

PROJECT INFORMATION

1. Current planning regulations require specific information be included in local mitigation plans. The following questions address how your community intends to accomplish some of those aspects. For areas where specific strategies have not been determined, please estimate.

List all municipalities (county/city) the proposed plan will address. If not multi-jurisdictional, explain why that decision was made.

Provide specific information for each jurisdiction participating in the Hazard Mitigation Plan

2. Planning/Zoning Department: Organization(s) and Name of Personnel

3. Building Department: Organization(s) and Name of Personnel

4. Floodplain Administrator: Organization(s) and Name of Personnel

5. Please discuss the existing (if applicable) current Hazard Mitigation Plan. When was it originally completed, has it been updated before, what are the major data gaps? Have there been any disasters in the planning area since the completion of the last plan? Please describe what, where, and severity. What will be added to the updated plan that was not in the last version, i.e. how will this update be better than the last plan?

6. Identify the jurisdiction(s) disaster loss history by disaster type.

7. Attach letters of agreement for each jurisdiction involved in the plan (multi-jurisdictional planning only).

8. The regulations do not specify inclusion of human-caused hazards (i.e., radiological, hazardous materials, terrorism, etc.), but do encourage the integration of such. If human-caused hazards will be addressed, please list the types you will be studying.

9. Describe the area and population affected by this project, including location.

10. Describe how the community will ensure the planning process will include public involvement and/or comment.

11. Describe how the community will ensure the planning process will include neighboring communities, local and regional agencies involved in hazard mitigation activities, and agencies that have the authority to regulate development, as well as business, academia and other private and non-profit interests involvement.

12. Describe how the community will ensure the planning process will include a hazard mitigation planning team that incorporates a broad range of expertise/knowledge of the area(s) involved which will serve an integral part in the plan development phases of risk assessment, vulnerability analysis, mitigation strategy and plan maintenance.

13. Describe how the community will ensure the planning process will include review and incorporation, if appropriate, of existing plans, studies, reports, and technical information.

14. Describe the Scope of Work (SoW). (Upload supporting documentation via the "Add Document" button in the footer section).

15. Describe previous hazard mitigation planning and implementation activities in the community.

16. Enter any additional comments related to the proposed planning effort, if desired.

COSTS

17. Enter cost line items in EMGrants

18. Enter funding sources

19. If any portion of the non-Federal share will come from non-applicant sources (donated services, private donation, etc.), please attach letters of funding commitment for each non-applicant source:

20. Describe how you will manage the costs and schedule and how you will ensure successful performance:

21. Describe your experience with stakeholders such as various local, state, and federal government agencies, private sector, academic, or neighboring communities in an effort to reduce the risk from the hazards to which your county/community is exposed. If you do not have any experience with these entities, indicate what opportunities exist for engaging them:

22. Describe the staff and resources needed to implement this planning activity and the subapplicant's ability to provide these resources

23. Would the applicant consider a reduced Federal cost share in full project funding was not available?

24. Enter additional comments related to the proposed project's funding, if desired:

TIMELINE

25. Total # of weeks for the entire project

26. Enter timeline in EMGrants

27. How were the estimated start/completion dates determined?

28. Will the plan be maintained on a regular basis? If so, who will provide the maintenance and what is the annual cost to maintain?

DOCUMENTATION

- ✓ SOW for plan update
- ✓ Funding Match Commitment Letter
- ✓ Letter of Intent to Participate
- ✓ E&C Review and Completeness Checklis
- ✓ Certifications
 - Lobbying
 - Debarment
 - Suspension

- Drug free workplace 20-16c
- ✓ Designated Agent's Delegation of PM duties
- ✓ CSFS Best Management Practices to Protect Water Quality in Colorado
- ✓ Budget Narrative
- ✓ Detailed Timeline

View Burden Statement

Application for Federal Assistance SF-424

* 1. Type of Submission:		* 2. Type of Application:	* If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> Application	<input checked="" type="checkbox"/> New	<input type="text"/>
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation	* Other (Specify):
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision	<input type="text"/>

* 3. Date Received:	4. Applicant Identifier:
<input type="text"/>	<input type="text"/>

5a. Federal Entity Identifier:	5b. Federal Award Identifier:
<input type="text"/>	<input type="text"/>

State Use Only:

6. Date Received by State:	7. State Application Identifier:
<input type="text"/>	<input type="text"/>

8. APPLICANT INFORMATION:

* a. Legal Name: Boulder, County of	
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. UEI:
<input type="text" value="84-6000748"/>	<input type="text" value="LB9EYBMY6NJ8"/>

d. Address:

* Street1:	<input type="text" value="1325 Pearl Street"/>
Street2:	<input type="text"/>
* City:	<input type="text" value="Boulder"/>
County/Parish:	<input type="text"/>
* State:	<input type="text" value="CO: Colorado"/>
Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code:	<input type="text" value="80302-5247"/>

e. Organizational Unit:

Department Name:	Division Name:
<input type="text"/>	<input type="text"/>

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:	<input type="text"/>	* First Name:	<input type="text"/>
Middle Name:	<input type="text"/>		
* Last Name:	<input type="text"/>		
Suffix:	<input type="text"/>		

Title:	<input type="text"/>
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Organizational Affiliation:	<input type="text"/>
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* Telephone Number:	<input type="text"/>	Fax Number:	<input type="text"/>
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* Email:	<input type="text"/>
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Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Federal Emergency Management Agency

11. Assistance Listing Number:

97.039

Assistance Listing Title:

HMGP

*** 12. Funding Opportunity Number:**

* Title:

HMGP 5524

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Boulder County Multi-Jurisdiction Hazard Mitigation Plan Update

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="92,508.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text" value="15,418.00"/>
* d. Local	<input type="text" value="15,419.00"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="123,345.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

[View Burden Statement](#)

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 02/28/2022

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Hazard Mitigation Grant Program; Boulder County Multi-Jurisdiction Hazard Mitigation Plan Update	97.039	\$	\$	\$ 92,508.00	\$ 30,837.00	\$ 123,345.00
2.						
3.						
4.						
5. Totals		\$	\$	\$ 92,508.00	\$ 30,837.00	\$ 123,345.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Hazard Mitigation Grant Program; Boulder County Multi-Jurisdiction Hazard Mitigation Plan Update				
a. Personnel	\$ 15,981.00	\$	\$	\$	15,981.00
b. Fringe Benefits					
c. Travel					
d. Equipment					
e. Supplies					
f. Contractual	107,364.00				107,364.00
g. Construction					
h. Other					
i. Total Direct Charges (sum of 6a-6h)	123,345.00			\$	123,345.00
j. Indirect Charges				\$	
k. TOTALS (sum of 6i and 6j)	\$ 123,345.00	\$	\$	\$	123,345.00
7. Program Income	\$	\$	\$	\$	

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SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. Hazard Mitigation Grant Program; Boulder County Multi-Jurisdiction Hazard Mitigation Plan Update	\$ 15,419.00	\$ 15,418.00	\$	\$ 30,837.00
9.				
10.				
11.				
12. TOTAL (sum of lines 8-11)	\$ 15,419.00	\$ 15,418.00	\$	\$ 30,837.00

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 83,257.20	\$ 0.00	\$ 27,752.40	\$ 27,752.40	\$ 27,752.40
14. Non-Federal	\$ 30,834.00		\$ 10,278.00	\$ 10,278.00	\$ 10,278.00
15. TOTAL (sum of lines 13 and 14)	\$ 114,091.20	\$ 0.00	\$ 38,030.40	\$ 38,030.40	\$ 38,030.40

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. Hazard Mitigation Grant Program; Boulder County Multi-Jurisdiction Hazard Mitigation Plan Update	\$ 9,250.80	\$	\$	\$
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	\$ 9,250.80	\$	\$	\$

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:	Contractual and In-kind charges in attached budget	22. Indirect Charges: NA
23. Remarks:	See attached Project Description for detailed budget information.	

Boulder County 2025-2026 HMP Budget

Task	Description	Cost (% of Total)	Unit Cost	# of Units	Total
1	ORGANIZE RESOURCES: Management Costs, Kickoff Meetings, and Outreach Activities (% of Total Cost Estimate)	19.58%			
	<i>1a. Contractual (% of estimated contract cost)</i>	19.28%	\$20,699.78	n/a	\$20,699.78
	<i>1b. Local In-Kind (% of estimated total cost)</i>	2.8%			\$3,454.20
	<i>Personnel</i>		\$36.36	95	\$3,454.20
	<i>Mileage (at IRS 2025 rate of \$0.70/mile)</i>		\$0.700	0	\$0.00
	<i>Other Eligible Costs (e.g.- Room Fees,etc.)</i>		\$300.00	0	\$0.00
	Cost Line 1a rounded to nearest whole dollar				\$20,700.00
Cost Line 1b rounded to nearest whole dollar				\$3,454.00	
	Task 1 Sub-Total				\$24,154.00
2	HAZARD IDENTIFICATION & RISK ASSESSMENT (HIRA) (% of Total Cost Estimate)	32.72%			
	<i>2a. Contractual (% of estimated contract cost)</i>	33.41%	\$35,870.31	n/a	\$35,870.31
	<i>2b. Local In-Kind (% of estimated total cost)</i>	3.6%			\$4,490.46
	<i>Personnel</i>		\$36.36	123.5	\$4,490.46
	<i>Mileage (at IRS 2025 rate of \$0.70/mile)</i>		\$0.700	0	\$0.00
	<i>Other Eligible Costs (e.g.- Room Fees,etc.)</i>		\$300.00	0	\$0.00
	Cost Line 2a rounded to nearest whole dollar				\$35,871.00
Cost Line 2b rounded to nearest whole dollar				\$4,490.00	
	Task 2 Sub-Total				\$40,361.00
3	DEVELOP A MITIGATION STRATEGY (% of Total Cost Estimate)	29.85%			
	<i>3a. Contractual (% of estimated contract cost)</i>	30.11%	\$32,327.30	n/a	\$32,327.30
	<i>3b. Local In-Kind (% of estimated total cost)</i>	3.6%			\$4,490.46
	<i>Personnel</i>		\$36.36	123.5	\$4,490.46
	<i>Mileage (at IRS 2025 rate of \$0.70/mile)</i>		\$0.700	0	\$0.00
	<i>Other Eligible Costs (e.g.- Room Fees,etc.)</i>		\$300.00	0	\$0.00
	Cost Line 3a rounded to nearest whole dollar				\$32,328.00
Cost Line 3b rounded to nearest whole dollar				\$4,490.00	
	Task 3 Sub-Total				\$36,818.00
4	PLAN ADOPTION, MONITORING & EVALUATION: Plan Review/Adoption (% of Total Cost Estimate)	12.96%			
	<i>4a. Contractual (% of estimated contract cost)</i>	14.02%	\$15,052.43	n/a	\$15,052.43
	<i>4b. Local In-Kind (Personnel) (% of estimated total cost)</i>	0.8%	\$36.36	25.5	\$927.18
	Cost Line 3a rounded to nearest whole dollar				\$15,053.00
	Cost Line 3b rounded to nearest whole dollar				\$927.00
	Task 4 Sub-Total				\$15,980.00
5	PROJECT MANAGEMENT & OTHER ELIGIBLE COSTS (% of Total Cost Estimate)	4.89%			
	<i>5a. Contractual (% of estimated contract cost)</i>	3.18%	\$3,414.18	n/a	\$3,414.18
	<i>5b. Local In-Kind (% of estimated contract cost)</i>	2.1%			\$2,617.92
	<i>Personnel</i>		\$36.36	72	\$2,617.92
	<i>Other Eligible Costs (e.g.- Printing, Supplies, etc.)</i>		\$52.38	0	\$0.00
	Cost Line 5a rounded to nearest whole dollar				\$3,415.00
Cost Line 5b rounded to nearest whole dollar				\$2,617.00	
	Task 5 Sub-Total				\$6,032.00
Total Budget Estimate					
Total Project Cost (Rounded to nearest whole dollar per cost line)					\$123,345.00
- Total Contractual Costs (Rounded to nearest whole dollar per cost line)					\$107,364.00
- Total Local In-Kind Costs (Rounded to nearest whole dollar per cost line)					\$15,978.00
Federal Share of Total Project Cost (75%- Rounded DOWN to nearest whole dollar)					\$92,508.00
Non-Federal Share of Total Project Cost (25%- Rounded UP to nearest whole dollar)					\$30,837.00
- State Match (12.5%)					\$15,418.50
- Local Share of Total Contractual Cost (Total Contract Cost - Federal Share)					\$0.00

- Local In-Kind Cost	\$15,418.50
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\$107,000.00	\$7,500.00	\$114,500.00	\$85,875.00	\$21,125.00
\$107,000.00	\$8,000.00	\$115,000.00	\$86,250.00	\$20,750.00
\$107,000.00	\$8,500.00	\$115,500.00	\$86,625.00	\$20,375.00
\$107,000.00	\$9,000.00	\$116,000.00	\$87,000.00	\$20,000.00
\$107,000.00	\$9,500.00	\$116,500.00	\$87,375.00	\$19,625.00
\$107,000.00	\$10,000.00	\$117,000.00	\$87,750.00	\$19,250.00
\$107,000.00	\$10,500.00	\$117,500.00	\$88,125.00	\$18,875.00
\$107,000.00	\$11,000.00	\$118,000.00	\$88,500.00	\$18,500.00
\$107,000.00	\$11,500.00	\$118,500.00	\$88,875.00	\$18,125.00
\$107,000.00	\$12,000.00	\$119,000.00	\$89,250.00	\$17,750.00
\$107,000.00	\$12,500.00	\$119,500.00	\$89,625.00	\$17,375.00
\$107,000.00	\$13,000.00	\$120,000.00	\$90,000.00	\$17,000.00
\$107,000.00	\$13,500.00	\$120,500.00	\$90,375.00	\$16,625.00
\$107,000.00	\$14,000.00	\$121,000.00	\$90,750.00	\$16,250.00
\$107,000.00	\$14,500.00	\$121,500.00	\$91,125.00	\$15,875.00
\$107,000.00	\$15,000.00	\$122,000.00	\$91,500.00	\$15,500.00
\$107,000.00	\$15,500.00	\$122,500.00	\$91,875.00	\$15,125.00
\$107,000.00	\$16,000.00	\$123,000.00	\$92,250.00	\$14,750.00
\$107,000.00	\$16,500.00	\$123,500.00	\$92,625.00	\$14,375.00
\$107,000.00	\$17,000.00	\$124,000.00	\$93,000.00	\$14,000.00
\$107,000.00	\$17,500.00	\$124,500.00	\$93,375.00	\$13,625.00
\$107,000.00	\$18,000.00	\$125,000.00	\$93,750.00	\$13,250.00
\$107,000.00	\$18,500.00	\$125,500.00	\$94,125.00	\$12,875.00
\$107,000.00	\$19,000.00	\$126,000.00	\$94,500.00	\$12,500.00
\$107,000.00	\$19,500.00	\$126,500.00	\$94,875.00	\$12,125.00
\$107,000.00	\$20,000.00	\$127,000.00	\$95,250.00	\$11,750.00

hours

T2 Ofc Hrs	T3 Mtg Hrs	T3 Ofc Hrs	Task 4 Hours	Task 5 Hours	Juri Hours	Juri In-Kind (@\$36.360/hr) for Fund Match Letter
3.5	3	3.5				
21	18	21	3	72	183	\$6,653.88
7	6	7	2.5	0	38.5	\$1,399.86
7	6	7	2.5	0	38.5	\$1,399.86
7	6	7	2.5	0	38.5	\$1,399.86
7	6	7	2.5	0	38.5	\$1,399.86
3.5	3	3.5	2.5	0	21.5	\$781.74
3.5	3	3.5	2.5	0	20.5	\$745.38
3.5	3	3.5	2.5	0	20.5	\$745.38
3.5	3	3.5	2.5	0	20.5	\$745.38
3.5	3	3.5	2.5	0	20.5	\$745.38
0	0	0		0	0	\$0.00
0	0	0		0	0	\$0.00
0	0	0		0	0	\$0.00
0	0	0		0	0	\$0.00
0	0	0		0	0	\$0.00
0	0	0		0	0	\$0.00
0	0	0		0	0	\$0.00
0	0	0		0	0	\$0.00
0	0	0		0	0	\$0.00
0	0	0		0	0	\$0.00
0	0	0		0	0	\$0.00
0	0	0		0	0	\$0.00
0	0	0		0	0	\$0.00
0	0	0		0	0	\$0.00
66.5	57	66.5	25.5	72	439.5	\$15,980.22
3.5	123.5		25.5	72	439.5	
10.46	\$4,490.46		\$927.18	\$2,617.92	\$15,980.22	

Use these amounts for other jurisdiction's funding match letters in in-kind paragraph

The state will match up to 50% of the local cost

Rounded
\$6,654.00
[REDACTED]
\$15,981.00

Use this amount for County Funding Letter-In Kind Paragraph, if you will request funding match letters from the other jurisdictions.

Use this amount for in-kind if you will only submit one county-level funding match letter.

View Burden Statement

OMB Number: 4040-0007
 Expiration Date: 02/28/2025

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. 2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. 3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. 4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. 5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). 6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation | <p>Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.</p> <ol style="list-style-type: none"> 7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. 8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |
|---|--|

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL <div style="border: 1px solid red; height: 40px; width: 100%; background-color: #d9ead3;"></div>	TITLE <div style="border: 1px solid red; height: 20px; width: 100%; background-color: #d9ead3;"></div>
APPLICANT ORGANIZATION <div style="border: 1px solid blue; padding: 2px;">Boulder County</div>	DATE SUBMITTED <div style="border: 1px solid red; height: 20px; width: 100%; background-color: #d9ead3;"></div>

DHSEM Eligibility and Completeness Review Checklist for Hazard Mitigation Planning Sub-applications

Sub-Applicant: Boulder County

Plan Title: Boulder County Multi-Jurisdiction Hazard Mitigation Plan Update

Sub-applications submitted to DHSEM and FEMA that do not contain at least the basic components listed below may be immediately denied because there is no method to determine eligibility without these data. Additional information may be requested during FEMA review prior to award if selected. **Bold items are minimum FEMA requirements.**

Sub-Application Component	Yes	No	Comment
FEMA GO access for Mitigation Programs (BRIC and FMA)			
Has the point of contact or authorized agent for the sub-applicant created an account on FEMA GO go.fema.gov/ ? (If no, please contact your State Mitigation Specialist for technical assistance.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA for HMGP
CO EM-Grants Website Access			
Has the authorized representative and primary point of contact for the sub-applicant registered for access through the State's grants management system: co.emgrants.com/ ? (If no, please contact your State Mitigation Specialist for technical assistance.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Scope of Work (SoW)			
Is the proposed mitigation planning activity, as described in the SoW, eligible for the program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is the proposed planning activity described, including whether it will result in a new or updated hazard mitigation plan or enhance an existing mitigation plan, in accordance with the FEMA Mitigation Planning regulation at 44 CFR Part 201 and current HMA Guidance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are participating jurisdiction(s) and private nonprofits, if applicable, identified and described?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Does the narrative describe procedures to engage stakeholders and participating jurisdictions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Does the SoW discuss approaches, outcomes, and level of effort, including key milestones and schedule, and the relationship of each activity to the cost estimate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is an updated Scope of Work (SoW) included in DHSEM Document to Submit "3. HMP Project Description (SOW, Schedule, Budget)?"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Does the proposed planning activity described include public involvement, identification of hazards, development of a comprehensive risk/vulnerability assessment, identification of mitigation goals and strategies, and plan implementation & maintenance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Mitigation Plan Updates			
Does the SoW describe the process that each jurisdiction will complete to review each section of the previous plan and address gaps, as needed; utilize best available new information (including hazard, land use, and development trends); how the previous plan was implemented; and what process will be used?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

DHSEM Eligibility and Completeness Review Checklist for Hazard Mitigation Planning Sub-applications

Schedule		
Does the application include a DHSEM-approved work schedule that conforms to POP requirements and allows sufficient time for State or Tribal and FEMA reviews, preparation of required revisions, if needed, formal adoption by all participating jurisdiction(s), and final FEMA approval?	<input checked="" type="checkbox"/>	
Is an updated proposed work schedule included in DHSEM Document to Submit "3. HMP Project Description (SoW, Schedule, Budget)?"	<input checked="" type="checkbox"/>	
Cost Review		
Does the application include a detailed cost estimate that supports the SoW and is reasonable for the jurisdiction(s) participating? <i>Lump-sum cost estimates are not eligible and will be NOT be accepted.</i>	<input checked="" type="checkbox"/>	
Does the application or sub-application identify information on the required non-Federal cost share and contribution sources?	<input checked="" type="checkbox"/>	
Are a completed Cost Estimate and Narrative included in DHSEM Document to Submit "3. HMP Project Description (SoW, Schedule, Budget)?"	<input checked="" type="checkbox"/>	
Is/are completed Funding Match Commitment Letter(s) attached to account for the entire Local Share, whether cash or in-kind?	<input checked="" type="checkbox"/>	
Attachments/Other Documents to Complete Application		
Is a completed Designated Agent's Delegation of Project Management Duties document attached?	<input checked="" type="checkbox"/>	
Are the following completed Federal Forms attached: - Standard Form (SF) 424 - SF 424A - SF 424B - Grants.gov Lobbying Form	<input checked="" type="checkbox"/>	
Are completed Letter(s) of Intent to Participate for each participating jurisdiction, excluding the sub-applicant, attached?	<input checked="" type="checkbox"/>	
Grant Requirements		
Does the sub-applicant acknowledge the Procurement, Request for Reimbursement, and Closeout documentation requirements included in DHSEM User Assistance Document "E. Grant Management Documents Required" and HMP Review Tool requirements?	<input checked="" type="checkbox"/>	

Signature of Chief Elected Official or Authorized Agent

Date

Title of Chief Elected Official or Authorized Agent

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

OMB Number: 4040-0013
Expiration Date: 02/28/2025

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
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4. Name and Address of Reporting Entity:

Prime SubAwardee

* Name

* Street 1 Street 2

* City State Zip

Congressional District, if known:

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6. * Federal Department/Agency: <input type="text"/>	7. * Federal Program Name/Description: <input type="text"/> CFDA Number, if applicable: <input type="text"/>
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8. Federal Action Number, if known: <input type="text"/>	9. Award Amount, if known: \$ <input type="text"/>
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10. a. Name and Address of Lobbying Registrant:

Prefix * First Name Middle Name

* Last Name Suffix

* Street 1 Street 2

* City State Zip

b. Individual Performing Services (including address if different from No. 10a)

Prefix * First Name Middle Name

* Last Name Suffix

* Street 1 Street 2

* City State Zip

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.

* Signature:

* Name: Prefix * First Name Middle Name
 * Last Name Suffix

Title: Telephone No.: Date:



Office of the County Administrator

1325 Pearl Street • Boulder, Colorado 80302 • 303-441-3525

Mailing Address: P.O. Box 471 • Boulder, Colorado 80306 • www.BoulderCounty.gov

FUNDING MATCH COMMITMENT LETTER

March 7, 2025

Mark Thompson

State Hazard Mitigation Officer (SHMO)

Colorado Division of Homeland Security & Emergency Management (DHSEM)

9195 East Mineral Avenue, Suite 200

Centennial, CO 80112

Re: “Funding Match Commitment Letter” as a participating jurisdiction in Boulder County Multi-Jurisdictional Hazard Mitigation Plan (HMP)

Dear Mr. Thompson,

This letter serves as Boulder County’s commitment to meet the matching fund requirements for the Boulder County Hazard Mitigation Plan (HMP) Update.

If awarded an HMA Planning Grant, Boulder County will meet the matching fund requirements through in-kind services in the amount of at least \$15,418.50 via staff time (labor) and facility, supply, and mileage expenses to assist in the planning process, compilation of data, and other services related to development of the Boulder County HMP. Documentation of in-kind costs will be tracked by hourly wages and participation in planning activities via official sign-in sheets, and other data gathering needs as assessed and assigned by the Local Planning Committee (LPC). Boulder County will pay cash to cover any contractual requirements above the federal award amount and / or to meet the remainder of the local match requirement.

Therefore, with a full understanding of the fiscal obligations incurred by this agreement, _____, commit Boulder County match funding to the Boulder County Multi-Jurisdictional Hazard Mitigation Planning effort.

Executed _____

Certificate Of Completion

Envelope Id: F1650577-6CA5-44D1-809F-1BA3ED8EEFBB

Status: Sent

Subject: Complete with Docusign: Boulder Co 2025 HMP E&C Review (HMGP).pdf, Boulder Co Grants.gov Disclo...

Type of Document:

Grant Application

Department/Office: Office of County Administrator

Source Envelope:

Document Pages: 22

Signatures: 0

Envelope Originator:

Certificate Pages: 2

Initials: 0

Kurtis Alberi

AutoNav: Enabled

2025 14th St

Envelopeld Stamping: Enabled

Boulder, CO 80302

Time Zone: (UTC-07:00) Mountain Time (US & Canada)

37542@bouldercounty.org

IP Address: 69.170.220.59

Record Tracking

Status: Original

Holder: Kurtis Alberi

Location: DocuSign

3/13/2025 10:25:52 AM

37542@bouldercounty.org

Security Appliance Status: Connected

Pool: StateLocal

Storage Appliance Status: Connected

Pool: Boulder County

Location: Docusign

Signer Events

Signature

Timestamp

Matthew Ramos

38095@bouldercounty.org

Clerk to the Board

Boulder County

Security Level: Email, Account Authentication
(None)

Sent: 3/13/2025 11:24:21 AM

Electronic Record and Signature Disclosure:

Not Offered via Docusign

Marta Loachamin

mloachamin@bouldercounty.org

Security Level: Email, Account Authentication
(None)

Electronic Record and Signature Disclosure:

Not Offered via Docusign

Matthew Ramos

38095@bouldercounty.org

Security Level: Email, Account Authentication
(None)

Electronic Record and Signature Disclosure:

Not Offered via Docusign

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Witness Events

Signature

Timestamp

Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	3/13/2025 11:24:21 AM
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Payment Events	Status	Timestamps
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