Environmental Documentation

The applicant must provide certain environmental documentation to the State before the State and FEMA can review adequately any proposed project. Some projects require specific documentation depending upon the project type and its potential effects on the physical, biological, and built environment. The following sections will help ensure that you provide the necessary documentation for the project you are proposing. Each of the sections below will begin with a specific question, in which you will provide either a Yes, No, or Not Known response. In each section, if you select Yes or Not Known for any of the answers, please explain in the comments section and provide any information about this project that could assist Iowa HSEMD and FEMA in their review.

A. National Historic Preservation Act - Historical Buildings and Structures

Contact the State Historical Society of Iowa to request a SHPO Comment.
http://www.iowahistory.org
The link to the SHPO Comment Request Form:
http://www.iowahistory.org/preservation/review_compliance/request_for_shpo_comment_form.html

1. Does your project affect or is it in close proximity to any buildings or structures 50 years or more in age? **Select One**

If yes, you must confirm that you have provided the following:

Select One The property address and original date of construction for each property affected (unless this information is already noted in the Property Data Sheet section).

Select One A minimum of two color photographs showing at least three sides of each structure (Please label the photos accordingly).

Select One A diagram or USGS 1:24,000 scale quadrangle map displaying the relationship of the property(s) to the project area.

To help FEMA evaluate the impact of the project, please indicate below any other information you are providing:

Select One Information gathered about potential historic properties in the project area, including any evidence indicating the age of the building or structure and presence of buildings or structures that are listed or eligible for listing on the National Register of Historic Places or within or near a National Register listed or eligible historic district. Sources for this information may include the State Historic Preservation Officer, and/or the Tribal Historic Preservation Officer (SHPO/THPO), your local planning office, historic preservation organization, or historical society.

Select One Consideration of how the project design will minimize adverse effects on known or potential historic buildings or structures, and any alternatives considered or implemented to avoid or minimize effects on historic buildings or structures. Please address and note associated costs in your project budget.

Select One For Acquisition/demolition projects affecting historic buildings or structures, have you provided any data regarding the consideration and feasibility of elevation, relocation, or flood proofing as alternatives to demolition?

List all Supporting Documentation Attached pertaining to Historic Buildings or Structures:

1
2
3

Additional Comments regarding Historic Buildings and Structures:

B. National Historic Preservation Act – Archeological Resources

1. Does your project involve disturbance of ground? Select One

If Yes, you must confirm that you have provided the following:

Select One A description of the ground disturbance by giving the dimensions (area, volume, depth, etc.) and location

Select One The past use of the area to be disturbed, noting the extent of previously disturbed ground.

Select One A USGS 1:24,000 scale or other site map showing the location and extent of ground disturbance.

To help FEMA evaluate the impact of the project, please indicate below any other information you are providing:

Select One Any information about potential historic properties, including archeological sites, in the project area. Sources of this information may include SHPO/THPO, and/or the Tribes cultural resources contact if no THPO is designated. Include, if possible, a map showing the relation of any identified historic properties to the project area.

List all Supporting Documentation Attached pertaining to Archeological Resources:

1
2
3

Additional Comments regarding Historic Buildings and Structures:

C. Endangered Species Act and Fish and Wildlife Coordination Act

1. Are federally listed threatened or endangered species or their critical habitat present in the area affected by the project? Select One

If yes, you must confirm that you have provided the following:

Select One Information you obtained to identify species in or near the project area. Provide the source and date of the information cited.

To help FEMA evaluate the impact of the project, please indicate below any other information you are providing:

Select One Any request for information and associated response from the United States Fish and Wildlife Service (USFWS) or the Iowa Game and Parks Commission, regarding potential listed species present and potential of the project to impact those species.

List all Supporting Documentation Attached pertaining to the Endangered Species Act and Fish & Wildlife Coordination Act:

1
2
3

Additional Comments regarding Endangered Species Act and Fish & Wildlife Coordination Act:

2. Does your project remove or affect vegetation? Select One

Select One Description of the amount (area) and type of vegetation to be removed or affected.

Select One A site map showing the project area and the extent of vegetation affected

Select One Photographs or digital images that show both the vegetation affected and the vegetation in context

To help FEMA evaluate the impact of the project, please indicate below any other information you are providing:

List all Supporting Documentation Attached pertaining to vegetation:

1
2
3

Additional Comments regarding vegetation:

3. Is your project in, near (within 200 feet), or likely to affect any type of waterway or body of water? Select One
water?

If yes, and project is not within an existing building, you must confirm that you have provided the following:

Select One A USGS 1:24,000 scale quadrangle map showing the project activities in relation to all nearby water bodies (within 200 feet).

Select One Information about the type of water body nearby including: its dimensions, the proximity of the project activity to the water body, and the expected and possible changes to the water body, if any. Identify all water bodies regardless whether you think there may be an effect.

Select One A photograph or digital image of the site showing both the body of water and the project area.

To help FEMA evaluate the impact of the project, please indicate below any other information you are providing:

Select One Evidence of any discussions with the US Fish and Wildlife Service (USFWS), and/or the Iowa Game and Parks Commission concerning any potential impacts if there is the potential for the project to affect any water body.

List all Supporting Documentation Attached pertaining to vegetation:

1
2
3

Additional Comments regarding vegetation:

D. Clean Water Act, Rivers and Harbors Act, and Executive Order 11990 (Protection of Wetlands)

1. Will the project involve dredging or disposal of dredged material, excavating, adding fill material or result in any modification to water bodies or wetlands designated as "waters of the U.S." as identified by the US Army Corps of Engineers or on the National Wetland Inventory?

Select One

If Yes, you must confirm that you have provided the following:

Select One — Documentation of the project location on a USGS 1:24,000 scale topographic map or image and a copy of National Wetlands Inventory map or other available wetlands mapping information.

To help FEMA evaluate the impact of the project, please indicate below any other information you are providing:

Select One — Request for information and response letter from the US Army Corps of Engineers and/or State resource agencies regarding the potential for wetlands, and applicability of permitting requirements.

Select One — Evidence of alternatives considered to eliminate or minimize impacts to wetlands.

List all Supporting Documentation Attached pertaining to Water Bodies or Wetlands:
1
2
3

Additional Comments regarding Water Bodies or Wetlands for your project:

E. Executive Order 11988 (Floodplain Management)

1. Does a Flood Insurance Rate Map (FIRM), Flood Hazard Boundary Map (FHBM), hydrologic study, or some other source indicate that the project is located in or will affect a 100 year floodplain, a 500 year floodplain if a critical facility, an identified regulatory floodway, or an area prone to flooding? Select One

If Yes, please indicate in the comments section below any documentation to identify the means or the alternatives considered to eliminate or minimize impacts to floodplains (See the 8 step process found in 44 CFR Part 9.6.) to help FEMA evaluate the impact of the project.

Comments regarding Executive Order 11988 (Floodplain Management):

2. Does the project alter a watercourse, water flow patterns, or a drainage way, regardless of its floodplain designation?

Select One

If Yes, please indicate below any other information you are providing to help FEMA evaluate the impact of the project:

Select One — Hydrologic/hydraulic information from a qualified engineer to demonstrate how drainage and flood flow patterns will be changed and to identify down and upstream effects

Select One — Evidence of any consultation with US Army Corps of Engineers (may be included under Part D of the Environmental Information).

Select One — Request for information and response letter from the State water resource agency, if applicable, with jurisdiction over modification of waterways

List all Supporting Documentation Attached pertaining to Altering Watercourse, Water Flow Patterns, or Drainage Ways:

11
2
3

Additional Comments regarding altering Watercourse, Water Flow Patterns, or Drainage Way for your project:

F. Farmland Protection Policy Act

1 Will the project convert more than 5 acres of "prime or unique" farmland outside city limits to a non- agricultural use?

Select One

List all Supporting Documentation Attached pertaining to the Farmland Protection Policy Act:

1
2
3

Additional Comments regarding the Farmland Protection Policy Act and your project:

G. RCRA and CERCLA (Hazardous and Toxic Materials)

1. Is there a reason to suspect there are contaminants from a current or past use on the property associated with the proposed project?

Select One

If Yes, please indicate below any other information you are providing to help FEMA evaluate the impact of the project:

Select One — Comments and any relevant documentation

Select One — Results of any consultations with State or local agency to obtain permit with requirements for handling, disposing of or addressing the effects of hazardous or toxic materials related to project implementation

List all Supporting Documentation Attached pertaining to Hazardous and Toxic Materials:

1
2
3

Additional Comments regarding Hazardous and Toxic Materials and your project:

2. Are there any studies, investigations, or enforcement actions related to the property associated with the proposed project?

Select One

If Yes, please indicate below any other information you are providing to help FEMA evaluate the impact of the project:

Select One — Comments and any relevant documentation

Select One — Results of any consultations with State or local agency to obtain permit with requirements for handling, disposing of or addressing the effects of hazardous or toxic materials related to project implementation

List all Supporting Documentation Attached pertaining to Studies, Investigations, or Enforcement Actions

1
2
3

Additional Comments regarding Studies, Investigations, or Enforcement Actions related to your project:

3. Do any project construction or operation activities involve the use of hazardous or toxic materials?

Select One

If yes, please indicate below any other information you are providing to help FEMA evaluate the impact of the project:

Select One — Comments and any relevant documentation.

Select One — Results of any consultations with State or local agency to obtain permit with requirements for handling, disposing of or addressing the effects of hazardous or toxic materials related to project implementation.

List all Supporting Documentation Attached pertaining to Hazardous and Toxic Materials:

1
2
3

Additional Comments regarding Hazardous and Toxic Materials related to your project:

4. Do you know if any of the current or past land-uses of the property affected by the proposed project or of the adjacent properties are associated with hazardous or toxic materials?

Select One

If Yes, please indicate below any other information you are providing to help FEMA evaluate the impact of the project:

Select One Comments and any relevant documentation.

Select One Results of any consultations with State or local agency to obtain permit with requirements for handling, disposing of or addressing the effects of hazardous or toxic materials related to project implementation.

List all Supporting Documentation Attached pertaining to Current or Past Land Uses:

1
2
3

Additional Comments regarding current or past land uses related to your project:

H. Executive Order 12898, Environmental Justice for Low Income and Minority Populations

1. Are there low income or minority populations in the project's area of effect or adjacent to the project area?

Select One

If Yes, you must confirm that you have provided the following:

Select One Description of any disproportionate and adverse effects to these populations.

To help FEMA evaluate the impact of the project, please indicate below any other information you are providing:

Select One Description of the population affected and the portion of the population that would be disproportionately and adversely affected. Please include specific efforts to address the adverse impacts in your proposal narrative and budget.

List all Supporting Documentation Attached pertaining to Executive Order 12898 & your project:

1
2
3

Additional Comments regarding Executive Order 12898:

I. Other Environmental/Historic Preservation Laws or Issues

1. Are there other environmental/historic preservation requirements associated with this project that you are aware of?

Select One

Select One If yes, please provide a description of the requirements, issues or public involvement effort

2. Are there controversial issues associated with this project? Select One

If yes, please provide a description of the requirements, issues or public involvement effort.

3. Have you conducted any public meeting or solicited public input or comments on your specific proposed mitigation project?
Select One

If yes, please provide a description of the requirements, issues or public involvement effort.

List all Supporting Documentation Attached pertaining to Other Environmental/Historic Preservation Issues:
1
2
3

Additional Comments regarding other Environmental/.Historic Preservation Issues:

J. Summary and Cost of Potential Impacts

1. Having answered the questions in parts A. through I., have you identified any aspects of your proposed project that have the potential to impact environmental resources or historic properties?
Select One

If yes, you must confirm that you have:

Select One Evaluated these potential effects and provided the materials required in Parts A through I that identify the nature and extent of potential impacts to environmental resources and/or historic properties.

Select One Consulted with appropriate parties to identify any measures needed to avoid or minimize these impacts.

Select One Considered alternatives that could minimize both the impacts and the cost of the project.

Select One Made certain that the costs of any measures to treat adverse effects are realistically reflected in the project budget estimate.

List all Supporting Documentation Attached pertaining to potential impacts:
1
2
3

Please enter additional Comments here:

91-522
625-1366

SUBSTITUTE W 9 / VENDOR UPDATE FORM

CPK-45933

(Please print or type except for signature)

In order for the state of Iowa to pay you the amount that is due to you and to comply with the IRS regulations on reporting these payments, we are requesting the following information. Failure to provide this information will result in withholding of payment.

BOX A

Are you/your business:

	YES	NO
Individual [I]	☐	☐
or **Sole Proprietorship [S]**	☐	☐

If the answer to both was no, please complete Box B.

If you answered yes to either item, please provide Your Social Security number:

_____ - _____ - _____

AND

Complete the Name and Address below:

Last Name: First Name: MI

Doing Business As:

Address:

Address:

City: State Zip

BOX B

Is your business:

		YES	NO
Corporation	[C]	☐	☐
Partnership	[P]	☐	☐
Estate of Trust	[E]	☐	☐
Public Service Corp	[U]	☐	☐
Government	[G]	☐	☐
Other	[O]	☐	☐

Please Explain: _____

Please provide us with your **Federal Employer Identification number:**

_____ - _____

AND

Complete the Name and Address below:

Last Name: First Name: MI

Doing Business As:

Address:

Address:

City: State Zip

CERTIFICATION MUST BE SIGNED BY VENDOR

Certification - Under penalties of perjury, I certify that:

(1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

(2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividend, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Signature: Date:

FOR OFFICE USE ONLY (Refer to Procedure 270.450 for more details)

From:

Dept.

Contact:

Added For Purchasing:

☐ Yes ☐ No

☐ Add

☐ Change (Include vendor code and changes only)

☐ Delete

Reason:

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

	2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: Application: ☐ Construction ☐ Non-Construction; Pre Application: ☐ Construction ☐ Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: 0

Organizational Unit:

Address (give city, county, state, and zip code):

Name and telephone number of person to be contacted on matters involving this application (give area code)
0
0

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

6.a. DUNS NUMBER

7. TYPE OF APPLICANT: ☐
(enter appropriate letter in box)

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify) _____

8. TYPE OF APPLICATION:
☐ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es) ☐ ☐

A. Increase Award B. Decrease Award
D. Decrease Duration Other (specify):

9. NAME OF FEDERAL AGENCY:
Federal Emergency Management Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 9 7 - 0 3 9

TITLE: Hazard Mitigation Grant Program (HMGP)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
0

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

13. PROPOSED PROJECT:
Start Date | Ending Date

14. CONGRESSIONAL DISTRICTS OF: 0
a. Applicant 0
b. Project

15. ESTIMATED FUNDING:

a. Federal	$ 0.00
b. Applicant	$ 0.00
c. State	$ 0.00
d. Local	$ 0.00
e. Other	$ 0.00
f. Program Income	$ 0.00
g. TOTAL	$ $0.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PRE APPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: _____

b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation ☐ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PRE APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative 0	b. Title 0	c. Telephone Number 0
d. Signature of Authorized Representative		e. Date Signed

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (REV. 9-2003)
Prescribed by OMB Circular A-102

FEDERAL EMERGENCY MANAGEMENT AGENCY

SUMMARY SHEET FOR ASSURANCES AND CERTIFICATIONS

O.M.B. No. 3067-0206
Expires February 28, 2007

FOR	CA FOR *(Name of Applicant)*
FFY 2009	0

This summary sheet includes Assurances and Certifications that must be read, signed, and submitted as a part of the Application for Federal Assistance.

An applicant must check each item that they are certifying to:

Part I	NA	FEMA Form 20-16A, Assurances-Nonconstruction Programs
Part II		FEMA Form 20-16B, Assurances-Construction Programs
Part III		FEMA Form 20-16C, Certifications Regarding Lobbying; Debarment, Suspension, and Other Responsibility Matters; and Drug-Free Workplace Requirements
Part IV		SF LLL, Disclosure of Lobbying Activities (If applicable)

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the identified attached assurances and certifications.

Typed Name of Authorized Representative

Title

Signature of Authorized Representative

Date Signed

NOTE: By signing the certification regarding debarment, suspension, and other responsibility matters for primary covered transaction, the applicant agrees that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by FEMA entering into this transaction.

The applicant further agrees by submitting this application that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by the FEMA Regional Office entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions. (Refer to 44 CFR Part 17.)

Paperwork Burden Disclosure Notice

"Public reporting burden for this form is estimated to average 1.7 hours per response. Burden means the time, effort and financial resources expended by persons to generate, maintain, retain, disclose, or to provide information to us. You may send comments regarding the burden estimate or any aspect of the form, including suggestions for reducing the burden to: Information Collections Management, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (3067-0206). You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Please do not send your completed form to the above address.

Tab H

U. S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY **ASSURANCES-CONSTRUCTION PROGRAM**	***O.M.B. No. 1660-0025*** ***Expires July 31, 2007***

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1.7 hours per response. The burden estimate includes the time for reviewing instructions and searching existing data sources, gathering and maintaining the data needed and completing, and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, U. S. Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0001). NOTE: Do not send your completed form to this address.

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 assistance awarding agencies may require applicants to certify additional assurances. If such is the case, you will be notified.

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

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 States, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the assistance; and will establish a paper accounting system in accordance with generally accepted accounting standards of agency directives.
3. Will not dispose of, modify the use of, or change the terms of the real property title, or other interest in the site and facilities without permission and instructions from the awarding agency. Will record the Federal interest in the title of the real property in accordance with awarding agency directives and will include a covenant in the title of real property acquired in whole or in part with Federal assistance funds to assure nondiscrimination during the useful life of the project.
4. Will comply with the requirements of the assistance awarding agency with regard to the drafting, review and approval of construction plans and specifications.
5. Will provide and maintain competent and adequate engineering supervision at the construction site to ensure that the complete work conforms with the approved plans and specifications and will furnish progress reports and such other information as may be required by the assistance awarding agency or state.
6. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
7. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict to interest, or personal gain.
8. Will comply with Intergovernmental Personnel Act of 1970 (42 U.S.C. Sections 4728-4763)relating to prescribed standards for for merit systems for programs funded under one of the nineteen statues or regulations specified in Appendix A of OPM's standards
9. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. Sections 4801-et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
10. Will comply with all Federal statues relating to non-discrimination. 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. Sections 1681-1683, and 1685-1686) which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. Sections 794) which prohibits discrimination on the basis of; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. Sections 6101-61-7) which prohibits discrimination on the basis of age; (e) the Drug Abuse Office Treatment Act of 1972 (P.L. 93-255), as amended, relating to non-discrimination on the bases of 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 bases of alcohol abuse or alcoholism; (g) Sections 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. Sections et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) and other non-discrimination provisions in the specific statutes(s) under which application for Federal assistance is being made, and (j) the requirements on any other non-discrimination Statues(s) which may apply to the application.
11. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition policies Act of 1970 (P.L. 91-646) which provides for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal and Federally assisted programs. These requirements apply to all interest in real property acquired for project purpose regardless of Federal

for a Merit System of Personnel Administration (5 C.F.R. 900-subpart F).

participation in purchases.

12. Will comply with the provisions of the Hatch Act (5 U.S.C. Sections 1501-1508 and 7324-7328) which limit the political activities of employment activities are funded in whole or impart with Federal funds.
13. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. Sections 27a to 276a-7), the Copeland Act (40 U.S.C. Section 276c and 18 U.S.C. Section 874), the Contract Work Hours and Safety Standards Act (40 U.S.C. Sections 327-333) regarding labor standards for Federally assisted construction subagreements.
14. Will comply with the 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 in the total cost of insurable construction and acquisition is $ 10,000 or more.
15. 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 (E.O.) 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 programs developed under the Coastal Zone Management Act of 1973 (16 U.S.C. Sections 1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementations Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. Section 7401et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); (H) Protection of Endangered species Act of 1973, as amended, (P.L. 93-205).
16. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. Sections 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
17. 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 preservation of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 46s-1 et seq.).
18. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984
19. Will comply with all applicable requirements of all other Federal laws, Executive Orders, regulations and policies governing this program.
20. It will comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act (29 U.S.C. 201), as they apply to employees of institutions of higher education, hospitals, and other non-profit organizations.
21. It will obtain approval by the appropriate Federal agencies of the final working drawings and specifications before the project is advertised or placed on the market for bidding; that it will construct the project, or cause it to be constructed, to final completion in accordance with the application and approved plans and specifications; that it will submit to the appropriate Federal agency for prior approval changes that alter the cost of the project, use of space, or functional layout; that it will not enter into a construction contract(s) for the project or undertake other activities until the conditions of the construction grant program(s) have been met.
22. It will operate and maintain the facility in accordance with the minimum standards as may be required or prescribed by the applicable Federal, State, and local agencies for the maintenance and operation of such facilities.
23. It will require the facility to be designed to comply with the "American Standard Specifications for Making Buildings and Facilities Accessible to, and Usable by, the Physically Handicapped,' Number A117-1961, as modified (41CFR 101-17.703). The applicant will be responsible for conducting inspections to ensure compliance with these specifications by the contractor.
24. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.
25. In making subgrants with nonprofit institutions under this Comprehensive Cooperative Agreement, it agrees that such grants will be subject to OMB Circular A-122, "Cost Principles for Non-profit Organization" including but not limited to, the "Lobbying Revision" published in vol 49, Federal Register, pages 18260 through 18277 (April 27, 1984).

I,

, hereby sign this form as of

FEMA Form 20-16B, OCT 4

PREVIOUS EDITION OBSOLETE

FEDERAL EMERGENCY MANAGEMENT AGENCY

CERTIFICATIONS REGARDING LOBBYING; DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS

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. Signature on this form provides for compliance with certification requirements under 44 CFR Part 18, "New Restrictions on Lobbying; and 28 CFR Part 17, "Government-wide Debarment and suspension (Nonprocurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Federal Emergency Management Agency (FEMA) determines to award the covered transaction, grant, or cooperative agreement.

1. LOBBYING

A. 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 cooperative 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 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 Standard 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 subcontract(s) and that all subrecipients shall certify and disclose accordingly.

☐ Standard Form LLL, "Disclosure of Lobbying Activities" attached. *(This form must be attached to certification if nonappropriated funds are to be used to influence activities.)*

2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS (DIRECT RECIPIENT)

As required by Executive Order 12549, Debarment and Suspension, and implemented at 44 CFR Part 67, for prospective participants in primary covered transactions, as defined at 44 CFR Part 17, Section 17.510-A. The applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this application been convicted of or had a civilian judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or perform a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application had one or more public t transactions (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or shall attached an explanation to this application.

3. DRUG-FREE WORKPLACE (GRANTEES 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, Sections 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;

(b) Establishing an on-going drug free awareness program to inform employees about:

(1) The dangers of drug abuse in the workplace;
(2) The grantee's policy of maintaining a drug-free workplace;
(3) Any available drug counseling, rehabilitation, and employee assistance programs; and
(4) the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(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);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

(1) Abide by the terms of the statement; and

(2) Notify the employee in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

(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.

(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 so convicted:

(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

(2) Requiring such 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).

8. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, City, County, State, Zip code)

_____

_____

_____

Check [ ] if there are workplaces on file that are not identified here.

Section 17.630 of the regulations provide that a grantee that is a State may elect to make one certification in each Federal fiscal year. A copy of which should be included with each application for FEMA funding. States and State agencies may elect to use a Statewide certification.

I, _____, hereby sign this form as of _____.