAM registration is provided with a 9-digit number, called DUNS (Data Universal Numbering System). Enter your DUNS number in this field of the application form.





Note that the DUNS number entered in the application must match the DUNS number entered in the SF-424 Form, one of the required documents (see Documents tab for more information on form SF-424).

Also note that Applicants are also required to upload a printout of their SAM registration (see Documentation tab). If you do not have a SAM registration and need to register, or if you need to retrieve your registration information go to: <https://sam.gov/content/home>.

## UEI (SAM)

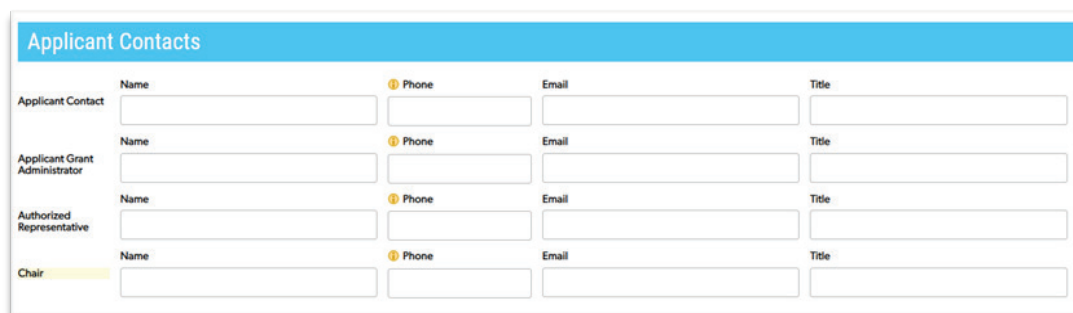
Indicate the applicant's SAM Unique Entity ID.

## Are you (the Applicant) delinquent on Federal Debt?

Please indicate whether you are delinquent on federal debt. Applicants answering "yes" are required to explain the debt delinquency situation and the steps being taken to remedy debt. Any supporting documentation should be uploaded to the Documents tab.

After completing this section of the tab click the green Save & Keep Working button to save your progress.

Continue the application by completing the next section (see image below).



	Name	Phone	Email	Title
Applicant Contact	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant Grant Administrator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Authorized Representative	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chair	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Applicant Contacts

Enter the contact information (name, phone, and email) of the Applicant, the grant administrator, the authorized representative (for example the "mayor") and the relevant county judge. If appropriate the same person can be listed more than once (for example if the authorized representative and the county judge can be same person, if needed).

After completing this section of the tab click the green Save & Keep Working button to save your progress. Then, move on to the following tab (2. Funding).

## 2. Funding

Start by filling out the Funding Information section (see image below).



**Funding Information**

**In what month does the Applicant's fiscal year end?**

**Total Project Cost**    **Has the Applicant acquired or requested funds from sources other than CDBG-MIT?**

<b>Total Other Funds Acquired</b>	\$0.00	This calculation does not include any funds where the status is 'Requested'.
<b>Non-funded portion of project</b>	\$0.00	Calculated as Total Project Cost minus Total Other Funds Acquired.
<b>LHMPP Grant Amount Requested</b>		

Maximum Program funding amount is capped at \$100,000. Any other funds being used for the purpose of completing a project under this Program must be used first, as CDBG-MIT funds are funds of last resort. CDBG-MIT funding cannot exceed the unmet need after other funds are used.

**Is the amount being requested part of a cost share?**

## In what month does the Applicant's fiscal year end?

Indicate the last month of the Applicant's fiscal year.

## Total Project Cost

Enter the estimated total cost of the project. This is the estimated total cost of the project, including the CDBG-MIT funds being requested in this application and any other funds that could be used to fund the HMP.

## Has the Applicant acquired or requested funds from sources other than CDBG-MIT?

Using the drop-down menu, indicate whether, in addition to the CDBG-MIT funds that are being requested in this application, you also requested or acquired funds from other sources.

## No other funds acquired/requested

If answer to the question "Has the Applicant acquired or requested funds from sources other than CDBG-MIT?" is "no", a box will appear, and you'll be required to provide an explanation as to why other funds have not been requested and/or acquired. Please note that CDBG funding is a funding source of 'last resort,' meaning other sources of potential funding must be exhausted before CDBG funds are used. Funds awarded in this Program should be used for the purpose of covering any gaps in unmet need that may be present.



## **Other Funds acquired/requested**

If answer to the question “Has the Applicant acquired or requested funds from sources other than CDBG-MIT?” is “yes”, a gold button saying “Add Other Funds” will appear. Click the button and enter details for the first source, including the source name, the funding amount, the status, an explanation of how the funds will be used, and an explanation as to why no duplication of benefit (DOB) will occur. Repeat this process for each funding source (click the “add other funds” button and enter the required information). Each source must be listed as a separate entry within the Other Funds table. To Delete an entry, locate the row you would like to delete and click the checkbox that appears on the left of the source name. You will be prompted to confirm that you want to delete this item. To modify an entry entered in the table, click the pencil icon on the left of the source name.

Additionally, evidentiary documentation pertaining to the other funds will have to be uploaded to the “Documentation Tab” under the “Financial Documents” section. Document must list the name of the funding entity, the fund amount, and what the funds will be used for. Acceptable documents include but are not limited to the following: letter of grant award (if applicant received a grant); proof of application submission (if applicant applied for a grant); resolution authorizing commitment of funds (if using local funds).

## **Total Other Funds Acquired**

Once you are done listing the funds, if any, the Total Other Funds Acquired will be automatically calculated and displayed below the Other Funds table. Note that this does not include any funds where the status is ‘Requested’.

## **Non-funded portion of project**

The Non-funded portion of project will also be automatically calculated and displayed. This is equal to the Total Project Cost minus Total Other Funds Acquired.

## **LHMPP Grant Amount Requested**

This is the amount LHMPP Grant amount requested via the application. Enter the amount manually in the dedicated box. Note that this amount cannot exceed \$ 100,000, the maximum award amount allowed under this Program.

## **Is the amount being requested part of a cost share?**

Indicate if the LHMPP grant amount requested will be utilized as a cost share. See “Special Circumstances-Cost Share” section for more information about cost sharing.

After completing this section of the tab click the green Save & Keep Working button to save your progress.

Continue the application by completing the next section (see image below).



**Delivery of Planning Services**

**How do you intend to complete the work?**

**Does the applicant's participation in this Program present any potential conflicts of interest?**

### How do you intend to complete the work?

From the drop-down menu select whether the work will be completed by a third-party contractor or in-house. Note that if answer is “the project will be complete by a procured contractor”, procurement compliance with federal regulations will have to be verified before the LHMPP grant is awarded. Note that if the answer is “the project will be completed in-house”, you will be required to provide details on your organization’s capacity to complete the activity for which the LHMPP funds are being requested.

### Does the Applicant's participation in this Program present any potential conflicts of interest?

Using the drop-down menu, indicate whether there are any potential conflicts of interest. Note that conflict of interest occurs when an individual's personal interest family, friendships, financial, or social factors could compromise his or her judgment, decisions, or actions. i.e., having a personal relationship with an individual who works for the State of Texas.

If “yes,” is selected, a box will appear where you should explain, in detail, any potential conflicts of interest and upload any applicable supporting documentation.

After completing this section of the tab click the green Save & Keep Working button to save your progress. Then, move on to the following tab (3. Grant Category).

## 3. Grant Category

Start by completing the Project Information Section (see image below).



**Project Information**

**Project Summary**  
Provide a narrative identifying and summarizing the Program activity being proposed.

**Scope of Work**  
Provide a thorough narrative describing the scope of work to be completed and how it serves the overall project. Click 'View HMP Development/Update Scope of Work' for more information.

[View Project Summary Examples](#) [View HMP Program Information](#) [Scope of Work Examples](#)

## Project Summary

In this cell provide a narrative identifying and summarizing the Program activity being proposed

## Scope of Work

In this cell, provide a thorough narrative describing the scope of work to be completed and how it serves the overall project.

As you populate the Project Summary and Scope of Work boxes, please review the Project Summary Examples, the HMP Program Information, and the Scope of Work Examples. To view these resources, click the three gold buttons below the Scope of Work.

After completing this section of the tab click the green Save & Keep Working button to save your progress.

Continue the application by completing the next section (see image below).

## 4. Project Budget & Work Schedule

Start by reviewing the Project Cost/Budget Estimate section (see image below).



## Project Cost Estimate/Budget

Below you will find an estimated payment schedule broken down by deliverables and based on the amount of funds requested. This is purely informational and requires no further action on the part of the Applicant.

Item	Deliverables	%	Payment
1	<b>Procurement Contract Documentation &amp; Preliminary Draft HMP</b> 1. Proof of procurement and all associated required documentation 2. Preliminary Draft HMP	25%	\$25,000.00
2	<b>Approval Pending Adoption</b> 1. Draft Plan 2. Official documentation/letter of TDEM/FEMA Approval Pending Adoption status (APA Letter)	50%	\$50,000.00
3	<b>Approved Status</b> 1. Final HMP 2. HMP Adoption Documentation 3. Official documentation/letter verifying TDEM/FEMA Approval status (APP Letter)	25%	\$25,000.00
Total Percentage/ Payment		100%	\$100,000.00

This section of the application is automatically populated based on previous entries and it shows the projected payments/reimbursements associated with this grant. There are three reimbursements, amounting to 25%, 50% and 25% of the award, respectively (see the “After the Application: What to Expect” section of this guide for additional information). In the example above, the requested grant amount is \$ 100,000 and the payments/reimbursement are \$ 25,000, \$50,000, and \$25,000 respectively. This section is purely informational and requires no further action on the part of the Applicant.

After reviewing this section, move on to the Project Work Schedule(s) section (see image below).

## Project Work Schedule(s)

Please indicate the months you will begin and end each Project Task in the corresponding columns, from the time the contract with the GLO is executed. Project Task Duration will be auto populated.

Item	Project Task	Start Time	End Time	Project Task Duration
1	<b>Procurement Contract Documentation</b> All procurement documentation regarding contractor selection	<input type="text"/>	<input type="text"/>	
2	<b>Preliminary Draft Plan</b> Will include the Planning Process and Risk Assessment portions of the HMP	<input type="text"/>	<input type="text"/>	
3	<b>Draft Plan</b> Complete hazard mitigation plan that incorporates review comments from preliminary draft review	<input type="text"/>	<input type="text"/>	
4	<b>TDEM/FEMA Review</b> Funds will be reimbursed after APA status is received	<input type="text"/>	<input type="text"/>	
5	<b>Final Plan</b> Entire adopted hazard mitigation plan including resolutions of adoption	<input type="text"/>	<input type="text"/>	
6	<b>TDEM/FEMA Review</b> Funds will be reimbursed with receipt of the APP letter and copy of ADOPTED HMP.	<input type="text"/>	<input type="text"/>	

In this section, the Applicant is required to enter the projected schedule for the proposed HMP Development/Update.

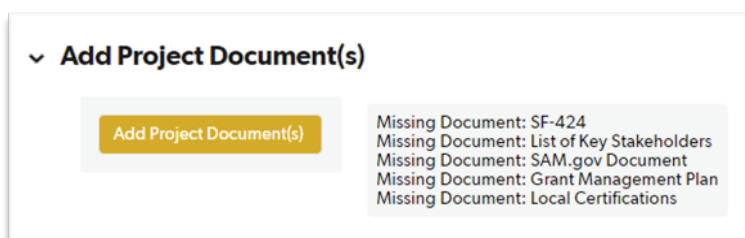
For each task, indicate the start and end month. The task duration will be calculated automatically based on the start and end month entered. Note that the Period of Performance (POP) in which the Grantee is expected to complete the grant activities and to incur and expend approved funds is 36 months (3 years).



After completing this section of the tab click the green Save & Keep Working button to save your progress. Then, move on to the following tab (5. Documents).

## 5. Documentation

Use this tab to upload the required documentation. A list of required documents will be generated based on the answers provided in the previous tabs. Documents are organized in classes: Project Documents, Environmental Documentation, Procurement Documents, Financial Documents, Multi-Jurisdictional Documents, HMP Documents, and Other Documents. For each class, upload the required documents by clicking the “Add Document” gold button displayed under the class’s header (see image below).



After clicking the gold button, the “Add Document” window will be displayed (see image below).

A screenshot of a web application window titled "Documents > Add Document". At the top right, there are two buttons: "Save & new" (green) and "Cancel" (grey). Below the title bar, there is a blue header with the text "Add Document". A green notification box at the top center says "Document saved". The main form area contains a "Document Class" dropdown menu set to "Project", a "Document Type" dropdown menu with a search bar, a "Document" label, a "Choose File" button, and a "Notes" text area. At the bottom left, there is a "Return to Application" button.

Using the drop-down menu, select the document type to upload. Then click the “Choose File” button to upload the document. Add any needed notes. Click “save & close” to save the uploaded document (see image below). Repeat these steps for each document until you’ve uploaded all required documents.

Below is a comprehensive list of all possible documents that might need to be uploaded. Whether these documents will be required or not will depend on the answers provided in the application. This list can also be viewed from within the Documents Tab of the application by clicking on this golden button: [View Document Descriptions & Templates](#)



## SF-424

The SF-424 is a standard form used in federal grant applications to collect information including type of submission, Applicant information, type of Applicant, and proposed project dates. All applications **must** be accompanied by a completed and signed Application for Federal Assistance SF-424, OMB Number: 4040-0004, Expiration Date: 12/31/2022.

By completing, signing, and submitting the SF-424 with the application, each Applicant for CDBG-MIT funding is providing local certifications indicating that this Application Guide has been followed in the preparation of any CDBG-MIT program application, and that they will continue to be followed in the event of funding.

(Note: False certification can result in legal action against the jurisdiction.)

A sample SF-424 Form is available for download on the LHMPP website (<https://recovery.texas.gov/mitigation/programs/local-hazard-mitigation-plans/index.html>) under LHMPP Application Resources. For your convenience, some fields have been prefilled. Detailed instructions on completing the SF-424 are provided [below](#), in Appendix A of this Guide.

## Local Certifications

Local Certifications is a form for Applicants to affirm that certain rules and regulations were followed in preparation of this CDBG-MIT Program application.

The MIT-Local Certifications form must be signed by the local authorized signatory, submitted with the Application, and retained with the local application file. Each application must include a MIT-Local Certifications form signed by an authorized signatory.

A sample MIT-Local Certifications form is available for download on the LHMPP website (<https://recovery.texas.gov/mitigation/programs/local-hazard-mitigation-plans/index.html>) under LHMPP Application Resources.

## SAM.gov Printout or Screenshot

The System for Award Management (SAM.gov) is an official website of the U.S. Government used to register to do business with the U.S. Government; update, renew, or check the status of your entity registration; search for entity registration and exclusion records, and more.

For the purposes of this Program and as part of the Application, all Applicants must submit their Data Universal Numbering System (DUNS) Number, and a screenshot or printout of their SAM.gov Entity Dashboard. The screenshot must show that the Applicant is Active and does not have any Active Exclusion Records.





## Grant Management Plan

Each Applicant for CDBG-MIT funding is expected to have assessed administrative, design, and all other elements required to deliver a successful eligible project by the end of the contract. All Applicants are required to submit the minimum Grant Management Plan as defined below to identify stakeholders who will administer and execute an award.

For the purposes of this Program, a Grant Management Plan is a strategy for preparing to administer federal grant funds. Each Grant Management Plan will be reviewed to assure funding recipients have sufficient capacity to administer federal grants.

At a minimum the Grant Management Plan shall include the following elements:

- Detail of the project's objectives and goals
- A list of actions to achieve the goals and objectives along with a timeline for the various stages of the project, defining when actions, objectives, and goals are to be complete and assigning the responsible staff position (not individual names)/partner
- A process to handle project implementation to include overall tracking, draw coordination, procurement coordination, and progress reporting
- A process to handle financial management and contract administration to include overall tracking, draw processing, procurement eligibility, and contract maintenance (amendments/revisions/etc.)
- A process to handle staff/ partner personnel changes and duty transfers. Identify key stakeholders that will participate in the execution of all project activities.
- Staff/partner organizational chart showing all key stakeholders and indicating authorized signatories, financial management responsibility, procurement responsibility, and project management responsibility, along with contact information, specific role and responsibility level, years CDBG experience, and time commitment of each individual identified.

## List of Key Stakeholders

List of all key stakeholders, indicating authorized signatories, financial management responsibility, procurement responsibility, and project management responsibility, along with contact information, specific role and responsibility level, years CDBG-DR experience, and time commitment of each individual identified.

Key stakeholders should include:

- Contact
  - Authorized Signatories
  - Financial Management (Lead and Alternate)
  - Procurement (Lead and Alternate)
  - Project Management Options:



- Lead
- Alternate
- Grant Administrator
- Environmental
- Engineering
- Other
- Add every key stakeholder and decision-maker.

## **Environmental Exemption**

An environmental review is the process of reviewing a project and its potential environmental impacts to determine whether it meets federal, state, and local environmental standards. The environmental review process is required for all HUD-assisted projects to ensure that the proposed project does not negatively impact the surrounding environment and that the property site itself will not have an adverse environmental or health effect on end users.

Not every project is subject to a full environmental review (i.e., every project's environmental impact must be examined, but the extent of this examination varies), but every project must be in compliance with the National Environmental Policy Act (NEPA), and other related Federal and state environmental laws.

For this Program, because all eligible activities are planning and/or study-related, Applicants are exempt from performing an environmental review. However, Applicants must describe the activity for which they are applying for Program funds, and make a written determination of exemption.

More information about the environmental exemption requirements, and a sample version Environmental Exemption Form, can be found [below](#), in Appendix A of this guide.

## **Procurement Policies and Procedures (local and federal)**

Each Applicant must provide adopted policies and procedures that show they are prepared to receive federal funding on a local level. Full compliance with federal requirements from the beginning is essential to ensure that all funding expenditures are eligible and reimbursable.

Applicants must follow the procurement process guidelines set forth in 2 CFR §200.317-§200.327 for grant administration, environmental, and engineering services if using CDBG-MIT funds to pay third-party vendors for those services. These rules and regulations also apply to procurement of construction services.

For further detail regarding procurement methods and requirements, refer to: [recovery.texas.gov/local-government/resources/procurement-contracting/index.html](https://recovery.texas.gov/local-government/resources/procurement-contracting/index.html).



## **Evidence of Adoption of Procurement Policies and Procedures**

Documentation from the applicable city council, commissioners court, or other representative body which formally adopted the Applicant's Procurement Policies and Procedures.

## **IRS 147-C Form**

The Texas General Land Office ("GLO") is updating its contract management system. One of the new fields now required is the Texas Identification Number ("TIN"), which the Texas Comptroller of Public Accounts will use to issue your payments. The Comptroller's office uses the Federal Employer Identification Number ("FEIN") as a basis to issue the TIN, so the GLO needs to have your FEIN to verify your TIN. Please see below for information from the Comptroller's website about this verification process.

To start this verification process, the GLO is requesting that you send either a 147C form from the Internal Revenue Service ("IRS") or any other IRS document that includes your vendor name and FEIN on IRS letterhead.

To request a 147c form, call 1-800-829-4933 and ask for a Form 147C, also known as an EIN verification letter, to be issued to you. This phone number reaches the IRS Business & Specialty Tax department, which is open between 7 a.m. and 7 p.m. your local time. You can receive your 147C Form in two ways: by fax (receive it immediately) or mail (receive it in 10-14 days).

## **Fiscal Year End Statement and Single Audit (if applicable)**

Applicants must submit their most recent, fiscal year-end audit reports. Applicants must submit their most recent, Single Audit, if they've received one. Note, this must also include the Schedule of Federal Expenditures.

## **Finance Policies and Procedures**

Applicants must provide local financial management policies and procedures, to prepare for the receipt of federal funding.

## **Other Funds Documentation**

If funding from other sources is being used in conjunction with Program funds to complete an eligible Program activity, Applicants should submit documentation related to all non-CDBG funding sources, such as Notification of Award, Grant Contract, Evidence of Application Submission, etc.

## **Current Hazard Mitigation Plan**

For Applicants seeking to update their local Hazard Mitigation Plan, they must provide a copy of their current HMP.



## Evidence of Adoption of Current HMP

Along with the current HMP, Applicants must submit documentation from the applicable city council, commissioners court, or other representative body which formally adopted the plan.

## Disclosure of Conflict of Interest

Applicants are required to designate an individual to serve as an overseer of all grant activities, to ensure that there are no “conflicts of interests” in any, and all, activities related to the administration of a GLO grant. It is recommended that the individual designated to serve in this role be employed in a position outside the chain of command of the staff administering this grant and have the ability to bring any concerns directly to the elected official, city council, or county commissioners court.

If during the application process, the Applicant is required to provide a detailed explanation of any and all potential conflicts of interest and submit any corresponding supporting documentation.

## Breakaway Letter

If applicant stated that they intend to break away from an existing HMP to develop their own plan, they will be required to upload a Breakaway letter. This is a letter affirming the applicant's intent to leave or break away from the multi-jurisdictional plan of which they are a current participant. The letter must be signed by the applicant's Authorized Representative and include the following information:

- (a) The name of their current multi-jurisdictional HMP
- (b) A statement of intent to develop a new HMP.
- (c) The reason(s) for electing to develop a new HMP.

## Federal Debt Delinquency

If applicant stated that they are delinquent on Federal Debt, they will be required to upload any relevant documentation.

## 6. Submitting an Application

After completely filling out the application and uploading all required documents, you will be able to submit the application. Note: the Submit button will not be visible until all tabs have been completed and all required documents have been uploaded. Click Submit to Submit the application (see image below).

▼ **Submit Application**

Once you have completed your Application, you will see a button to submit.

Before submitting your application, please carefully review all information and documentation submitted, for accuracy. By clicking submit below, you hereby declare that the information provided in this Application is complete and true, to the best of your knowledge.

**Warning:** Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729.

**Submit**



A confirmation email with the subject "TX GLO Local Hazard Mitigation Plans Program (LHMPP) Submission" will be sent to the address provided (see image below). This email includes an intake Application No. and constitutes official proof of application submission.



# AFTER THE APPLICATION: WHAT TO EXPECT

## Application Review

All applications will be reviewed by GLO staff or its assigned representatives to determine if each application (1) is complete, (2) proposes activities that are eligible, and (3) meets program requirements.

Upon receipt of a LHMPP application, GLO will perform a first review as soon as possible on a first-come, first-served basis. If application is missing any information required to determine eligibility, GLO will contact the Applicant to obtain the missing information. To the extent possible GLO will work with the Applicant to produce a complete and eligible application.

## Award & Contract

If the application is determined to be eligible, GLO will send the Applicant a notification of award and a grant contract will be executed. After execution, a Kickoff Meeting will be scheduled to discuss the administrative and programmatic components of the program. The Kickoff Meeting will be tailored to the specific project selected by the Applicant.

## Deliverables & Reimbursements

After signing the contract with GLO, the LHMPP awardee can begin implementing the activities and receive the funds awarded. LHMPP is a reimbursement-based program, which means awardees must first pay out-of-pocket and then request to be reimbursed by GLO.

The LHMPP reimbursement process involves 3 (three) reimbursements. In each reimbursement, the awardee will receive a specific percentage of the award. To be eligible for a reimbursement, awardee must submit to the GLO (1) the deliverables for that specific reimbursement, and (2) all associated invoices from consultants and proof of payment to consultants, OR, if project is performed in house, all associated timesheets and proof payment to internal staff.

For the purposes of the New HMP Development and Update, GLO will hold no approval authority over any part of the HMP. GLO will only approve reimbursement draws. Overall, the process will flow as follows:

### 1st Reimbursement (25% of the award)

- Awardee will procure services and submit (1a) the Procurement Contract Documentation and (1b) the Preliminary Draft Plan to GLO.
  - a) The Procurement Contract Documentation (1a) must include copy of Request for Proposal (RFP), copy of signed contract between awardee and consultant, copy of published advertisement with dates and publication's names, list of respondents to the



- RFP (if only one firm responded a letter stating that fact should be included), evaluation/selection criteria, score of each respondent, and a letter/statement indicating who was selected.
- b) The Preliminary Draft Plan (1b) must include the Planning Process and Risk Assessment portions of the HMP.
- GLO will review the document and issue the 1<sup>st</sup> reimbursement.

## 2nd Reimbursement (50% of the award)

- Awardee will create a Draft Plan. This incorporates review comments from the Preliminary Draft review. Awardee will send the Draft Plan to TDEM.
- TDEM will review and forward the Draft Plan to FEMA.
- FEMA will review and send a letter of Approval Pending Adoption (APA) status to TDEM.
- TDEM will send Approval Pending Adoption (APA) Status letter to awardee.
- Awardee will submit the APA status letter to GLO.
- GLO will review the document and issue the 2<sup>nd</sup> reimbursement.

## 3rd Reimbursement (25% of the award)

- The Awardee will adopt the Plan (which is now Final) and submit the Adopted/Final Plan, along with Proof of Plan Adoption, to TDEM.
- TDEM will review and forward the Adopted/Final Plan to FEMA
- FEMA will review, approve the Adopted/Final Plan, and send a letter of Approval (APP) to TDEM
- TDEM will send APP Status letter to awardee.
- Awardee will submit the letter of Approval (APP) to GLO.
- GLO will review the document and issue the 3<sup>rd</sup> reimbursement

In addition to the deliverables, in order to be reimbursed, awardees must also provide a reimbursement form, all applicable invoices from consultants, and proof of payment to consultants (such as copy of check or other form of payment, i.e., VCC or ACH, paid to consultant; a copy of the face of the check paid to the consultant or a copy of the electronic version of payment paid to the consultant needs to be provided). If project is performed in house, all associated timesheets and proof payment to internal staff needs to be provided.

Reimbursement Form templates, and other reimbursement-related documents are available on the LHMP website: <https://recovery.texas.gov/mitigation/programs/local-hazard-mitigation-plans>, under LHMP Application Resources. The table below recapitulates the percentages associated with each reimbursement, the associated deliverables, and the other required documents.

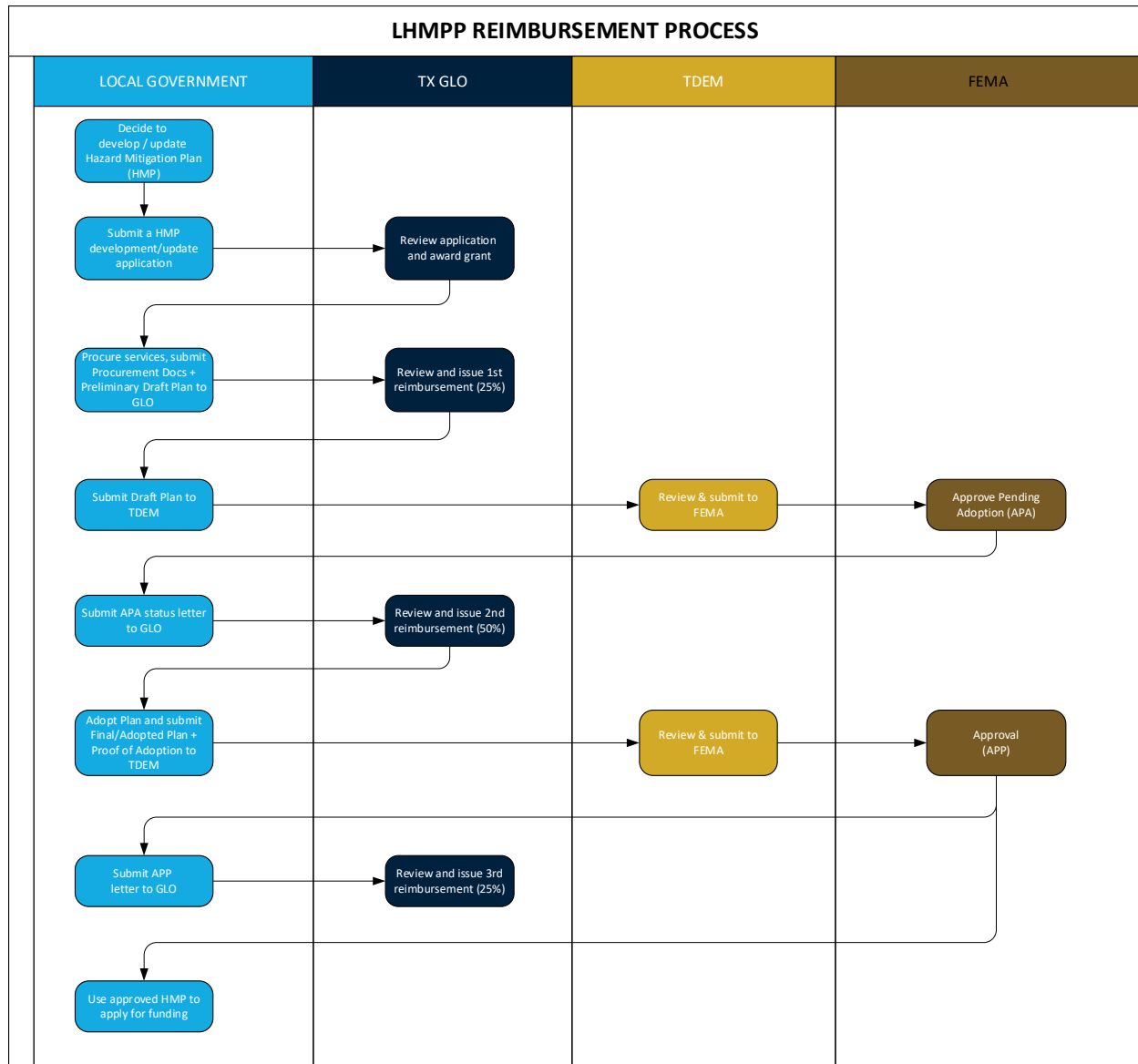


REIMBURSEMENT	DELIVERABLES TO GLO	OTHER REQUIRED DOCS
1 <sup>st</sup> Reimbursement 25% of the award	1a. Procurement Contract Documentation 1b. Preliminary Draft Plan	Reimbursement Form Invoice from consultants + proof of payment OR Timesheets
2 <sup>nd</sup> Reimbursement 50% of the award	2a. FEMA APA status letter	Reimbursement Form Invoice from consultants + proof of payment OR Timesheets
3 <sup>rd</sup> Reimbursement 25% of the award	3c. FEMA APP letter	Reimbursement Form Invoice from consultants + proof of payment OR Timesheets

The flowchart below illustrates all the steps of the reimbursement process, the deliverables, and the entities involved.







# APPENDIX A – DOCUMENTS INSTRUCTIONS

## Application for Federal Assistance SF-424

[Return to Section 5. Documentation – SF-424](#)

Each Applicant for CDBG-DR funding must certify by signing SF-424 that local certifications included in this Application Guide have been followed in the preparation of any CDBG-DR program application, and that they will continue to be followed in the event of funding.

Note: False certification can result in legal action against the jurisdiction.

All applications must be accompanied by a completed and signed Application for Federal Assistance SF-424, OMB Number: 4040-0004, Expiration Date: 12/31/2022.

A sample SF-424 Form is available for download on the LHMPP website (<https://recovery.texas.gov/mitigation/programs/local-hazard-mitigation-plans/index.html>) under LHMPP Application Resources. For your convenience, some fields have been prefilled. NOTE: the document might not be viewable in a browser such as Chrome or Firefox. To view the document download it or save it locally and then open it in Acrobat Reader or Adobe Acrobat.

Below are the instructions to complete the SF-424 for the LHMPP program.

Item	Field Name	Information
1.	Type of Submission:	<b>(Required)</b> <ul style="list-style-type: none"><li>Select "Application"</li></ul>
2.	Type of Application:	<b>(Required)</b> <ul style="list-style-type: none"><li>Select "New"</li></ul>
3.	Date Received:	Leave this field blank. This date will be assigned by the federal agency.
4.	Applicant Identifier:	Enter the entity identifier assigned by the federal agency, if any, or the Applicant's control number if applicable.
5a.	Federal Entity Identifier:	Enter the number assigned to your organization by the federal agency, if any.
5b.	Federal Award Identifier:	Leave this field blank.
6.	Date Received by State:	Leave this field blank.



7.	<b>State Application Identifier:</b>	Leave this field blank.
8.	<b>Applicant Information:</b>	Enter the following in accordance with agency instructions:
	<b>a. Legal Name:</b>	<b>(Required)</b> Enter the legal name of Applicant that will undertake the assistance activity. This is the organization that has registered with the Central Contractor Registry (CCR). Information on registering with CCR may be obtained by visiting <a href="http://www.grants.gov">www.grants.gov</a> .
	<b>b. Employer/Taxpayer Number (EIN/TIN):</b>	<b>(Required)</b> Enter the employer or taxpayer identification number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.
	<b>c. Organizational DUNS:</b>	<b>(Required)</b> Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting <a href="http://www.Grants.gov">www.Grants.gov</a> .
	<b>d. Address:</b>	Enter address: Street 1 <b>(Required)</b> ; City <b>(Required)</b> ; County/Parish, State <b>(Required)</b> (Required if country is US), Province, Country <b>(Required)</b> , 9-digit zip/postal code (Required if country US).
	<b>e. Organizational Unit:</b>	Enter the name of the primary organizational unit, department or division that will undertake the assistance activity.
	<b>f. Name and contact information of person to be contacted on matters involving this application:</b>	Enter the first and last name <b>(Required)</b> , prefix, middle name, suffix, title. Enter organizational affiliation if affiliated with an organization other than that in 7a. Telephone number and email <b>(Required)</b> ; fax number.
9.	<b>Type of Applicant:</b>	<b>(Required)</b> Select up to three Applicant type(s) in accordance with agency instructions. <ul style="list-style-type: none"> <li>A. State Government</li> <li>B. County Government</li> <li>C. City or Township Government</li> <li>D. Special District Government</li> <li>E. Regional Organization</li> <li>F. U.S. Territory or Possession</li> <li>G. Independent School District</li> <li>H. Public/State Controlled Institution of Higher Education</li> <li>I. Indian/Native American Tribal Government (Federally Recognized)</li> <li>J. Indian/Native American Tribal Government (Other than Federally Recognized)</li> <li>K. Indian/Native American Tribally Designated Organization</li> </ul>



		L. Public/Indian Housing M. Nonprofit N. Private Institution of Higher Education O. Individual P. For-Profit Organization (Other than Small Business) Q. Small Business R. Hispanic-serving Institution S. Historically Black Colleges and Universities (HBCUs) T. Tribally Controlled Colleges and Universities (TCCUs) U. Alaska Native and Native Hawaiian Serving Institutions V. Non-US Entity W. Other (specify)
10.	<b>Name of Federal Agency:</b>	<b>(Required)</b> Enter "US Department of Housing and Urban Development"
11.	<b>Catalog of Federal Domestic Assistance Number/Title:</b>	
12.	<b>Funding Opportunity Number/Title:</b>	<b>(Required)</b> For number, enter: FR-6109-N-02 OR Federal Register / Vol. 84, No. 169 (Either reference is acceptable) For Title, enter: "CDBG-MIT".
13.	<b>Competition Identification Number/Title:</b>	
14.	<b>Areas Affected by Project:</b>	This data element is intended for use only by programs for which the area(s) affected are likely to be different than the place(s) of performance reported on the SF-424 Project/Performance Site Location(s) Form. Add attachment to enter additional areas, if needed.
15.	<b>Descriptive Title of Applicant's Project:</b>	<b>(Required)</b> Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For pre-applications, attach a summary description of the project.
16.	<b>Congressional Districts Of:</b>	15a. <b>(Required)</b> Enter the Applicant's congressional district. 15b. Enter all district(s) affected by the program or project. In most situations, the two fields will have the same information. Enter in the format: 2 characters state abbreviation - 3 characters district number, e.g., TX-005 for Texas 5th district, TX-012 for Texas 12 district. If multiple congressional districts are affected, enter only one.
17.	<b>Proposed Project</b>	<b>(Required)</b> Enter the proposed start date and end date of the project.



	<b>Start and End Dates:</b>	
18.	<b>Estimated Funding:</b>	<p><b>(Required)</b> Enter the amount requested, or to be contributed during the first funding/budget period by each contributor. <u>Note: the LHMPP grant amount requested should be listed under "a. Federal".</u></p> <p><u>Note: any TDEM/FEMA funds should be listed under "c. State."</u></p> <p>Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.</p>
19.	<b>Is Application Subject to Review by State Under Executive Order 12372 Process?</b>	<p><b>(Required)</b></p> <p>Select option C (applications for federal funding in Texas are currently not subject to E.O. 12372).</p>
20.	<b>Is the Applicant Delinquent on any Federal Debt?</b>	<p><b>(Required)</b> Select the appropriate box. This question applies to the Applicant organization, not the person who signs as the authorized representative. Categories of federal debt include but, may not be limited to delinquent audit disallowances, loans and taxes. If yes, include an explanation in an attachment.</p>
21.	<b>Authorized Representative:</b>	<p>To be signed and dated by the authorized representative of the Applicant organization. Enter the first and last name <b>(Required)</b>, prefix, middle name, suffix. Enter title, telephone number, email <b>(Required)</b>, and fax number. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the Applicant's office. (Certain federal agencies may require that this authorization be submitted as part of the application.)</p>



## Environmental Exemption

[Return to Section 5. Documents – Environmental Exemption](#)

A sample Environmental Exemption Form inclusive of instructions is available for download on the LHMPP website (<https://recovery.texas.gov/mitigation/programs/local-hazard-mitigation-plans/index.html>) under LHMPP Application Resources. For your convenience, some fields have been prefilled. The sample Environmental Exemption Form and Instructions are also available below.

### Instructions on completing the Environmental Exempt Form

As part of HUD’s requirements for receiving grant funding, an environmental review, subject to 24 CFR Part 58, must be performed for all HUD-assisted projects. However, certain activities are by their nature highly unlikely to have any direct impact on the environment, and as such are deemed “exempt” and not subject to most of the procedural requirements of environmental review.

As a program solely focused on assisting eligible applicants with planning, the projects funded by the Local Hazard Mitigation Plans Program (LHMPP) are exempt from performing environmental reviews. Instead, jurisdictions must provide a description of the project and a written determination of exemption.

For more detailed guidance on these requirements, please consult [24 CFR Part 58](#) and the Chapter 11 of the [Basically CDBG Handbook](#).

The form (on the subsequent pages of this document) is a suggested format to document completion of an Exempt environmental review. Please read the following instructions for completing the form.

1. Fill out the form in its entirety, making sure to leave no blank spaces. Use “N/A” in spaces requiring information that does not apply to your jurisdiction. **Any text in red** serves as guidance when completing the form and **should be removed or replaced with jurisdiction information before submitting the form**.
  - \* Note: The fields listed below have been prefilled and do not require additional edits/info
    - Level of Environmental Review (*exempt box checked*)
    - Grant Number
    - HUD Program
2. In the header on pages 2 and 3, enter the Project Name Project Locality and State, and HEROS Number
3. If filling out the form in Microsoft Word (or other word processor), save the completed form in a PDF format.
4. On page 3, make sure to include name, title, organization, and signatures of both the Preparer and the Certifying Officer. Make sure to also include dates next to each signature.





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## Environmental Review for Activity/Project that is Exempt or Categorically Excluded Not Subject to Section 58.5 Pursuant to 24 CFR Part 58.34(a) and 58.35(b)

### **Project Information**

**Project Name:** Name of project matching the project name entered on the LHMPP application

**Responsible Entity:** Jurisdiction Name

**Grant Recipient** (if different than Responsible Entity):

**State/Local Identifier:** Enter FIPS and DUNS numbers (DUNS should match what was listed in the application)

**Preparer:**

**Certifying Officer Name and Title:** Enter name and title of the Certifying Officer

*\* The Certifying Officer, usually the chief elected official, must have the authority to assume legal responsibility for certifying that all environmental requirements have been followed. This function may not be assumed by administering agencies or consultants.*

**Consultant** (if applicable):

**Project Location:**

**Description of the Proposed Project** [24 CFR 58.32; 40 CFR 1508.25]: Enter a brief, detailed summary of the proposed project and its objectives and goals.

**Level of Environmental Review Determination:**

☐ Activity/Project is Exempt per 24 CFR 58.34(a): Enter project purpose, ex., "Coffee County Plan Update"

☒ Activity/Project is Categorically Excluded Not Subject To §58.5 per 24 CFR 58.35(b):  
\_\_\_\_\_



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## **Funding Information**

<b>Grant Number</b>	<b>HUD Program</b>	<b>Funding Amount</b>
B-18-DP-48-0002	CDBG-MIT	\$Enter LHMPP requested amount (should match requested amount listed in application)

**Estimated Total HUD Funded Amount:** \$Enter funding total from all HUD sources (LHMPP requested amount + any other HUD sources)

**This project anticipates the use of funds or assistance from another Federal agency in addition to HUD in the form of (if applicable):** Enter “Yes” or “No”

**Estimated Total Project Cost (HUD and non-HUD funds) [24 CFR 58.32(d)]:** \$Enter total project cost including costs not being covered by LHMPP funds (should match estimate total project cost listed in application)

## **Compliance with 24 CFR §50.4 and §58.6 Laws and Authorities**

Record below the compliance or conformance determinations for each statute, executive order, or regulation. Provide credible, traceable, and supportive source documentation for each authority. Where applicable, complete the necessary reviews or consultations and obtain or note applicable permits of approvals. Clearly note citations, dates/names/titles of contacts, and page references. Attach additional documentation as appropriate.

<b>Compliance Factors:</b> Statutes, Executive Orders, and Regulations listed at 24 CFR 50.4 and 58.6	Are formal compliance steps or mitigation required?	Compliance determinations
<b>STATUTES, EXECUTIVE ORDERS, AND REGULATIONS LISTED AT 24 CFR §58.6</b>		
<b>Airport Runway Clear Zones and Accident Potential Zones</b>  24 CFR Part 51 Subpart D	Yes    No <input type="checkbox"/> <input checked="" type="checkbox"/>	





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<b>Coastal Barrier Resources</b>  Coastal Barrier Resources Act, as amended by the Coastal Barrier Improvement Act of 1990 [16 USC 3501]	Yes    No <input type="checkbox"/> <input checked="" type="checkbox"/>	
<b>Flood Insurance</b>  Flood Disaster Protection Act of 1973 and National Flood Insurance Reform Act of 1994 [42 USC 4001-4128 and 42 USC 5154a]	Yes    No <input type="checkbox"/> <input checked="" type="checkbox"/>	

**Mitigation Measures and Conditions [40 CFR 1505.2(c)]**

Summarize below all mitigation measures adopted by the Responsible Entity to reduce, avoid, or eliminate adverse environmental impacts and to avoid non-compliance or non-conformance with the above-listed authorities and factors. These measures/conditions must be incorporated into project contracts, development agreements, and other relevant documents. The staff responsible for implementing and monitoring mitigation measures should be clearly identified in the mitigation plan.

Law, Authority, or Factor	Mitigation Measure

Preparer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name/Title/Organization: \_\_\_\_\_

Responsible Entity Agency Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name/Title: \_\_\_\_\_

This original, signed document and related supporting material must be retained on file by the Responsible Entity in an Environmental Review Record (ERR) for the activity/project (ref: 24 CFR Part 58.38) and in accordance with recordkeeping requirements for the HUD program(s).