

### THIS SECTION FOR STATE USE ONLY

FEMA- -DR-FL

- ☐ Standard HMGP    ☐ 5% Initiative Application    ☐ Application Complete  
☐ Initial Submission    or    ☐ Re- Submission

**Support Documents**

- ☐ Conforms w/ State 409 Plan  
☐ In Declared Area  
☐ Statewide P

**Eligible Applicant**

- ☐ State or Local Government  
☐ Private Non-Profit (Tax ID Received)  
☐ Recognized Indian Tribe or Tribal Organization

**Project Type(s)**

- ☐ Wind  
☐ Flood  
☐ Other:

Community NFIP Status: (Check all that apply)

- ☐ Participating Community ID#: \_\_\_\_\_  
☐ In Good Standing    ☐ Non-Participating    ☐ CRS

LMS Ranking: \_\_\_\_\_

County: \_\_\_\_\_

State Application ID: \_\_\_\_\_

This application is for all Federal Emergency Management Agency (FEMA Region IV) Hazard Mitigation Grant Program (HMGP) proposals. Complete ALL sections and provide the documents requested. If you require technical assistance, contact the Florida Division of Emergency Management at [DEM\\_HazardMitigationGrantProgram@em.myflorida.com](mailto:DEM_HazardMitigationGrantProgram@em.myflorida.com).

## **Section I – Applicant**

**A. Applicant Instruction:** Complete all sections that correspond with the type of proposed project

***Application Sections I-IV:***

*All Applicants must complete these sections*

***Environmental Review:***

*All Applicants must complete these sections*

***Maintenance Agreement:***

*Any Applications involving public property, public ownership, or management of property*

***Flood Control – Drainage Improvement Worksheet:***

*Acquisition, Elevation, Dry Flood Proofing, Drainage Improvements, Flood Control Measures, Floodplain and Stream Restoration, and Flood Diversion*  
**– one worksheet per structure**

***Generator Worksheet:***

*Permanent, portable generators, and permanent emergency standby pumps*

***Tornado Safe Room Worksheet:***

*New Safe Room, Retrofit of existing structure, Community Safe Room, Residential Safe Room*

***Hurricane Safe Room Worksheet:***

*New Safe Room, Retrofit of existing structure*

***Wind Retrofit Worksheet:***

*Wind Retrofit projects only – one worksheet per structure*

***Wildfire Worksheet:***

*Defensible Space, Hazardous Fuels Reduction, Ignition Resistant Construction, other*

***Drought Worksheet:***

*Aquifers, other*

***Request for Public Assistance Form:***

FEMA Form 90-49 (Request for Public Assistance): *All applicants must complete, if applicable.*

***Acquisition Forms:***

If project type is Acquisition, these forms must be completed.

(Only one of the two *Notice of Voluntary Interest* forms is necessary.)

*Model Statement of Assurances for Property Acquisition Projects*

*Declaration and Release*

*Notice of Voluntary Interest (Town Hall Version)*

*Notice of Voluntary Interest (Single Site Version)*

*Statement of Voluntary Participation*

*FEMA Model Deed Restriction Language*

***Application Completeness***

All applicants are recommended to complete this checklist and utilize the guidance

**Guidance / Checklist :**

for completing the application.

**B. Applicant Information:**

FEMA-4828-DR-FL PID #: PID-150569

**Title of Project:** Hernando County, Airport, Generator

1. Applicant (Organization): Hernando County Emergency Management

2. Applicant Type: County

3. County: Hernando

4. State Legislative Senate District(s): 11 State Legislative House District(s): 52 Congressional House District(s): 12

5. Federal Tax I.D. Number:

6. Unique Entity ID (UEI):

7. Federal Information Processing Standards (FIPS) Code\*: 12053

8. National Flood Insurance Program (NFIP) Community Identification Number:  
(this number can be obtained from the FIRM map for your area) 120110

9. Point of Contact: (Applicant staff serving as the coordinator of project)

First Name: John Last Name: Walsh

Title: Economic Development Manager

Address: 15800 Flightpath Drive

City: Brooksville State: FL Zip Code: 34604

Telephone: 352-540-6401 Email: jwalsh@hernandocounty.us

10. Application Prepared by:

Title:

Address:

11. Authorized Applicant Agent (proof of authorization authority required)

First Name: Jeff Last Name: Rogers

Title: County Administrator

Address: 15470 Flight Path Drive

City: Brooksville State: FL Zip Code: 34604

Telephone: 3527544841 Email: jrodgers@co.hernando.fl.us

Signature:

Date:

**12. Local Mitigation Strategy (LMS) Compliance**

- All proposed projects must be included in the county's Local Mitigation Strategy (LMS) Project List, and on file with FDEM's Mitigation Bureau Planning Unit. Does your jurisdiction have a current FEMA Approved Mitigation Plan and this project is listed? ☒ Yes ☐ No
- Attached is a letter of endorsement for this project from the county's LMS Coordinator. ☒ Yes ☐ No
- The LMS project list and endorsement letter both have an estimated cost column and Federal Share amount that is within \$500.00 between the two. ☒ Yes ☐ No

13. Has this project been submitted under a previous disaster event? ☒ No ☐ Yes, provide the disaster number and project number (as applicable):**Section II – Project Description**

## A. Hazards to be Mitigated / Level of Protection

1. Select the type of hazards the proposed project will mitigate: Hurricane Wind;Generator;Severe Storm;Other Power Failure
2. Identify the type of proposed project: Generator N/A
3. List the total number of persons that will be protected by the proposed project (include immediate population affected by the project only): 15
4. List how many acres of "Total Impacted Area" is to be protected by the proposed project (include immediate area affected by the project only): 2000
5. Fill in the level of protection and the magnitude of event the proposed project will mitigate.  
(e.g. 23 structures protected against the 100-year storm event (1% chance) 1 Structure
6. Check **all** item(s) the project may impact: Toxic or Hazardous Substances;Health & Safety
7. **Engineered projects:** If your project has been already designed and engineering information is available, attach to your application **ALL** calculations, H&H study and design plans (e.g. Drainage Improvement, Erosion Control, or other special project types).

## B. Project Description, Scope of Work, and Protection Provided (Must be Completed in Detail)

Describe, in detail, the existing problem, the proposed project, and the scope of work. Explain how the proposed project will **solve** the problem(s) and provide the level(s) of protection described in Part A. Also, if available, attach a vendor's estimate and/or a contractor's bid for the scope of work. **Ensure that each proposed project is mitigation and not maintenance.**

1. Describe the existing problems:

The current generator is an outdated and unreliable generator, that has been non-operational since October 2024.

2. Describe the type(s) of protection that the proposed project will provide:

Power Failure at the airport

3. Scope of Work (describe in detail what you are planning to do):

The purpose of the Scope of Work is to provide protection the Brooksville Airport with immediate power during a significant event. The current generator hasn't been operational since October 2024. The project is to purchase and install an emergency system to reduce or mitigate damage that could occur during severe weather. The Airport will purchase 100kW Natural Gas Generator permanent generators or generators of an adequate size determined by the vendor and/or electrical engineer during the bid process to appropriately support each critical facility. The project also includes the installation of an Automatic Transfer Switch (ATS) and concrete foundation at each site. The project will allow each voluntary fire department to serve their communities during future power outages.

The generator(s) shall be protected against a 500-year flood event by implementing specific activities or by locating the generator(s) outside the Special Flood Hazard Area (SFHA), comply with applicable National Flood Insurance Program (NFIP) requirements and shall be protected against wind with a rated enclosure and appropriate anchoring based on its location requirements per ASCE 7 standards. The selected site shall provide sufficient space to maintain and fuel the generator(s) and shall comply with the National Electrical Code working clearance requirements. Activities shall be completed in strict compliance with Federal, State and Local applicable Rules and Regul

## Section III – Project Location (Fully describe the location of the proposed project.)

### A. Site

1. Describe the physical location of this project, including street numbers (or neighborhoods) and project site zip code(s). Provide precise longitude and latitude coordinates for the site utilizing a hand-held global positioning system (GPS) unit or the equivalent:

Brooksville Tampa Bay Regional Airport is located in Hernando County on the Gulf Coast of Florida. It is a  
Address: 15800 Flight Path Dr  
Brooksville, FL 34604  
Coordinates: 28°28'25"N - 082°27'20"W

2. Title Holder	Address	Zip Code	GPS coordinates (decimal degree
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			<b>format):</b>

3. Is the project site seaward of the Coastal Construction Control Line (CCCL)? ☒ No ☐ Yes
4. Provide the number of each structure type (listed below) in the project area that will be affected by the project. Include **all** structures in project area.

Residential property:	<u>0</u>	Public buildings:	<u>1</u>
Businesses/commercial property:	<u>0</u>	Schools/hospitals/houses of worship	<u>0</u>
Other:	<u></u>		

#### B. Flood Insurance Rate Map (FIRM) Showing Project Site

1. Attach one (1) copy of the FIRM map, a copy of the panel information from the FIRM, and, if available, the Floodway Map. <b>FIRM maps are required for this application (if published for your area). Also, all attached maps must have the project site and structures clearly marked on the map.</b> FIRMs are typically available from your local floodplain administrator who may be located in a planning, zoning, or engineering office. Maps can also be ordered from the Map Service Center at 1-800-358-9616. For more information about FIRMs, contact your local agencies or visit the FIRM site on the FEMA Web-page at <a href="https://msc.fema.gov/portal">https://msc.fema.gov/portal</a> .
2. Using the FIRM, determine the flood zone(s) of the project site (Check all zones in the project area) (See FIRM legend for flood zone explanations) (A Zone must be identified)
3. <b>If the FIRM Map for your area is not published</b> , attach a copy of the Flood Hazard Boundary Map (FHBM) for your area, with the project site and structures clearly marked on the map.
4. Attach a copy of a Model Acknowledgement of Conditions for Mitigation in Special Flood Hazard Area

#### C. Maps with Project Site and Photographs

1. Attach a copy of a city or county scale map (large enough to show the entire project area) with the project site and structures marked on the map.
2. Attach a USGS 1:24,000 TOPO map with project site **clearly** marked on the map.
3. For **acquisition** or **elevation** projects, include copy of Parcel Map (Tax Map, Property Identification Map, etc.) showing each property to be acquired or elevated. Include the Tax ID numbers for each parcel, and Parcel information – including year built and foundation.
4. Attach photographs (at a minimum 4 photographs) for each project site per application. The photographs should be representative of the project area, including any relevant streams, creeks, rivers, etc. and drainage areas that affect the project site or will be affected by the project, and labeled. For each structure, include the following angles: front, back and both sides.

### Section IV – Budget/Costs

In order to assist applicants with filling out the following Budget section, we have provided the following instructions for your convenience. For this section, we ask that you provide details of all the estimated costs of the project, as it is used for the benefit-costs analysis as well as for the feasibility and effectiveness review.

For the cost sections relating to Materials, Labor, and Fees, it is important to note,

- Lump sums without supporting documentation showing a breakdown of those costs are not acceptable. For those items that will not fit in the spaces provided, attach the appropriate documentation to your application.
- Identify your match sources in sections B and I.
- Sub-Total cells will auto sum the costs in their respective columns.

- Do not factor management costs into parts A-C. If management costs are being requested, see part G.
- Contingency Costs need to be justified and reported as a separate line item in part E of this section. From left to right in that part, enter the desired percentage (maximum 5% of Material/Labor), the amount the percentage is to be applied to, and the resulting amount. PLEASE NOTE- These cells will not auto-calculate across the row, but the final cell will be calculated into the Final Project Cost below it. Take care that everything is calculated correctly.
- Pre-Award Costs: costs must be identified as a separate line item, AND a completed HMGP Pre-Award Cost Request Form MUST be submitted with this application, detailing the items/cost and requested start date.
- Mark all In-kind (donated) services with (\*\*); In-house (employee) services with (\*\*\*), per each line item.
- All funding sources (In-kind, In-house, Global Match, and Other Agencies) must be identified (below) AND identified on the Funding Sources - Section IV I.

For project management costs, in compliance with Disaster Relief and Recovery Act of 2018 (DRRA) and the subsequent FEMA Interim Policy #104-11-1, the Florida Division of Emergency Management has included a section for applicants to request, or refuse, project management funds that are available to them. Under this new policy, HMGP projects awarded under disasters declared on or after August 1, 2017, are eligible for project management costs up to 5 percent of their total project costs.

Applicants choosing to apply for this funding must detail the specific administrative costs in Part G of this section. These costs must be eligible administrative costs, conforming to the requirements set in 2 CFR Part 200 Subpart E. Applicants must ensure that their administrative costs are reasonable, allowable, allocable, and necessary for the performance of the federal award.

The State will allot these management costs on a project-by-project basis per the amount requested by the sub-recipient, up to 5 percent of the total project cost. A sub-recipient may request less than this, but no higher. These management costs will be considered a separate pool of funding, and WILL NOT affect a project's benefit-cost analysis.

Management costs will be reimbursed per reimbursement request, and no more than 5 percent of any given reimbursement request amount. All management costs reimbursements will be contingent upon adequate documentation from the sub-recipient.

Management costs will be reimbursed at 100 percent of the amount of management costs requested, so far as they are adequately documented and are no more than 5 percent of the request. Any unused management costs at closeout following the final payment will be de-obligated. If the final total project cost results in an under-run, management costs will be reduced accordingly.

Applicants must make the determination to request or refuse management costs at the time of formal application submittal. The State will accept the initial determination from the applicant. There will be no recourse from the State for applicants wishing to change their initial determination after the application has been formally submitted.

Budget	
Name	Amount
<b>Subtotal</b>	<b>0</b>
Subrecipient Management Costs	\$6,188.70
<b>Total</b>	<b>\$123,774.00</b>

#### A. Funding Sources (round figures to the nearest dollar)

**The maximum FEMA share for HMGP projects is 75%.** The other 25% can be made up of State and Local funds as well as in-kind services. HMGP funds may be packaged with other Federal funds, but other Federal funds (except for Federal funds that lose their Federal identity at the State level, such as CDBG, and certain tribal funds) may not be used for the Non-Federal share of the costs.

Funding Sources		
Federal	Amount	Percent
Estimated Federal Share	\$92,830.50	75%
Non-Federal Funding Share		
Cash	\$30,943.50	25%
In-Kind		0%
In-House		0%
Global Match		0%
Other Agency Share		
		0%
<b>Total</b>	<b>\$123,774.00</b>	<b>100%</b>

## B. Project Milestones/Schedule of Work

List the major milestones in this project by providing an estimated time-line for the critical activities not to exceed a period of 3 years (36-months) of performance. *(e.g. Contracting, Designing, Engineering, Permitting, Inspections, closeout, etc.)*

Name	Milestones	Start Date	Target Completion Date
State and Local Contracting -			
Construction Plan /Technical Specifications -			
Bidding / Local Procurement -			
Permitting -			
Construction / Installation -			
Local Inspections / Compliance -			
State Final Inspections / Compliance -			
Closeout Compliance -			

## Section V. Environmental Review and Historic Preservation Compliance

***(NOTE: This application cannot be processed if this section is not completed.)***

Because the HMGP is a federally funded program, all projects are required to undergo an environmental and historic preservation review as part of the grant application process. Moreover, all projects must comply with the National Environmental Policy Act (NEPA) and associated Federal, State, Tribal, and Local statutes to obtain funding. **NO WORK can be done prior to the NEPA review process. If work is done on your proposed project before the NEPA review is completed, it will NOT be eligible for Federal funding.**

### A. The following information is required for the Environmental and Historic Preservation review:

All projects must have adequate documentation to determine if the proposed project complies with NEPA and associated statutes. The State Environmental Staff provide comprehensive NEPA technical assistance for Applicants, with their consent, to complete the NEPA review. The type and quantity of NEPA documents required to make this determination varies depending upon the project's size, location, and complexity. However, at a minimum, provide the applicable documentation from this section to facilitate the NEPA compliance process.

- ☒ Detailed project description, scope of work, and budget/costs (Section II and Section IV of this application).
- ☒ Project area maps (Section III, part B & C of this application).

3. ☒ Project area/structure photographs (Section III, part C of this application).
4. ☐ Preliminary project plans.
5. ☐ Project alternatives description and impacts (Section V of the application).
6. ☐ Complete the applicable project worksheets.  
Documentation showing dates of construction are required for all structures.
7. ☐ Environmental Justice – Provide any applicable information or documentation regarding low income or minority populations in the project area. See Section V.B of this application for details.
8. ☐ Provide any applicable information or documentation referenced on the *Information and Documentation Requirements by Project Type* below.

**B. Executive Order 12898; Environmental Justice for Low Income and Minority Population:**

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

☒ No ☐ Yes; describe any disproportionate and adverse effects to these populations:

N/A

2. ☐ To help evaluate the impact of the project, explain below or attach any other information that describes the population, or portion of the population, that would be either disproportionately or adversely affected. Include specific efforts to address the adverse impacts in your proposal narrative and budget.

The population that would be impacted would be the Airport Staff, Hernando County BOCC, and Pilots.

**C. Tribal Consultation (Information Required)**

*Section 106 of the National Historic Preservation Act (NHPA) requires federal agencies to take into account the effect of their undertakings on historic properties. The NHPA requires that agencies must complete this process prior to the expenditure of any Federal funds on the undertaking. A Tribal Consultation is required for any project disturbing ground or moving soil, including but not limited to: drainage projects; demolition; construction; elevation; communication towers; tree removal; utility improvements.*

1. Describe the current and future use of the project location. A land use map may be provided in lieu of a written description.

Current and future land use is the facilities that would be protected with the generator would be protected during power outage. The facilities are on the Airport Property, which is owned by the Hernando County BOCC. Small lots and buildings around the Airport are leased in 30-50 year land lease contracts.

2. Provide information on any known site work or historic uses for project location.

The Airport was built in 1942 for the United States Army. It was used as an airfield for bombers during WWII.

- ☒ Attach a copy of a city or county scale map (large enough to show the entire project area) with the horizontal limits (feet) and vertical depths (square feet) of all anticipated ground disturbance of 3 inches or more.

**D. Alternative Actions (Information Required)**

The NEPA process requires that at least two alternative actions be considered that address the same problem/issue as the proposed project. In this section, list **two feasible** alternative projects to mitigate the hazards faced in the project area. One alternative is the “No Action Alternative”.

**1. No Action Alternative**

Discuss the impacts on the project area if no action is taken.

The impacts would leave the airport non-operational during a power outage, which could result in impacts of pilots landing, Continuity of Operations for the Airport, and revenue loss to the county.

**2. Other Feasible Alternative**

Describe a feasible alternative project that would be the next best solution if the primary alternative is not accomplished. This could be an entirely different mitigation method or a significant modification to the design of the current proposed project. Include a Scope of Work, engineering details (if applicable), estimated budget and the impacts of this alternative. Complete *all* of parts **a-e** (below).



**a. Project Description for the Alternative**

Describe, in detail, the alternative project, and explain how the alternative project will solve the problem(s) and/or provide protection from the hazard(s). Also, provide pros and cons for this alternative and a reason for why it was not selected.

The Sub-Recipient, Hernando County would purchase a portable generator. The generator(s) shall be protected against a 500-year flood event by implementing specific activities or by locating the generator(s) outside the Special Flood Hazard Area (SFHA), comply with applicable National Flood Insurance Program (NFIP) requirements and shall be protected against wind with a rated enclosure and appropriate anchoring based on its location requirements per ASCE 7 standards. The selected site shall provide sufficient space to maintain and fuel the generator(s) and shall comply with the National Electrical Code working clearance requirements. Activities shall be completed in strict compliance with Federal, State and Local applicable Rules and Regulations.

**b. Project Location of the Alternative** *(describe briefly, if different from proposed project)*

The portable generator would be stored in the same facility and location as the permanent generator.

- ☐ Attach a map or diagram showing the alternative site in relation to the proposed project site *(if different from proposed project)*

**c. Scope of Work for Alternative Project**

Hernando County BOCC would purchase a portable 40kW generator. The generator(s) shall be protected against a 500-year flood event by implementing specific activities or by locating the generator(s) outside the Special Flood Hazard Area (SFHA), comply with applicable National Flood Insurance Program (NFIP) requirements and shall be protected against wind with a rated enclosure and appropriate anchoring based on its location requirements per ASCE 7 standards. The selected site shall provide sufficient space to maintain and fuel the generator(s) and shall comply with the National Electrical Code working clearance requirements. Activities shall be completed in strict compliance with Federal, State and Local applicable Rules and Regulations.

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**d. Impacts of Alternative Project**

Discuss the impact of this alternative on the project area. Include comments on these issues as appropriate: Environmental Justice, Endangered Species, Wetlands, Hydrology (Upstream and Downstream Surface Water Impacts), Floodplain/Floodway, Historic Preservation and Hazardous Materials.

The impacts would be to individuals, as someone would have to move the portable generator during a significant event or in the event of sudden power failure. With having to move the portable generator it would potentially leave a lapse in time with the airport not having power.

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**e. Estimated Budget/Costs for Alternative Project**

In this section, provide details of all the estimated costs of the alternative project (round figures to the nearest dollar). A lump sum budget is acceptable.

\$80,985.00

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## Section VI – Maintenance Agreement

All applicants whose proposed project involves the retrofit or modification of existing public property or whose proposed project would result in the public ownership or management of property, structures, or facilities, must first sign the following agreement prior to submitting the application to FEMA.

(NOTE: Not applicable to projects solely related to residential or private property.)

Hernando County Emergency Management hereby agrees that if it receives any Federal aid as a result of the attached project application, it will accept responsibility, at its own expense if necessary, for the ***routine*** maintenance of any real property, structures, or facilities acquired or constructed as a result of such Federal aid. Routine maintenance shall include, but not be limited to, such responsibilities as keeping vacant land clear of debris, garbage, and vermin; keeping stream channels, culverts, and storm drains clear of obstructions and debris; and keeping detention ponds free of debris, trees, and woody growth.

The purpose of this agreement is to make clear the Sub-recipient's maintenance responsibilities following project award and to show the Sub-recipient's acceptance of these responsibilities. It does not replace, supersede, or add to any other maintenance responsibilities imposed by Federal law or regulation and which are in force on the date of project award.

Signed by \fullname1{"size":"small"}\\_\_\_\_\_ the duly authorized representative  
(printed or typed name of signing official)

\title1{"size":"small"}\\_\_\_\_\_,  
(title)

This twenty-fifth day of August, 2025

Signature\* \signature1{"size":"small"}\\_\_\_\_\_

***\*Note: The above signature must be by an individual with legal signing authority for the respective local government or county (e.g., the Chairperson, Board of County Commissioners or the County Manager, etc.)***

## Attachment Index

Use the following template to list any supporting documentation that is **included on the CD or flashdrive**. Clearly and concisely label each attachment on this form to correspond with the file name on the CD or flashdrive. In the first column list which section and item (from the HMGP application) the attachment refers to. *Example: Section 2, Item 1.* **If any required documentation is not included on the CD or flashdrive, the application will be considered incomplete and will not be considered for possible funding.**

Attached Document Name
<ol style="list-style-type: none"><li>1. Budget Workbook-BUDGET Workbook (07-18-25).xlsx</li><li>2. City or County Scale Map-City-County-ScaleMap(Airport).png</li><li>3. FIRM Map-FEMA Flood Map.pdf</li><li>4. LMS Endorsement Letter-4828-LMS Endorsement (07-18-25)-signed.pdf</li><li>5. Original Signed Application-Approved-Grant-Management-Policy-15-01.pdf</li><li>6. Project Photograph-BKV Airport Administration - 5800 Flight Path Dr.pdf</li><li>7. Project Worksheet-Generator Worksheet Airport.pdf</li><li>8. Proof of Authorization Authory-Approved-Grant-Management-Policy-15-01.pdf</li><li>9. SRMC Request-SRMC Request Workbook (07-18-25).xlsx</li><li>10. Scope of Work-Airport Generator Quote Mid Florida Diesel 7.1.2025.pdf</li><li>11. USGS 1:24-USGS TOPO Airport.png</li></ol>