

**PLANNING & DEVELOPMENT**

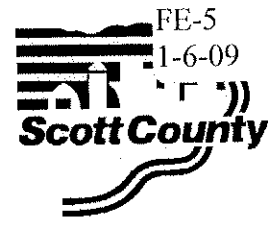
500 West Fourth Street

Davenport, Iowa 52801-1106

E-mail: [planning@scottcountyiowa.com](mailto:planning@scottcountyiowa.com)

Office: (563) 326-8643

Fax: (563) 326-8257



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Timothy Huey  
Director

To: Dee F. Bruemmer, County Administrator

From: Timothy Huey, Planning Director

Date: December 29, 2008

**Re: Submittal of Hazard Mitigation Planning Grant Application**

In November of 2008 the Board approved the submittal of a Notice of Interest for a planning grant for a countywide Hazard Mitigation Plan. Shortly thereafter Scott County was invited to apply for those grant dollars by the Iowa Homeland Security and Emergency Management Division. Bi-State Regional Commission staff recommended that the plan be a multi-jurisdictional plan and included all the local government jurisdictions in the grant application. Bi-State has contacted those jurisdictions to determine their interest in being included in the plan.

Bi-State has prepared the attached grant application for submission to the Iowa Homeland Security and Emergency Management Division. Upon approval of the grant, Bi-State will prepare the Hazard Mitigation Plan on behalf of Scott County and the other jurisdictions that want to be included. Funding for the plan requires a 15% local match which can be made up of in-kind staff time provided by both Scott County staff and other local government staff time. Bi-State Regional Commission estimate of those costs and the breakdowns is included in the grant application.

Those costs are:

|         |        |                 |
|---------|--------|-----------------|
| Federal | (75%)  | \$71,250        |
| State   | (10%)  | \$ 9,500        |
| Local   | (15%)  | <u>\$14,250</u> |
| Total   | (100%) | \$95,000        |

The preparation and approval of a countywide Hazard Mitigation Plan will be a prerequisite to receiving any future funding for flood or other hazard mitigation projects.

Iowa Homeland Security & Emergency Management  
 7105 NW 70th Ave  
 Camp Dodge, Bldg. W4  
 Johnston, IA 50131

**Hazard Mitigation Grant Program (HMGP)  
 Planning Application**

**What is the Hazard Mitigation Grant Program?**

Authorized under Section 404 of the Stafford Act, the Hazard Mitigation Grant Program (HMGP) administered by the Federal Emergency Management Agency (FEMA) provides grants to States and local governments to implement long-term mitigation measures after a major disaster declaration. The purpose of the program is to reduce loss of life and property due to natural disasters and to enable mitigation measures to be implemented during the immediate recovery from a disaster.

**Mitigation Plan Requirements:**

The outcome (deliverable) of a mitigation planning subgrant award must be a FEMA approved hazard mitigation plan that complies with the requirements of 44 CFR Part 201. Hazard mitigation plans must be reviewed, adopted by the jurisdiction, and FEMA-approved before the end of the activity completion time-frame.

**Mitigation Plan Resources:**

FEMA has developed guidance materials to assist State and local officials in the development of mitigation plans, and to assist State and FEMA staff in the review of mitigation plans. These materials are specifically linked to the requirements of 44 CFR Part 201. You may obtain these resources online from the following link.

[http://www.fema.gov/plan/mitplanning/planning\\_resources.shtml](http://www.fema.gov/plan/mitplanning/planning_resources.shtml)

To review the State of Iowa's Hazard Mitigation Plan, select link below then click on State Plan.

<http://www.iowahomelandsecurity.org/Partners/CountyCoordinators/Planning/tabid/108/Default.aspx>

To review the current FEMA Region VII LHMP Review Crosswalk, select link below, click on DMA2000 Crosswalk.

<http://www.iowahomelandsecurity.org/Partners/CountyCoordinators/Planning/tabid/108/Default.aspx>

**Completing the HMGP Application:**

This application will enable you to compete in the state-wide competitive "post disaster" Hazard Mitigation Grant Program. This application is designed to capture the necessary information to meet program requirements. You're encouraged to take your time, read through the questions carefully and complete each of the sections. This will enable the process to be the most efficient.

The Planning Applications must be completed in the provided format (this MS Excel File, saved as "Name of subgrantee" HMGP Planning Application) and emailed to: [hsemd.mitigation@iowa.gov](mailto:hsemd.mitigation@iowa.gov)

A paper copy must also be printed and signed, including all the required attachments and mailed to:

**Iowa Homeland Security and Emergency Management (HSEMD)**

**Attn: Mitigation**

**7105 N.W. 70th Avenue**

**Camp Dodge, Bldg. W-4**

**Johnston, Iowa 50131**

**I. Applicant Information**

| Applicant/Community                                     | Address/PO Box                            |  | City, State, Zip Code  |                           |
|---|---|--|--|---------------------------|
| Scott County  | 600 West Fourth Street                    |  | Davenport, IA 52801-1030   |                           |
| Point of Contact Name                                   | POC Title                                 | POC Agency   | POC Email  |                           |
| Tim Huey  | Planning & Development                    | Scott County   | <a href="mailto:thuey@scottcountyiowa.com">thuey@scottcountyiowa.com</a> |                           |
| POC PO Box  | POC Street Address                        | POC City, State and ZIP  | Phone Number   |                           |
|   | 500 W 4th Street                          | Davenport, IA 52801  | (563)326-8643  |                           |
| Alternate Point of Contact Name                         | POC Title and Agency/Community            | POC Email Address  | Phone Number   |                           |
| Marianne Doonan   | Senior Planner, Bi-State Regional Council | <a href="mailto:mdoonan@bistateonline.org">mdoonan@bistateonline.org</a>                                       | (309)793-6302, Ext. 100  |                           |
| Federal Tax ID #/ EIN                                   | DUNS Number                               | Legislative District<br>Senate # House #   |  | US Congressional District |
| 42-6004465  | 050812361                                 | 41,42,43 82,83,84,85   |  | 1st                       |
| Descriptive Title of Applicant Proposed Mitigation Plan |   | (i.e. City of Smallville Local Hazard Mitigation Plan<br>or Hawkeye County Multi Jurisdiction Mitigation Plan) |  |                           |
| Scott County Multi-Jurisdiction Hazard Mitigation Plan  |   |  |  |                           |

**II. Scope of Work**

This planning application must describe the development of a hazard mitigation plan that complies with FEMA's regulatory requirements in 44 C.F.R. Part 201. The scope of work should explain the objectives, methodology, feasibility, outcomes, timeline, milestones, resources, deliverables, and benefits of, as well as reasons for, the proposed planning activity.

The deliverable of this planning grant is a Local Hazard Mitigation Plan(s) compliant with the Disaster Mitigation Act of 2000, 44 CFR Part 201, and approved by FEMA. The planning process will be conducted according to the attached Scope of Work and the current FEMA Region VII Local Hazard Mitigation Plan Review Crosswalk.

(Select from drop down box below)

This application is for a **Multi Jurisdiction** Local Hazard Mitigation Plan(s).

Identify the legal jurisdiction(s) that will develop and adopt mitigation plan(s) under this grant application.

| Jurisdiction/Community | County | Initial Plan or Update?<br>(Select from drop down box) | Community participates in NFIP? (Select from drop down box) | Enter the NFIP Community ID # |
|------------------------|--------|--|---|-------------------------------|
| 1 Davenport            | Scott  | Update   | Yes   | 190242#                       |
| 2 Bettendorf           | Scott  | Initial  | Yes   | 190240#                       |
| 3 Buffalo              | Scott  | Initial  | Yes   | 190241#                       |
| 4 Donahue              | Scott  | Initial  | Yes   | 190505A                       |
| 5 Eldridge             | Scott  | Initial  | Yes   | 190574A                       |
| 6 LeClaire             | Scott  | Initial  | Yes   | 190243#                       |
| 7 Panorama Park        | Scott  | Initial  | Yes   | 190506#                       |
| 8 Riverdale            | Scott  | Initial  | Yes   | 190245#                       |
| 9 Scott County         | Scott  | Initial  | Yes   | 190239#                       |
| 10 Walcott             | Scott  | Initial  | Yes   | 190675#                       |
| 11 Blue Grass          | Scott  | Initial  | Not Mapped  |                               |
| 12 New Liberty         | Scott  | Initial  | Not Mapped  |                               |
| 13 McCausland          | Scott  | Initial  | Not Mapped  |                               |
| 14 Princeton           | Scott  | Initial  | No  |                               |
| 15 Dixon               | Scott  | Initial  | Not Mapped  |                               |
| 16 Maysville           | Scott  | Initial  | Not Mapped  |                               |
| 17 Long Grove          | Scott  | Initial  | Not Mapped  |                               |
| 18                     |        |  |   |                               |
| 19                     |        |  |   |                               |
| 20                     |        |  |   |                               |
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| 24                     |        |  |   |                               |
| 25                     |        |  |   |                               |
| 26                     |        |  |   |                               |
| 27                     |        |  |   |                               |
| 28                     |        |  |   |                               |
| 29                     |        |  |   |                               |
| 30                     |        |  |   |                               |
| 31                     |        |  |   |                               |
| 32                     |        |  |   |                               |
| 33                     |        |  |   |                               |
| 34                     |        |  |   |                               |
| 35                     |        |  |   |                               |
| 36                     |        |  |   |                               |
| 37                     |        |  |   |                               |
| 38                     |        |  |   |                               |
| 39                     |        |  |   |                               |
| 40                     |        |  |   |                               |

**III. Planning Budget.**

The maximum FEMA share for a HMGP planning grant is 75%. The other 25% must be paid by a non-federal source. The State share is a maximum of 10%. Round figures to the nearest dollar.

Note: If you want to auto calculate the cost breakout, enter "Total Proposed Cost" first

| Funding Sources            | Funding Amount  | % of Total Cost |
|----------------------------|-----------------|-----------------|
| Federal 75%                | \$71,250        | 75.00%          |
| State 10%                  | \$9,500         | 10.00%          |
| Local 15%                  | \$14,250        | 15.00%          |
| <b>Total Proposed Cost</b> | <b>\$95,000</b> | <b>100.00%</b>  |

**Local Match Assurance:** The applicant completing and signing this application certifies that the federal share of the total cost of developing a local hazard mitigation plan shall not exceed 75% of the actual total project cost and the non federal share must be at least 25% (local share 15%, state share 10%) of the actual total project cost. The applicant certifies that the 15% local share can be from cash and/or in-kind services, and will make available local funds/resources in that amount identified above.

The applicant must also fill out the appropriate Detailed Budget in Tabs C 1-2. As well as Tabs D 1-5 for assurances and lobbying activities.

**IV. Work Schedule**

List the major milestones and timeframes for this plan:

Example: Description: Conduct kick-off meeting to define the goals and objective of the planning process. Note: Ensure the work schedule accommodates sufficient time for State and FEMA reviews (FEMA requires a minimum 2 months review timeframe), possible revisions, and subsequent reviews prior to formal adoption for approval, and if applicable, multiple jurisdictions' coordination. Below is a sample work schedule based on the Scope of Work. It can be modified to meet the needs of the individual applicant.

| Task   | Months from Award |          | Responsible Party                                    |
|--|-------------------|----------|--|
|  | Start             | Complete |  |
| Planning Kick-off meeting  | 1                 | 2        | County in cooperation with Communities               |
| Appoint a planning team  | 1                 | 3        | County in cooperation with Communities               |
| Community Profile  | 3                 | 6        | Contract Planner, County, Planning Team              |
| Hazard Analysis/Risk Assessment. Hazard Identification; Hazard Profile                   | 3                 | 8        | Contract Planner, County, Planning Team              |
| Hazard Analysis/Risk Assessment. Risk Assessment and Identification of Vulnerable Bldgs. | 5                 | 16       | Contract Planner, County, Planning Team              |
| Develop Mitigation Strategies  | 8                 | 20       | Contract Planner, County, Planning Team              |
| Write the Plan   | 4                 | 29       | Contract Planner                                     |
| Plan to HSEMD for submittal to FEMA for review/approval                                  | 27                | 30       | Contract Planner, HSEMD, FEMA                        |
| Review/revision of plan (if necessary)   | 30                | 34       | HSEMD, FEMA, Contract Planner, County, Planning Team |
| Plan adoption by jurisdiction(s)   | 34                | 35       | County and Cities                                    |
| Project/Grant close-out activities   | 34                | 35       | County/Contract Planner/HSEMD/FEMA                   |
| <b>Total Duration</b>  | <b>35 months</b>  |          |  |

**V. List of Attachments** (Most of these are corresponding tabs in this Excel workbook)

- Tab A** W-9 (Certification of Federal Identification Number)
- Tab B** Detailed Scope of Work
- Tab C-1** Budget - Local Communities
- Tab C-2** Budget - COG's
- Tab D-1** Request for Federal Assistance (SF 424)
- Tab D-2** Assurances and Certifications (FF 20-16), *if applicable.*
- Tab D-3** Non-Construction Assurances (FF 20-16A), *if applicable.*
- Tab D-4** Drug-Free Workplace (FF 20-16C), *if applicable.*
- Tab D-5** Lobbying Activities, *if applicable (SF LLL) , if applicable.*
- Tab E** Authorized Representative
- Tab F** Local Match Resolution
- Tab G** Council of Government/Regional Planning Commission Applicant Agreement with the Community.  
**Only used if COG/RPC is the subgrantee.**

**VI. Certifications:**

To the best of my knowledge and belief, all data in this application is true and correct. The governing body of the applicant has duly authorized this document, and hereby applies for assistance documented in this application. By signing this document you will act as the applicant's agent in the performance of this grant. Also, the applicant understands that development of the plan may not proceed until FEMA approval is granted.

James V. Hancock  
Name of Chief Executive Officer

[Signature]  
Signature of Chief Executive Officer

Chair  
Title

Scott County Board of Supervisors  
Organization

[Date]  
Date

(563)326-8749  
Phone Number

Timothy Huey  
Name of Authorized Representative

[Signature]  
Signature of Authorized Representative (Optional)

Planning & Development Director  
Title

Scott County  
Organization

[Date]  
Date

500 W 4th Street  
PO Box #/Street Address

Davenport, IA 52081  
City, State and Zip

(563)326-8643  
Phone Number

thuey@scottcountyiowa.com  
Email Address

**SUBSTITUTE W 9 / VENDOR UPDATE FORM**

(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   | BOX B  |
|---|--|
| <p><b>Are you/your business:</b>            YES      NO</p> <p style="padding-left: 40px;"> <input type="checkbox"/> Individual [I]            <input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO<br/> <input type="checkbox"/> Sole Proprietorship [S]    <input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO                 </p> <p>If the answer to both was <b>no</b>, please complete Box B.</p> <p>If you answered <b>yes</b> to either item, please provide Your <b>Social Security</b> number:</p> <p style="text-align: center;">_____ - _____ - _____</p> <p style="text-align: center;"><b>AND</b></p> <p>Complete the Name and Address below:</p> <p>Last Name:                      First Name:                      MI</p> <hr/> <p>Doing Business As:</p> <hr/> <p>Address:</p> <hr/> <p>Address:</p> <hr/> <p>City:                              State                      Zip</p> <hr/> | <p><b>Is your business:</b>                      YES      NO</p> <p style="padding-left: 20px;"> <input type="checkbox"/> Corporation                      [C]                      <input type="checkbox"/> YES      <input type="checkbox"/> NO<br/> <input type="checkbox"/> Partnership                      [P]                      <input type="checkbox"/> YES      <input type="checkbox"/> NO<br/> <input type="checkbox"/> Estate of Trust                      [E]                      <input type="checkbox"/> YES      <input type="checkbox"/> NO<br/> <input type="checkbox"/> Public Service Corp                      [U]                      <input type="checkbox"/> YES      <input type="checkbox"/> NO<br/> <input checked="" type="checkbox"/> Government                      [G]                      <input checked="" type="checkbox"/> YES      <input type="checkbox"/> NO<br/> <input type="checkbox"/> Other                      [O]                      <input type="checkbox"/> YES      <input type="checkbox"/> NO                 </p> <p><b>Please Explain:</b> _____</p> <p>Please provide us with your <b>Federal Employer Identification number:</b></p> <p style="text-align: center;">_____ - _____ - _____</p> <p style="text-align: center;">42 - 6004465</p> <p style="text-align: center;"><b>AND</b></p> <p>Complete the Name and Address below:</p> <p>Last Name:                      First Name:</p> <p>Bruemmer                      Dee</p> <hr/> <p>Doing Business As:</p> <p>Scott County</p> <hr/> <p>Address:</p> <p>Scott County Administrative Center</p> <hr/> <p>Address:</p> <p>600 West Fourth Street</p> <hr/> <p>City:                              State                      Zip</p> <p>Davenport                      IA                      52081-1030</p> <hr/> |

**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: \_\_\_\_\_  Add

Dept. \_\_\_\_\_  Change  
(Include vendor code and changes only)

Contact: \_\_\_\_\_  Delete

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Added For Purchasing:                      Reason:

Yes                       No

# Local Hazard Mitigation Plan

## Scope of Work

### 1. Requirements upon Completion:

- A. Formal adoption of Plan by governing authority
- B. Approval by FEMA
- C. Mitigation Data Worksheet will be completed during the planning process. This worksheet will identify potential measures, list completed measures, identify local capabilities, and calculate loss estimate for hazards. The format for completing this task will be provided by Iowa HSEMD.

### 2. Plan Process: (See attachment for Meeting Schedule/Agenda)

- A. Organization of group or committee to develop Hazard Mitigation Plan (**County/Communities** responsibility. **Planner** will provide assistance as requested.)
- B. Organizations invited to participate in Plan development to include: (**County/Communities** will identify and recruit local representatives (government, community leaders, business leaders, educators, and general public). **Planner** will develop and send invitations to State and Federal agencies. **Planner** will document efforts to encourage public participation and state/federal agency participation.)
  - a. Local Representatives
  - b. State Representatives (as needed)
  - c. Community Leaders
  - d. Business Leaders
  - e. Educators
  - f. General Public
  - g. Neighboring Community Leaders
  - h. Hospital/Healthcare Professionals

### 3. Community Profile: (Planner will conduct research and draft. **County/Communities and/or Mitigation Planning Committee** will provide supplemental information (i.e., assessor values; community development plans; capital improvement budget; applicable plans and ordinances for example: comprehensive plans, zoning, building, subdivision, sanitation ordinances; Flood Insurance Rate Maps (FIRM), Siren Coverage Maps, etc.; review drafts, and approve.

- A. Population Identification
- B. Population Trend (+ or -)
- C. Housing and Residential Development Trends
- D. Commercial/Industrial Development Trends
- E. Critical facility Identification
  - a. Name and function
  - b. Location
- F. Special Flood Hazard Area
  - a. Identification of Residential, Commercial, and Industrial structures located in the Special Flood Hazard Area (# only)
  - b. National Flood Insurance Program participation
  - c. Identification of Repetitive Loss Structures (# only)
  - d. Identification of National Flood Insurance Program policies in effect (# only)

**4. Hazard Analysis/Risk Assessment (Committee will select hazards they consider most likely to impact area for further consideration. All natural hazards identified in the State Hazard Mitigation Plan will be considered. The County Emergency Management Coordinator (EMC), city officials, and planning committee members may identify additional hazards.)**

**A. Hazard Identification**

- a. Flash Flood
- b. Tornadoes
- c. Windstorms
- d. Extreme Heat
- e. Hailstorms
- f. Grass or Wildland Fire
- g. Sink Holes
- h. River Flood
- i. Severe winter storms
- j. Levee Failure
- k. Drought
- l. Earthquakes
- m. Landslide
- n. Dam Failure
- o. Expansive Soils

**B. Hazard Profile-Risk Assessment. (Planner will conduct research (sources include but are not limited to: National Climatic Data Center (NCDC), Department of Natural Resources, Homeland Security and Emergency Management (State Hazard Mitigation Officer), NOAA, USGS, US Weather Bureau, County Emergency Management Coordinator, Iowa State University (climate, economic, and demographic), Department of Economic Development)) and prepare assessment tables for selected hazards.**

**County/Communities/Committee will provide supplemental community specific information (i.e. historical information regarding occurrence and impact), review tables, and evaluate risk and "rank" hazards. See attached Hazard Scoring Guide )**

- a. Hazard Definition (Profile)
- b. Hazard Description (Profile)
- c. Historical Occurrence (Profile)
- d. Probability (Profile)
- e. Vulnerability (Risk Assessment)
- f. Maximum Threat (Risk Assessment)
- g. Severity of Impact (Risk Assessment)
- h. Speed of Onset (Risk Assessment)

**C. Identification of Vulnerable Buildings Located in Hazard Areas (Planner will conduct research and prepare draft. County/Communities/Committee will provide supplemental community specific information and review and approve.)**

- a. Identification of Critical Facilities
- b. Critical Facilities Map(s)
- c. Identification of (of Residential, Commercial and Industrial structures located in the Special Flood Hazard Area (# only) (See Community Profile)
- d. Identification of Repetitive Loss Structures (# only) (See Community Profile)



**5. Mitigation Strategies:** (Planner will provide information regarding a wide-range of possible mitigation strategies. County/Communities/Committee will identify current mitigation activities, evaluate mitigation strategies, and select those to be recommended to the appropriate governing body.

- A. Development and Identification of Local Hazard Mitigation Goals and Objectives that focus on reducing the risks from identified hazards.
- B. Development and Identification of specific Hazard Mitigation Measures. This includes the development and identification of a comprehensive range of specific mitigation actions and projects that would reduce the effects of each hazard. Also include feasibility, prioritization and potential/probable funding sources.
- C. Development of a general description and analysis of the effectiveness of local mitigation policies, programs, and capabilities.
- D. Implementation of Hazard Mitigation Measures. Identification of Completed or Current Hazard Mitigation Measures.

**6. Public Participation/Comment Period, and Public Education (Planner will facilitate the public participation meetings identified below.)**

- A. Prior to the beginning of the planning process, the public will be invited to participate in the planning process. (See Plan Process)
- B. The general public will be notified of Planning Committee meetings and invited to attend or provide input throughout the planning process. The agenda of Committee meetings will be posted in a conspicuous space such as City Hall, Public Library, Local Schools, etc. prior to meetings. Meeting notes will be posted at City Hall following Committee meetings.
- C. Surrounding communities will be notified and invited to participate on the planning committee and to provide input throughout the planning process. The agenda of planning committee meetings will be forwarded to surrounding community city officials with a request they be posted in conspicuous places. All published public announcements will be placed in countywide publications.
- D. Upon completion of the Draft Plan, one public participation opportunity will exist prior to public meeting to consider adoption of the plan. In addition, the draft plan will be available for at least a 30 day-review period.
  - a. To be in a conspicuous space such as City Hall, Public Library, Local Schools, etc.
  - b. To be announced in a publication with countywide circulation.

**7. Plan Maintenance and Review Continuation (Planner will draft plan maintenance and review section based on information provided by the County/Communities/Committee regarding current planning procedures, existing or proposed plans, and organizational responsibilities.)**

- A. Plan Monitoring, Evaluation and Updates
  - a. The Plan should be reviewed annually to determine program effectiveness; or
  - b. At a minimum, the Plan shall be reviewed and update within 5 years of the date of FEMA approval.
- B. Plan Implementation through Existing Programs
  - a. As deemed appropriate by Community Government, this Plan shall be incorporated into existing or proposed development of Comprehensive Plans, Land-Use Plans and the appropriate programs that accompany such.
- C. Continuation of Public Involvement. Process will be established to ensure opportunities for continued public participation:
  - a. As part of annual reviews
  - b. When the Plan is reviewed prior to its 5 year anniversary

## Planning Committee Meetings – Sample Agenda

### Planning Meetings

- 1<sup>st</sup> Meeting – With the City to explain the purpose of mitigation plan, the planning process, composition of the planning committee, and getting the public involved. City will announce beginning of planning process, formation of planning committee, and invite representatives from business, education, health services, other organizations and the general public to participate in the process. Neighboring communities will also be notified and invited to provide input.
- 2<sup>nd</sup> Meeting – Review purpose of mitigation plan, the planning process, and public involvement. Establish schedule and agenda for future meetings. Explain hazard analysis/risk assessment process and information needs for next meeting.
- 3<sup>rd</sup> Meeting – Review Community Profile information. Identify hazards that may impact community.
- 4<sup>th</sup> Meeting – Hazard analysis/risk assessment. Review information regarding the hazards (planner will provide data and preliminary worksheet based on planner research and information gathered with the assistance of the community and County EMC.) Select hazards to include in plan. Conduct hazard analysis/risk assessment following Iowa Hazard Analysis Risk Assessment (HARA) guidelines.

<http://www.iowahomelandsecurity.org/Partners/CountyCoordinators/Planning/tabid/108/Default.asp>

- 5<sup>th</sup> Meeting -- Complete HARA and Identify Mitigation Strategies. Planner will provide a draft HARA prior to meeting to each committee member and to the City for public review. Review HARA draft, modify (as necessary) and "rate" hazards using a rating scale consistent with the one contained in the Iowa HARA Guidance. Rank hazards. Identify goals and objectives. Identify possible mitigation measures.
- 6<sup>th</sup> Meeting – Discuss current mitigation activities. Select mitigation measures for further review and evaluation. Evaluate mitigation measures using STAPLEE process. Review includes identifying primary responsible party, estimated cost, and implementation timeline. Select mitigation measures to recommend to the City. Identify measures requiring further
- 7<sup>th</sup> Meeting – Select mitigation measures to recommend to City. Prior to the meeting, planner will provide committee members a draft Goals-Objectives-Mitigation Strategy section for their review and comment. A copy will also be provided to the City for public review and comment. Modifications provided by the City and committee members prior to the 6<sup>th</sup> meeting will be incorporated into a revised draft. Review draft, modify (as necessary), and select
- 8<sup>th</sup> Meeting – Public meeting. City adopt Plan. Upon completion of draft revisions, the planner will provide a revised draft to committee members. The City will announce a revised draft is available for review and comment by the public. The committee will review and modify the plan if necessary. The City will forward requested changes. At least one month prior to the scheduled public meeting, the planner will provide a complete draft of the community mitigation plan. The City will announce the plan is available for review prior to the scheduled public meeting.

All meetings will be held in compliance with Iowa Open Meeting Law - Iowa Open Meeting Law - Iowa Code, Chapter 21

Iowa's open meetings law "seeks to assure, through a requirement of open meetings of governmental bodies, that the basis and rationale of governmental decisions, as well as those decisions themselves, are easily accessible to the people." All actions and discussions at meetings of governmental bodies, whether formal or informal, including work sessions, must be conducted in open session unless exceptions or exemptions are specifically provided by law. "Open session" means a meeting to which all members of the public have access.

The definition of "governmental bodies" includes school boards and any joint board established with other school districts, cities, counties or other units of government. Advisory committees created by statute are subject to the open meetings law whether or not they make recommendations on public policy issues. Advisory committees that are board-created are subject to the open meetings law if they develop and make recommendations on public policy issues. Since it is unlikely that a board would appoint or create an advisory committee that doesn't make recommendations on public policy issues, it is safe to say that all board-created or board-appointed advisory committees are subject to the open meetings law. Any ambiguity should be resolved in favor of openness.

"Meeting" means a gathering in person or by electronic means, formal or informal, of a majority of the members of a governmental body where there is deliberation or action upon any matter within the scope of the governmental body's policy-making duties. Gatherings for purely social purposes or purely ministerial duties (mandatory acts requiring no discretion or judgment) when there is no discussion of policy, are exempt from the open meetings law (21.2).

**Risk Assessment – Rating Scale**

The following tables define each factor and the rating scale the Planning Committee will use to assess the hazards risk to the Community.

**Historical Occurrence** – Number of times that a hazard has occurred in the County in the past

| Rating | Number of Historical Occurrences |
|--------|----------------------------------|
| 1-3    | Less than 4 occurrences          |
| 3-5    | 4 to 7 occurrences               |
| 5-7    | 8 to 12 occurrences              |
| 7-9    | More than 12 occurrences         |

**Probability** – Likelihood of the hazard occurrence, sometimes without regard to hazard history

| Rating | Likelihood    | Frequency of occurrence   |
|--------|---------------|---|
| 1-3    | Unlikely      | Less than 1% probability in the next 100 years  |
| 3-5    | Possible      | Between 1% and 10% probability in next year, or at least one chance in the next 100 years |
| 5-7    | Likely        | Between 10 and 100% probability in next year, or at least one chance in the next 10 years |
| 7-9    | Highly Likely | Near 100% chance in the next year   |

**Vulnerability** – Measure of the percentage of people and property that would be affected by the hazard event

| Rating | Magnitude    | Percentage of people and property affected |
|--------|--------------|--|
| 1-3    | Negligible   | Less than 10%                              |
| 3-5    | Limited      | 10 to 25%                                  |
| 5-7    | Critical     | 25 to 50%                                  |
| 7-9    | Catastrophic | More than 50%                              |

**Maximum Threat** – Spatial extent of the County that might be impacted.

| Rating | Magnitude    | Percentage of jurisdiction that can be affected |
|--------|--------------|---|
| 1-3    | Negligible   | Less than 10%                                   |
| 3-5    | Limited      | 10 to 25%                                       |
| 5-7    | Critical     | 25 to 50%                                       |
| 7-9    | Catastrophic | More than 50%                                   |

**Severity of Impact** – Assessment of the severity in terms of fatalities, injuries, personal property and economic losses

| Rating | Level        | Characteristics  |
|--------|--------------|--|
| 1-3    | Negligible   | Few if any injuries or illness. Minor quality of life lost with little or no property damage. Brief interruption of essential facilities & services for less than 4 hours.     |
| 3-5    | Limited      | Minor injuries and illness. Minor or short-term property damage which does not threaten structural stability. Shutdown of essential facilities and services for 4 to 24 hours. |
| 5-7    | Critical     | Serious injury and illness. Major or long-term property damage which threaten structural stability. Shutdown of essential facilities and services for 24 to 72 hours.          |
| 7-9    | Catastrophic | Multiple deaths. Property destroyed or damaged beyond repair. Complete shutdown of essential facilities and services for 3 days or more.                                       |

**Speed of Onset** – Potential amount of warning time available before the hazard occurs

| Rating | Probable amount of warning time  |
|--------|----------------------------------|
| 1-3    | More than 24 hours warning time. |
| 3-5    | 12 to 24 hours warning time.     |
| 5-7    | 5 to 12 hours warning time.      |
| 7-9    | Minimal or no warning time       |



## Budget for COG's

Subgrantee **Scott County**  
 Address **600 West Fourth Street**  
**Davenport, IA 52801-1030**

**Budget Detail.** In this section, provide the details of all costs of the plan. Local match may be cash, in-kind, or a combination of both. Only direct project costs are allowed.

### Direct Management Cost

| Items   | Total Cost | Federal Share | State Share | Local Share |              |
|---|------------|---------------|-------------|-------------|--------------|
| Personnel and Fringe Benefits   |            |               |             |             |              |
| Travel  |            |               |             |             |              |
| Supplies and Equipment (less than \$5,000)  |            |               |             |             |              |
| Contractual   |            |               |             |             |              |
| Planning Assistance In-kind<br>(ie, time of committee members-<br>paid or unpaid) |            |               |             |             |              |
|   |            |               |             |             |              |
|   |            |               |             |             |              |
|   |            |               |             |             |              |
|   |            |               |             |             |              |
|   |            |               |             |             |              |
|   |            |               |             |             |              |
|   |            |               |             |             |              |
|   |            |               |             |             | <b>TOTAL</b> |
|   |            | \$ -          | \$ -        | \$ -        | \$ -         |
|   |            | 75%           | 10%         | 15%         |              |

Note: When considering the value of In-Kind planning contributions...In accordance with the 44 CFR, Section 13.24(C), for valuation of donated services, "unpaid services provided by individuals will be valued at rates consistent with those ordinarily paid for similar work. If the subgrantee does not ordinarily pay for these services, the standard labor rates for an Urban/Regional Planner is \$25.34 per hour (Iowa Workforce Development, 2006). No administrative cost pass-through to sub-grantees; direct project management cost attributable to a project are allowable

**APPLICATION FOR  
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

|   |  |   |   |
|---|--|---|---|
|   |  | 2. DATE SUBMITTED   | Applicant Identifier                              |
| 1. TYPE OF SUBMISSION:<br><br>Application                      Preapplication<br><input type="checkbox"/> Construction <input type="checkbox"/> Construction<br><input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction  |  | 3. DATE RECEIVED BY STATE   | State Application Identifier                      |
|   |  | 4. DATE RECEIVED BY FEDERAL AGENCY  | Federal Identifier                                |
| 5. APPLICANT INFORMATION  |  |   |   |
| Legal Name: <b>Scott County, Iowa</b>   |  | Organizational Unit: <b>County</b>  |   |
| Address (give city, county, state, and zip code):<br><b>Scott County Administrative Center<br/>600 West Fourth Street<br/>Davenport, IA 52801-1030</b>  |  | Name and telephone number of person to be contacted on matters involving this application (give area code)<br><b>Tim Huey<br/>(563)326-8643</b>   |   |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN):<br><input type="text" value="42-6004465"/>   | 6.a. DUNS NUMBER<br><input type="text" value="050812361"/> | 7. TYPE OF APPLICANT: (enter appropriate letter in box) <span style="float:right;"><b>B</b></span>  |   |
| 8. TYPE OF APPLICATION:<br><input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision<br><br>If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/><br><br>A. Increase Award                      B. Decrease Award<br>D. Decrease Duration                      Other (specify): _____ |  | A. State                                      H. Independent School Dist.<br>B. County                                      I. State Controlled Institution of Higher Learning<br>C. Municipal                                      J. Private University<br>D. Township                                      K. Indian Tribe<br>E. Interstate                                      L. Individual<br>F. Intermunicipal                                      M. Profit Organization<br>G. Special District                                      N. Other (Specify) _____ |   |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:<br><br>TITLE: <b>Hazard Mitigation Grant Program (HMGP)</b>  |  | 9. NAME OF FEDERAL AGENCY:<br><b>Federal Emergency Management Agency</b>  |   |
| 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):<br><br><b>Scott County, Iowa</b>  |  | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:<br><b>Scott County Multi-Jurisdiction Hazard Mitigation Plan</b>  |   |
| 13. PROPOSED PROJECT:<br>Start Date    Ending Date<br><input type="text" value="4/1/09"/> <input type="text" value="3/1/12"/>   |  | 14. CONGRESSIONAL DISTRICTS OF: <b>1st</b>  |   |
|   |  | a. Applicant<br><b>Scott County</b>   | b. Project<br><b>Local Hazard Mitigation Plan</b> |
| 15. ESTIMATED FUNDING:  |  | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  |   |
| a. Federal  | \$                      \$71,250.00                        | a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:<br><br>DATE: _____   |   |
| b. Applicant  | \$                      \$14,250.00                        | b. NO. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372<br><input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  |   |
| c. State  | \$                      \$9,500.00                         | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  |   |
| d. Local  | \$                      \$0.00                             | <input type="checkbox"/> Yes                      If "Yes," attach an explanation <input checked="" type="checkbox"/> No  |   |
| e. Other  | \$                      \$0.00                             |   |   |
| f. Program Income   | \$                      \$0.00                             |   |   |
| g. TOTAL  | \$                      \$95,000.00                        |   |   |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION 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<br><b>James V. Hancock</b>  |  | b. Title<br><b>Chair, Board of Supervisors</b>  | c. Telephone Number<br><b>(563)326-8749</b>       |
| d. Signature of Authorized Representative   |  | e. Date Signed  |   |

FOR  
FFY 2007

CA FOR (Name of Applicant)  
Scott County

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  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.

James V. Hancock  
Typed Name of Authorized Representative

Chair, Scott County Board of Supervisors  
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.



FEDERAL EMERGENCY MANAGEMENT AGENCY  
ASSURANCES-NON-CONSTRUCTION PROGRAMS

Note: Certain of these assurances may not be applicable to your project or program. If you have any 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:

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 costs) 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 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. Section 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen 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. 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. Section 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. Sections 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) 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 Acts of 1968 (42 U.S.C. Section 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.
7. 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 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 interest in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with provisions of the Hatch Act (5 U.S.C. Sections 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. Sections 276a to 276a-7), the Copeland Act (40 U.S.C. Section 276c and 18 U.S.C. Sections 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. Sections 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. Section 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. Section 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. Section 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. Section 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 of 1984.

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

19. 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.

I, \_\_\_\_\_, hereby sign this form as of \_\_\_\_\_.

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 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)

Scott County Administrative Center

600 West Fourth Street

Davenport, IA 52801-1030

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 \_\_\_\_\_.

## DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure)

Approved by OMB  
0348-0046

|   |   |  |
|---|---|--|
| <p>1. Type of Federal Action:</p> <p><input type="checkbox"/> a. contract</p> <p>b. grant</p> <p>c. cooperative agreement</p> <p>d. loan</p> <p>e. loan guarantee</p> <p>f. loan insurance</p>  | <p>2. Status of Federal Action:</p> <p><input type="checkbox"/> a. bid/offer/application</p> <p>b. initial award</p> <p>c. post-award</p> | <p>3. Report Type:</p> <p><input type="checkbox"/> a. initial filing</p> <p>b. material change</p> <p>For Material Change Only:</p> <p>year _____ quarter _____</p> <p>date of last report _____</p> |
| <p>4. Name and Address of Reporting Entity:</p> <p><input type="checkbox"/> Prime <input type="checkbox"/> Subawardee</p> <p style="margin-left: 100px;">Tier _____, if known.</p> <p>Congressional District, 1st _____, if known.</p>  | <p>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</p> <p>Congressional District, if known: _____</p>     |  |
| <p>6. Federal Department/Agency:</p>  | <p>7. Federal Program Name/Description:</p> <p>CFDA Number, if applicable: _____</p>  |  |
| <p>8. Federal Action Number, if known:</p>  | <p>9. Award Amount, if known:</p> <p>\$ _____</p>   |  |
| <p>10. a. Name and Address of Lobbying Registrant<br/><i>(if individual, last name, first name, MI):</i></p>  | <p>b. Individuals Performing Services <i>(including address if different from No. 10a)</i><br/><i>(last name, first name, MI):</i></p>    |  |
| <p>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 this 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.</p> | <p>Signature: _____</p> <p>Print Name: _____</p> <p>Title: _____</p> <p>Telephone No.: _____ Date: _____</p>                              |  |
| <p>Federal Use Only:</p>  |   | <p>Authorized for Local Reproduction<br/>Standard Form LLL (Rev. 7-97)</p>   |

**STATE OF IOWA  
DESIGNATION OF APPLICANT'S AUTHORIZED REPRESENTATIVE**

**RESOLUTION #** \_\_\_\_\_

Be it resolved by Scott County that Timothy Huey  
*(Applicant Entity)* *(Name of Representative)*

Planning and Development Director, is hereby authorized to execute on behalf of  
*(Official Position)*

Scott County, this mitigation project and to file it with  
*(Applicant Entity)*

Iowa Homeland Security and Emergency Management (HSEMD) for the purpose of obtaining financial assistance under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (PL 93-288, as amended) and the Code of Iowa, Chapter 29c.

Passed and Approved this \_\_\_\_\_ Day Of \_\_\_\_\_, 2008.

James V. Hancock, Scott County Board of Supervisors

Chief Executive Officer  
*(Print Name and Title)*

\_\_\_\_\_  
*(Signature)*

Attested:

\_\_\_\_\_  
*(Print Name and Title)*

\_\_\_\_\_  
*(Signature)*

Authorized Representative (s):

\_\_\_\_\_  
*(Print)*

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Print)*

\_\_\_\_\_  
*(Signature)*

**LOCAL MATCH RESOLUTION # \_\_\_\_\_**  
**FOR THE**  
**HAZARD MITIGATION GRANT PROGRAM**

WHEREAS, Scott County (hereinafter called "the Subgrantee"), County of Scott, has made application through the Iowa Homeland Security and Emergency Management Division (HSEMD) to the Federal Emergency Management Agency (FEMA) for funding from the Hazard Mitigation Grant Program, in the amount of \$95,000.00

and

WHEREAS, the Subgrantee recognizes the fact that this grant is based on a cost share basis with the federal share not exceeding 75%, the state share not exceeding 10% and the local share being a minimum of 15% of the total project cost. The 15% local share can be either cash or in-kind match.

and

THEREFORE, the Subgrantee agrees to provide and make available \$14,250.00 ( Fourteen thousand two hundred and fifty dollars) of local monies to be used to meet the 15% match requirement for this mitigation grant application.

The resolution was passed and approved this \_\_\_\_\_ day of \_\_\_\_\_, 2008.

\_\_\_\_\_  
Authorized Representative's Signature

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signatures of all Council or Board Members

Attested:

\_\_\_\_\_

**COG/RPC AS APPLICANT AGREEMENT WITH THE COMMUNITY  
FOR THE  
HAZARD MITIGATION GRANT PROGRAM  
RESOLUTION # \_\_\_\_\_**

\_\_\_\_\_ agrees that the following COG/RPC \_\_\_\_\_  
*Local Jurisdiction* *Name of COG/RPC*

will apply for an HMGP Planning Grant with the purpose of obtaining funding to complete a local hazard mitigation plan for the 0 \_\_\_\_\_.

This agreement was signed the \_\_\_\_\_ day of \_\_\_\_\_, 2007.

\_\_\_\_\_  
COG/RPC CEO

\_\_\_\_\_  
Signature of COG/RPC CEO

\_\_\_\_\_  
Local Jurisdiction Chief Executive Official

\_\_\_\_\_  
Signature of Local Jurisdiction Chief Executive Official