

# Plan Subapplication

| Start a subapplication             |  |
|------------------------------------|--|
| Organization you are applying for  | Lake County Stormwater Management Commission           |
| Organization you are applying to   | Illinois Emergency Management Agency                   |
| Subapplication title               | Lake County All Natural Hazards Mitigation Plan Update |
| Subapplication type                | Planning Application                                   |
| Document control number (optional) |  |

## Subapplicant information

| Subapplicant information  |   |
|---|---|
| Name of federal agency  | FEMA  |
| Type of submission  | <input type="checkbox"/> Pre-application<br><input checked="" type="checkbox"/> Application<br><input type="checkbox"/> Changed/Corrected application   |
| Type of Subapplicant  | <input type="checkbox"/> State Government<br><input checked="" type="checkbox"/> Local Government<br><input type="checkbox"/> Indian Tribal Government<br><input type="checkbox"/> Special Governmental District<br><input type="checkbox"/> Private Non-Profit<br><input type="checkbox"/> Other |
| Is Subapplication subject to review by Executive Order 12372 Process?   | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No, program is not covered by E.O. 12372<br><input type="checkbox"/> No, program has not been selected by state for review  |
| If Yes, this preapplication/application was made available to the Executive Order 12372 Process for review on: (MM-DD-YYYY) |   |

| Subapplicant information                            |  |
|---|--|
| Is the Subapplicant delinquent on any Federal debt? | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |
| <i>If yes, please provide an explanation:</i>       |  |

## Contact information

| Add a Subrecipient Authorized Representative (SAR) |  |
|--|--|
| Title  | Executive Director   |
| Prefix (optional)                                  | <input checked="" type="checkbox"/> Mr.<br><input type="checkbox"/> Ms.<br><input type="checkbox"/> Mrs.<br><input type="checkbox"/> Dr. |
| First Name   | Kurt   |
| Middle Initial                                     |  |
| Last Name  | Woolford   |
| Agency/Organization                                | Lake County Stormwater Management Commission   |
| Primary phone                                      | 847-377-7700   |
| Extension (optional)                               |  |
| Type   | <input type="checkbox"/> Home<br><input checked="" type="checkbox"/> Work<br><input type="checkbox"/> Mobile                             |
| Secondary phone                                    |  |
| Extension  |  |
| Type   | <input type="checkbox"/> Home<br><input type="checkbox"/> Work<br><input type="checkbox"/> Mobile  |
| Optional phone                                     |  |
| Fax number   |  |

**Add a Subrecipient Authorized Representative (SAR)**

|                 |                                   |
|-----------------|-----------------------------------|
| Email           | kwoolford@lakecountyil.gov        |
| Address line 1  | 500 W. Winchester Road, Suite 201 |
| Address line 2  |                                   |
| City            | Libertyville                      |
| State/territory | IL                                |
| ZIP code        | 60048                             |
| ZIP extension   |                                   |
| Phone           | 847-377-7700                      |
| Fax             |                                   |

**Add a Point(s) of Contact**

|                           |  |
|---------------------------|--|
| Title                     |  |
| Prefix (optional)         | <input type="checkbox"/> Mr.<br><input type="checkbox"/> Ms.<br><input checked="" type="checkbox"/> Mrs.<br><input type="checkbox"/> Dr.<br><input type="checkbox"/> Hon.<br><input type="checkbox"/> Exe. |
| First Name                | Sharon   |
| Middle Initial (optional) |  |
| Last Name                 | Osterby  |
| Primary phone             | 847-377-7706   |
| Extension (optional)      |  |
| Type                      | <input type="checkbox"/> Home<br><input checked="" type="checkbox"/> Work<br><input type="checkbox"/> Mobile   |
| Secondary phone           |  |
| Extension (optional)      |  |

| Add a Point(s) of Contact |   |
|---------------------------|---|
| Type                      | <input type="checkbox"/> Home<br><input type="checkbox"/> Work<br><input type="checkbox"/> Mobile |
| Optional phone            |   |
| Fax number (optional)     |   |
| Email                     |   |
| Address line 1            | 500 W. Winchester Road  |
| Address line 2 (optional) |   |
| City                      | Libertyville  |
| State/territory           | IL  |
| ZIP code                  | 60048   |
| ZIP extension (optional)  |   |

## Community

Please find the community(ies) that will benefit from this mitigation activity by clicking on the Find Communities button. If needed, modify the Congressional District number for each community by entering the updated number under the U.S. Congressional District column for that community.

NOTE: You should also notify your State NFIP coordinator so that the updated U.S. Congressional District number can be updated in the Community Information System (CIS) database.

| Add Communities (complete this table for each benefitting community) |  |
|--|--|
| State  | Illinois   |
| Community name (optional)  |  |
| County name (optional)   | County of Lake   |
| County code  | 170357_QBM0Z09BY   |
| CID number   | 170357   |
| CRS community  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No   |
| CRS rating   | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5<br><input checked="" type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 |

**Add Communities (complete this table for each benefitting community)**

|   |   |
|---|---|
| U.S. Congressional District                       | 10  |
| Please provide any additional comments (optional) | The Lake County All-Natural Hazard Mitigation Plan update will benefit all 52 Lake County Communities, who will participate in the plan update and will adopt the updated plan upon completion. |
| Attachments-TBD                                   | Combined Letters of Support   |

**Mitigation Plan**

Please provide your plan information.

**Mitigation plan information**

|  |  |
|--|--|
| Is the entity that will benefit from the proposed activity covered by a current FEMA approved multi-hazard mitigation plan in compliance with 44 CFR Part 201? | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No   |
| If Yes, please provide plan information:   | <i>Lake County All-Natural Hazards Mitigation Plan</i>   |
| Plan name  | <i>Lake County All-Natural Hazards Mitigation Plan</i>   |
| Plan type  | <input type="checkbox"/> State Multi-hazard Mitigation Plan<br><input type="checkbox"/> Tribal Multi-hazard Mitigation Plan<br><input type="checkbox"/> Local Multi-hazard Mitigation Plan<br><input type="checkbox"/> Tribal (Local) Multi-hazard Mitigation Plan<br><input checked="" type="checkbox"/> Local Multijurisdictional Multi-hazard Mitigation Plan<br><input type="checkbox"/> Tribal (Local) Multijurisdictional Multi-hazard Mitigation Plan |
| Is this plan standard or enhanced? (for Applicants only)   | <input checked="" type="checkbox"/> Standard<br><input type="checkbox"/> Enhanced  |
| Plan approval date (MM-DD-YYYY)  | 07/05/2023   |

| Mitigation plan information                        |   |
|--|---|
| Proposed activity description (optional)           | <p>The proposed activity to update to the Lake County All-Natural Hazard Mitigation Plan is consistent with the Federal Emergency Management Agency (FEMA), through the Disaster Mitigation Act of 2000 (DMA 2000) and the Stafford Act which require that a community develop and adopt a FEMA-approved natural hazard mitigation plan to be eligible for hazard mitigation grant funds. DMA 2000 and the Stafford Act require that the mitigation ANHMP be updated and re-adopted every five years to maintain grant eligibility. The 2022 Lake County ANHMP also identifies Action Item 2: "Participation on the Hazard Mitigation Planning Committee and Plan Monitoring and Maintenance" where the Lake County Hazard Mitigation Planning Committee (HMPC) meeting will be held at least once a year to evaluate and monitor progress on implementation of the ANHMP, and to organize for the next update of this ANHMP. An annual report should be submitted to the County Board by the HMPC as an information item and a five-year update is required for FEMA's mitigation funding programs. This action item for the plan monitoring system ensures that responsible agencies continue to be aware of their assignments. The Plan update should evaluate progress, changed conditions, and new opportunities. The 2027 update of the Lake County ANHMP will meet all FEMA planning requirements including those of the FEMA National Flood Insurance Program's (NFIP) Community Rating System (CRS). The Lake County ANHMP is multi-jurisdictional, meaning the County and the municipalities must adopt the ANHMP. The Lake County ANHMP update will re-examine the natural hazards that affect Lake County, re-establish mitigation goals, evaluate and highlight the existing mitigation activities underway and those already completed in Lake County, and recommend a mitigation action plan for the County and municipalities to undertake in the next five years. The mitigation goals included in this ANHMP update are for protecting people, property and other assets of Lake County. The 2027 ANHMP update will be adopted by resolution by the County and each participating municipality. The 2027 ANHMP update will be implemented and maintained through both countywide and individual initiatives, as funding and resources become available.</p> |
| Please provide any additional comments (optional). |   |

**Mitigation plan information**

Attachments

**Scope of Work**

The project Scope of Work (SOW) identifies the eligible activity, describes what will be accomplished and explains how the mitigation activity will be implemented. The mitigation activity must be described in sufficient detail to verify the cost estimate. All activities for which funding is requested must be identified in the SOW prior to the close of the application period. FEMA has different requirements for project, planning and management cost SOWs.

| Scope of work   |   |
|---|---|
| Subapplication title (include type of activity and location)  | Lake County All-Natural Hazards Mitigation Plan Update  |
| Activities  |   |
| Primary activity type <i>*The previous plan was updated in 2012, 2017 and 2022 as "Updates". We are looking for a major revamp or new plan.</i> | <input checked="" type="checkbox"/> New Plan *<br><input checked="" type="checkbox"/> Plan update<br><input type="checkbox"/> Planning related activities<br><input type="checkbox"/> Partnerships  |
| Primary sub-activity type   | <input type="checkbox"/> State Multi-hazard Mitigation Plan<br><input type="checkbox"/> Tribal Multi-hazard Mitigation Plan<br><input type="checkbox"/> Local Multi-hazard Mitigation Plan<br><input type="checkbox"/> Tribal (Local) Multi-hazard Mitigation Plan<br><input checked="" type="checkbox"/> Local Multijurisdictional Multi-hazard Mitigation Plan<br><input type="checkbox"/> Tribal (Local) Multijurisdictional Multi-hazard Mitigation Plan<br><input type="checkbox"/> Tribal Flood Mitigation Plan<br><input type="checkbox"/> Local Flood Mitigation Plan<br><input type="checkbox"/> Tribal (Local) Flood Mitigation Plan<br><input type="checkbox"/> Other Plan |
| If Partnerships is selected as a primary activity type, these additional primary sub-activity type options are available.                       | <input type="checkbox"/> Assess needs<br><input type="checkbox"/> Conduct mitigation tabletop exercises<br><input type="checkbox"/> Create an informational portal<br><input type="checkbox"/> Develop partnership case studies and best practices<br><input type="checkbox"/> Hold forums<br><input type="checkbox"/> Host meetings<br><input type="checkbox"/> Host trainings or webinars<br><input type="checkbox"/> Identify partnerships opportunities<br><input type="checkbox"/> Research potential partners<br><input type="checkbox"/> Other   |

| Scope of work   |  |
|---|--|
| If Other Plans or Other are selected as the primary sub-activity type, please specify   |  |
| Secondary activity type (optional)  | (see Primary activity list above)  |
| Secondary sub-activity type (optional)  | (see Primary sub-activity type lists above)  |
| If Other Plans or Other are selected as the secondary sub-activity type, please specify |  |
| Tertiary activity type (optional)   | (see Primary activity type list above)   |
| Tertiary sub-activity type (optional)   | (see Primary sub-activity type lists above)  |
| If Other Plans or Other are selected as the tertiary sub-activity type, please specify  |  |
| Geographic areas description  | This update of the Lake County All-Natural Hazard Mitigation plan will address all natural hazards that affect the County. |



| Scope of work                      |  |
|------------------------------------|--|
| <b>Hazard sources</b>              | Please see SOW Attachment  |
| Primary hazard source              | <input type="checkbox"/> Biological incident<br><input type="checkbox"/> Chemical incident<br><input type="checkbox"/> Civil disturbance<br><input type="checkbox"/> Cyber incident<br><input type="checkbox"/> Dam/Levee break<br><input type="checkbox"/> Disease<br><input type="checkbox"/> Drought<br><input type="checkbox"/> Earthquake<br><input type="checkbox"/> Explosion<br><input type="checkbox"/> Extreme temperature<br><input type="checkbox"/> Fire<br><input checked="" type="checkbox"/> Flooding<br><input type="checkbox"/> Hostile action<br><input type="checkbox"/> Infrastructure failure<br><input type="checkbox"/> Landslide/Debris flow<br><input type="checkbox"/> Nuclear explosion<br><input type="checkbox"/> Radiological incident<br><input checked="" type="checkbox"/> Severe Storm<br><input type="checkbox"/> Solar event<br><input type="checkbox"/> Space object<br><input type="checkbox"/> Tornado<br><input type="checkbox"/> Tropical cyclone (Hurricane/Typhoon)<br><input type="checkbox"/> Tsunami<br><input type="checkbox"/> Uncategorized<br><input type="checkbox"/> Volcano<br><input type="checkbox"/> Winter storm |
| Secondary hazard source (optional) | (see list above)<br>Tornado  |
| If Uncategorized, please specify   |  |
| Evaluation process description     | See SOW Attached   |
| Implementation process description | See SOW Attached   |
| Primary sources description        | See SOW Attached   |
| Staff and resources description    | See SOW Attached   |
| Additional comments (optional)     |  |
| Attachments                        | Please see SOW Attachment  |

## Schedule

Specify the work schedule for the mitigation activities. Add tasks to the schedule. Please include all tasks necessary to implement this mitigation activity; include descriptions and estimated time frames.

| Add a Task (complete this table for each task) |                           |
|--|---------------------------|
| Task name                                      | Please see SOW Attachment |
| Task description                               | Please see SOW Attachment |
| Start month (number)                           |                           |
| Task duration (in months)                      |                           |

| Schedule   |                           |
|--|---------------------------|
| Estimate the total duration of your proposed activities (in months). | Please see SOW Attachment |
| Proposed start date (MM/DD/YYYY)                                     | 1/31/2026                 |
| Proposed end date (MM/DD/YYYY)                                       | 1/1/2028                  |

## Budget

Budget cost estimate should directly link to your scope of work and work schedule. You must add at least one item greater than \$0 for your cost estimate. Once you have added item(s) for your cost estimate, you may then add the item(s) for management cost (optional). **FEMA will provide 100 percent federal funding for subrecipient management costs for BRIC program activities.** As necessary, please adjust your federal/non-federal cost shares and add the non-federal funding source(s) you are planning to use for this project.

Cost estimate is the line item(s) budget to support the scope of work for the execution and completion of the project. Be sure to include the cost associated with revisions/formal adoption.

| Add Cost estimate budget cost item(s) |               |
|---------------------------------------|---------------|
| Cost type:                            | Cost estimate |

| Add Cost estimate budget cost item(s)           |  |
|---|--|
| Add an item (complete table for each cost item) | Please see SOW Attachment-Budget Narrative   |
| Name of cost item                               | Please see SOW Attachment-Budget Narrative   |
| Quantity  |  |
| Unit of measure                                 | <input type="checkbox"/> Acre<br><input type="checkbox"/> Cubic foot<br><input type="checkbox"/> Cubic yard<br><input type="checkbox"/> Day<br><input type="checkbox"/> Each<br><input type="checkbox"/> Foot<br><input type="checkbox"/> Hour<br><input type="checkbox"/> Inch<br><input type="checkbox"/> Linear foot<br><input type="checkbox"/> Mile<br><input type="checkbox"/> Million board feet<br><input type="checkbox"/> Square foot<br><input type="checkbox"/> Square yard<br><input type="checkbox"/> Square foot per inch<br><input type="checkbox"/> Ton |
| Unit price                                      | \$   |
| Unit total                                      |  |
| Budget class                                    | <input type="checkbox"/> Construction<br><input type="checkbox"/> Contractual<br><input type="checkbox"/> Equipment<br><input type="checkbox"/> Fringe benefits<br><input type="checkbox"/> Indirect charges<br><input type="checkbox"/> Other<br><input type="checkbox"/> Personnel<br><input type="checkbox"/> Supplies<br><input type="checkbox"/> Travel   |
| Pre-award                                       | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |
| Cost estimate total                             | \$   |

*Management cost (optional) is the line item(s) to support the scope of work for the execution and completion of the project. Be sure to include the cost associated with managing the project/initiative/activity. The total amount of management costs cannot exceed 5% of the total Cost estimate amount.*

| Add Management cost budget cost item(s) |   |
|---|---|
| Cost type:                              | Management cost: Please see SOW Attachment: Budget Narrative  |
| Item                                    | <input type="checkbox"/> Equipment<br><input type="checkbox"/> Office Space Rental<br><input type="checkbox"/> Other<br><input checked="" type="checkbox"/> Salaries<br><input type="checkbox"/> Supplies<br><input type="checkbox"/> Travel  |
| Quantity                                | 1   |
| Unit of measure                         | <input type="checkbox"/> Acre<br><input type="checkbox"/> Cubic foot<br><input type="checkbox"/> Cubic yard<br><input type="checkbox"/> Day<br><input type="checkbox"/> Each<br><input type="checkbox"/> Foot<br><input checked="" type="checkbox"/> Hour<br><input type="checkbox"/> Inch<br><input type="checkbox"/> Linear foot<br><input type="checkbox"/> Mile<br><input type="checkbox"/> Million board feet<br><input type="checkbox"/> Square foot<br><input type="checkbox"/> Square yard<br><input type="checkbox"/> Square foot per inch<br><input type="checkbox"/> Ton |
| Unit price                              | \$45.53   |
| Unit total                              | 135.19  |
| Budget class                            | <input type="checkbox"/> Construction<br><input type="checkbox"/> Contractual<br><input type="checkbox"/> Equipment<br><input checked="" type="checkbox"/> Fringe benefits<br><input type="checkbox"/> Indirect charges<br><input type="checkbox"/> Other<br><input checked="" type="checkbox"/> Personnel<br><input type="checkbox"/> Supplies<br><input type="checkbox"/> Travel  |
| Pre-award                               | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |

| Add Management cost budget cost item(s)                   |            |
|---|------------|
| Management cost total                                     | \$6,155.09 |
| Grand total (Cost estimate total + Management cost total) | \$130,000  |
| Program income (optional)                                 | \$0        |

## Cost share

Cost share or matching means the portion of project costs not paid by federal funds.

Hazard mitigation assistance (HMA) funds may be used to pay up to 75% federal share of the eligible activity costs. Small impoverished communities may be eligible for up to 90% federal share for Building Resilient Infrastructure and Communities (BRIC) funding. Flood Mitigation Assistance (FMA) and severe repetitive loss (SRL) properties may be eligible for up to 100% federal share. FEMA will provide 100 percent federal funding for subrecipient management costs for BRIC program activities. Repetitive loss (RL) properties may be eligible for up to 90% federal share.

| Proposed federal vs. non-federal funding shares   |  |
|---|--|
| Is this a small impoverished community?<br>(See Appendix for definition)<br><br>This determines your federal/non-federal share ratio. | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |
| <b>If Yes</b>   | <ul style="list-style-type: none"> <li>Federal Share Percentage 90%</li> <li>Non-Federal Share Percentage 10%</li> </ul> |
| Based on total budget cost  |  |
| Proposed federal share  |  |
| Proposed non-federal share  |  |
| <b>If No</b>  | <ul style="list-style-type: none"> <li>Federal Share Percentage 75%</li> <li>Non-Federal Share Percentage 25%</li> </ul> |
| Based on total budget cost  | \$130,000  |
| Proposed federal share  | \$97,500   |
| Proposed non-federal share  | \$32,500   |

*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 donations or cash match received from third parties or contributed by the agency. In-kind contributions must be provided and cash expended during the project period along with federal funds to satisfy the matching requirements.*

| Add funding source (complete this table for each funding source) |   |
|--|---|
| Funding source   | Local Agency Funding  |
| Name of source agency  | Lake County SMC   |
| Funding amount   | \$32,500  |
| Percent non-federal share by source                              | 25%   |
| Funding type   | <input type="checkbox"/> Administration<br><input checked="" type="checkbox"/> Cash<br><input type="checkbox"/> Consulting fees<br><input type="checkbox"/> Engineering fees<br><input type="checkbox"/> Equipment operation/rental<br><input checked="" type="checkbox"/> Labor<br><input checked="" type="checkbox"/> Other<br><input type="checkbox"/> Program income<br><input type="checkbox"/> Supplies |
| Date of availability (MM/DD/YYYY)                                | 01-01-2027  |
| Fund commitment letter date (MM/DD/YYYY)                         |   |
| Total percent non-federal share                                  | 25%   |
| Please provide any addition comments (optional)                  | SMC will provide personnel time and some cash as in-kind cost share   |
| Attachments  |   |

## Evaluation

| Evaluation   |  |
|--|--|
| Is the applicant participating in the <a href="https://www.fema.gov/national-flood-insurance-program-community-rating-system">Community Rating System (CRS)</a> ?<br><a href="https://www.fema.gov/national-flood-insurance-program-community-rating-system">https://www.fema.gov/national-flood-insurance-program-community-rating-system</a> | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No   |
| If Yes, what is their CRS rating?  | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5<br><input checked="" type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 |

| Evaluation   |   |
|--|---|
| Is the applicant a <a href="https://www.fema.gov/cooperating-technical-partners-program">Cooperating Technical Partner (CTP)</a> ? <a href="https://www.fema.gov/cooperating-technical-partners-program">https://www.fema.gov/cooperating-technical-partners-program</a> | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |
| Was this created from a previous FEMA HMA Advance assistance/Project scoping award?  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |
| If yes, please provide the project identifier.   |   |
| Has the recipient adopted building codes consistent with the <a href="https://www.iccsafe.org/advocacy">International Codes</a> ? <a href="https://www.iccsafe.org/advocacy">https://www.iccsafe.org/advocacy</a>  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |
| If Yes, enter year of building code.   | 2025  |
| If Yes, please provide the building code.  |   |
| Have the applicant's building codes been assessed on the <a href="http://www.isomitigation.com/bcegs">Building Code Effectiveness Grading Schedule (BCEGS)</a> ? <a href="http://www.isomitigation.com/bcegs">http://www.isomitigation.com/bcegs</a>                     | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |
| If Yes, what is their BCEGS rating?  | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5<br><input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10  |
| Describe involvement of partners to enhance the mitigation activity outcome.   | <p>The Lake County ANHMP is conducted with the input of the Lake County Hazard Mitigation Planning Committee (HMPC) which is coordinated by LCSMC and LCEMA and includes representatives from state and local agencies, communities, and other stakeholders. The HMPC has been meeting annually to discuss implementation of the Lake County ANHMP and to:</p> <ul style="list-style-type: none"> <li>- Act as a forum for hazard mitigation issues</li> <li>- Disseminate hazard mitigation ideas and activities to all participants</li> <li>- Allow for continued public participation in the implementation and future revisions</li> <li>- Ensure incorporation of ANHMP's goals and guidelines into other planning documents</li> <li>- Investigate mitigation opportunities</li> <li>- Report on progress and recommended changes to the County Board and each municipality</li> </ul> <p>The involvement of the HMPC and other stakeholders in the hazard mitigation planning process provide valuable information for the continued development of the Lake County ANHMP and enhances mitigation efforts in Lake County.</p> |

| Evaluation   |   |
|--|---|
| Discuss how this planning activity benefits your community and how the plan/data will be used to promote resiliency. | The ANHMP identifies the hazards affecting Lake County, assesses vulnerability to the hazards, determines those hazards that have the greatest effect, determines the capability of local government to implement mitigation actions, and then recommends actions for communities and stakeholders to take to avoid or minimize their vulnerabilities to those hazards. By evaluating the County's geography, geology, climatology, economics, infrastructure, land use controls, development regulations and expected growth, we can understand natural hazard vulnerabilities. By exercising foresight when evaluating new development and redevelopment, and by taking actions to reduce the risk to the existing built environment, harm to people and damage to property from natural hazards can be reduced thereby promoting a more resilient Lake County. |
| Additional comments (optional)   | The Lake County SMC and HMPC have the capability to bring together citizens, government representatives, and local officials to work together to promote a better future for their communities. That same cooperative effort, if joined with the appropriate technical and financial assistance from regional, state and federal resources, can be harnessed to implement the natural hazard mitigation actions items identified in the ANHMP. A sustained effort by the citizens, staff, and local officials can create a more sustainable and disaster resilient future for Lake County.  |
| Attachments  |   |

## Assurances and Certifications

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form.



**Lobbying**

As required by section 1352, Title 31 of the U.S. Code, and implemented at 44 CFR Part 18, for persons entering into a grant or cooperating agreement over \$ 100,000, as defined at 44 CFR Part 18, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement.

(b) If any other funds than Federal appropriated funds have been paid or will be paid to any other person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or an employee of Congress, or employee of a member of Congress in connection with this Federal Grant or cooperative agreement, the undersigned shall complete and submit Stand Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all subrecipients shall certify and disclose accordingly.

☒ Applicant will NOT use federal appropriated funds for lobbying purposes.

☐ Applicant will use non-appropriated funds for lobbying purposes. If so, complete Standard Form LLL "Disclosure of Lobbying Activities" below.

**Standard Form-LLL "Disclosure of Lobbying Activities"**

This form must be attached to certification if non-appropriated funds are to be used to influence activities.

1. Type of federal action:

- ☐ Contract
- ☐ Cooperative agreement
- ☒ Grant
- ☐ Loan
- ☐ Loan guarantee
- ☐ Loan insurance

**Standard Form-LLL “Disclosure of Lobbying Activities”**

|  |  |
|--|--|
| 2. Status of federal action:                             | <input checked="" type="checkbox"/> Bid/offer/application<br><input type="checkbox"/> Initial award<br><input type="checkbox"/> Post award |
| 3. Report Type:  | <input checked="" type="checkbox"/> Initial filing<br><input type="checkbox"/> Material change   |
| 4. Name and address of reporting entity:                 | <input type="checkbox"/> Prime<br><input type="checkbox"/> SubAwardee  |
| If SubAwardee, enter tier, if known: (optional)          |  |
| Name   |  |
| Street 1   |  |
| Street 2 (optional)                                      |  |
| City   |  |
| State (optional)   |  |
| Zip (optional)   |  |
| Zip extension (optional)                                 |  |
| Congressional district, if known: (optional)             |  |
| 5. If SubAwardee, enter name and address of prime below. |  |
| Name   |  |
| Street 1   |  |
| Street 2 (optional)                                      |  |
| City   |  |
| State (optional)   |  |

| Standard Form-LLL "Disclosure of Lobbying Activities" |   |
|---|---|
| Zip (optional)  |   |
| Zip extension (optional)                              |   |
| Congressional district, if know: (optional)           |   |
| 6. Federal department/agency:                         |   |
| 7. Federal program name/description:                  |   |
| CFDA number, if applicable: (optional)                |   |
| 8. Federal action number, if known: (optional)        |   |
| 9. Award amount, if known: (optional)                 | \$  |
| 10. Name and address of lobbying registrant:          |   |
| Prefix (optional)                                     | <input type="checkbox"/> Dr.<br><input type="checkbox"/> Miss<br><input type="checkbox"/> Mr.<br><input type="checkbox"/> Mrs.<br><input type="checkbox"/> Ms.<br><input type="checkbox"/> Rev. |
| First name  |   |
| Middle name (optional)                                |   |
| Last name   |   |
| Suffix (optional)                                     | <input type="checkbox"/> Jr.<br><input type="checkbox"/> MD<br><input type="checkbox"/> PHD<br><input type="checkbox"/> Sr.   |
| Street 1  |   |
| Street 2 (optional)                                   |   |
| City  |   |

**Standard Form-LLL “Disclosure of Lobbying Activities”**

|  |   |
|--|---|
| State (optional)   |   |
| Zip (optional)   |   |
| Zip extension (optional)   |   |
| 10b. Individual performing services: (including address if different from No. 10a) |   |
| Prefix (optional)  | <input type="checkbox"/> Dr.<br><input type="checkbox"/> Miss<br><input type="checkbox"/> Mr.<br><input type="checkbox"/> Mrs.<br><input type="checkbox"/> Ms.<br><input type="checkbox"/> Rev. |
| First name   |   |
| Middle name (optional)   |   |
| Last name  |   |
| Suffix (optional)  | <input type="checkbox"/> Jr.<br><input type="checkbox"/> MD<br><input type="checkbox"/> PHD<br><input type="checkbox"/> Sr.   |
| Street 1   |   |
| Street 2 (optional)  |   |
| City   |   |
| State (optional)   |   |
| Zip (optional)   |   |
| Zip extension (optional)   |   |

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11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

**3. Drug-Free Workplace (Grantee other than individuals)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 44 CFR Part 17, Subpart F, for grantees, as defined at 44 CFR Part 17.615 and 17.620.

A. The applicant certifies that it will continue to provide a drug-free workplace by;

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

### 3. Drug-Free Workplace (Grantee other than individuals)

|   |  |
|---|--|
| <p>(b) Establishing an on-going drug free awareness program to inform employees about</p> <ol style="list-style-type: none"> <li>(1) The dangers of drug abuse in the workplace;</li> <li>(2) The grantee's policy of maintaining a drug-free workplace;</li> <li>(3) Any available drug counseling, rehabilitation, and employee assistance programs; and</li> <li>(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.</li> </ol> |  |
| <p>(c) Making it a requirement that each employee to be engaged in the performance of the grant to be given a copy of the statement required by paragraph (a);</p>  |  |
| <p>(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will-</p> <ol style="list-style-type: none"> <li>(1) Abide by the term of the statement; and</li> <li>(2) Notify the employee in writing of his or her conviction for a violation of a criminal drug statute occurring ion the workplace no later than five calendar days after such convictions.</li> </ol>                                    |  |
| <p>(e) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position, title, to the applicable FEMA awarding office, i.e., regional office or FEMA office.</p>  |  |

**3. Drug-Free Workplace (Grantee other than individuals)**

|  |                              |
|--|------------------------------|
| <p>(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is convicted-</p> <p>(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation act of 1973, as amended; or</p> <p>(2) Requiring such an employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;(g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).</p> |                              |
| <p>B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:</p>   |                              |
| <p>Place of performance (street address, city, county, state, ZIP code) (optional)</p>   |                              |
| <p>There are workplaces on file that are not identified.</p>   | <input type="checkbox"/> Yes |