



FEMA

# Mitigation Best Practice Submission Worksheet

## PAPERWORK BURDEN DISCLOSURE NOTICE

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If you have any questions or comments, please e-mail them to us at [MITsuccess@dhs.gov](mailto:MITsuccess@dhs.gov).

★ Indicates Required Field

### ★ Activity/Project Title (Best Practice Headline)

Enter the title you wish to appear as headline for your Best Practice. The title must be 75 characters or less.

### ★ State

Enter the name of the state or territory where your Best Practice was implemented. For Best Practices implemented in Tribal areas (Federally recognized Indian Reservations), enter the name of the state in which the Reservation is located. If the Reservation transverse state boundaries, enter the name of the state containing the portion of the Reservation where the Activity/Project was actually implemented. If the Activity/Project is Reservation-wide, any of the states in which the Reservation lies may be entered.

### ★ What is the geographical area for this Activity/Project?

Select the region description that best fits the implementation area for this Activity/Project by placing an 'X' in the appropriate box below. Select ONLY 1.

- State-wide
- Regional (multiple Counties)
- Within a Single County
- Federally recognized Indian Reservation

### Is this a County-wide Activity/Project? Yes

Place an 'X' in the "Yes" box above ONLY if you answered "Within a Single County" to the previous question AND this Activity/Project was implemented throughout an entire County. Leave the box blank if your answer is NO.

★ **County/Counties** (required unless otherwise indicated in the instruction below)

**DO NOT** enter any Counties if this Activity/Project has a geographical area of “State-wide” or “Federally recognized Indian Reservation”. If the geographical area selected was “Regional (multiple Counties)”, enter the names of ALL counties that apply; but if the geographical area for this Activity/Project was “Within a Single County”, enter ONLY that one County name.

Note: The County field also supports Boroughs and Census Areas (Alaska), Parishes (Louisiana), and both Counties and Cities in Virginia.


**Community/Communities** (NOT required)

**DO NOT** enter any Communities for this Activity/Project if the geographical area selected above was “State-wide”, “Regional (multiple Counties)”, or “Federally recognized Indian Reservation”. Enter one or more Communities (as many as apply) if the geographical area selected was “Within a Single County” AND you did NOT answer ‘Yes’ to “Is this a County-wide Activity/Project”.


★ **Sector**

Select 1 of the choices below by placing an ‘ X ’ in the appropriate box.

Public Sector: A publicly funded project for community benefit (e.g., park land creation, infrastructure improvement, school-based shelters)

Private Sector: A project with private sector funding that benefits a private sector business or individual (e.g., improved drainage for an industrial park, downtown revitalization)

Public/Private Partnership: Any project that combines both public and private sector funding.

Private                       Public                       Public/Private Partnership

★ **Hazard**

Select as many as apply by placing an ‘ X ’ in each of the appropriate boxes below. For help determining Hazard types please refer to: <http://www.fema.gov/fima/bp/type.shtm>

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Chemical/Biological  | <input type="checkbox"/> Flooding                 | <input type="checkbox"/> Tornado      |
| <input type="checkbox"/> Coastal Storm        | <input type="checkbox"/> Hurricane/Tropical Storm | <input type="checkbox"/> Tsunami      |
| <input type="checkbox"/> Dam/Levee Break      | <input type="checkbox"/> Mudslide/Landslide       | <input type="checkbox"/> Typhoon      |
| <input type="checkbox"/> Drought              | <input type="checkbox"/> Nuclear                  | <input type="checkbox"/> Volcano      |
| <input type="checkbox"/> Earthquake           | <input type="checkbox"/> Severe Storm             | <input type="checkbox"/> Wildfire     |
| <input type="checkbox"/> Extreme Temperatures | <input type="checkbox"/> Technological            | <input type="checkbox"/> Winter Storm |
| <input type="checkbox"/> Fire                 | <input type="checkbox"/> Terrorism                |                                       |

★ **Category/Activity/ Project Type**

Select up to 3 by placing an ' X ' in each of the appropriate boxes below. DO NOT select more than 3.

- |   |  |
|---|--|
| <input type="checkbox"/> Acquisition/Buyouts                                  | <input type="checkbox"/> HAZUS-MH                      |
| <input type="checkbox"/> Building Codes                                       | <input type="checkbox"/> Land Use/Planning             |
| <input type="checkbox"/> Community Rating System Activity                     | <input type="checkbox"/> Relocation                    |
| <input type="checkbox"/> Cooperative Technical Partner Activity               | <input type="checkbox"/> Retrofitting, Non-structural  |
| <input type="checkbox"/> Disaster Resistant Universities/ Mitigation Planning | <input type="checkbox"/> Retrofitting, Structural      |
| <input type="checkbox"/> Education/Outreach/Public Awareness                  | <input type="checkbox"/> Safe Rooms/Community Shelters |
| <input type="checkbox"/> Elevation, structural                                | <input type="checkbox"/> Training                      |
| <input type="checkbox"/> Elevation, utilities                                 | <input type="checkbox"/> Utility Protective Measures   |
| <input type="checkbox"/> Flood Control  | <input type="checkbox"/> Vegetation Management         |
| <input type="checkbox"/> Flood Insurance                                      | <input type="checkbox"/> Warning Systems               |
| <input type="checkbox"/> Flood Insurance Marketing                            | <input type="checkbox"/> Wetland Restoration           |
| <input type="checkbox"/> Floodplain Management                                | <input type="checkbox"/> Other: _____                  |
| <input type="checkbox"/> Flood-proofing                                       |  |
| <input type="checkbox"/> Flood Study Map Rollout/Map Modernization            |  |

**Structure Type** (NOT required)

Select up to 2 by placing an ' X ' in the appropriate box below. You may continue without making a selection if this is an Activity/Project (such as outreach, education, marketing, and training activities) that DOES NOT affect a specific structure type. DO NOT select more than 2. For Structure Type definitions please refer to: <http://www.fema.gov/fima/bp/structure.shtm>

- |  |  |
|--|--|
| <input type="checkbox"/> Concrete, Reinforced          | <input type="checkbox"/> Mobile Home                 |
| <input type="checkbox"/> Insulated Concrete Form (ICF) | <input type="checkbox"/> Safe Room/Community Shelter |
| <input type="checkbox"/> Light Gauge Metal             | <input type="checkbox"/> Shear Walls                 |
| <input type="checkbox"/> Manufactured Housing          | <input type="checkbox"/> Steel Frame                 |
| <input type="checkbox"/> Masonry, Reinforced           | <input type="checkbox"/> Tilt-Up (Concrete Pre-cast) |
| <input type="checkbox"/> Masonry, Unreinforced/Plain   | <input type="checkbox"/> Wood Frame                  |
| <input type="checkbox"/> Metal Building                | <input type="checkbox"/> Other: _____                |

★ **Activity/Project Start Date** (Enter as: Month - Year)

Enter the Month and Year the Activity/Project started. This field is required so you will need to approximate if you are not sure of the exact Month and Year. Do NOT enter a future Start Date or a Start Date prior to 1950.

★ **Activity/Project End Date** (Enter as: Month - Year)

Enter the Month and Year the Activity/Project ended. If the Activity/Project has not yet ended or if an End Date does not apply at this time, place an ' X ' in the "On-going" box. If an End Date is entered, the date must be later than the Start Date entered above.

On-going

★ **Funding**

Select as many Funding sources as apply by placing an ' X ' in each appropriate box below.

- Academic
- Business Owner
- Community Assistance Program (CAP)
- Community Rating System (CRS)
- Cooperating Technical Partners (CTP)
- Environmental/Historical Preservation
- Flood Mitigation Assistance (FMA)
- Hazard Mitigation Grant Program (HMGP)
- Hazard Mitigation Technical Assistance Program (HMTAP)
- Homeowner
- Local Sources
- Map Modernization
- Mitigation Planning
- National Dam Safety Program (NDSP)
- National Earthquake Hazards Reduction Program (NEHRP)
- National Earthquake Technical Assistance Program (NETAP)
- National Flood Insurance Program (NFIP)
- National Hurricane Program (NHP)
- Non-profit organization (NPO)
- Other Federal Agencies (OFA)
- Other FEMA funds/ US Department of Homeland Security
- Pre-Disaster Mitigation (PDM)
- Private funds
- Property owner, residential
- Property owner, commercial
- State sources
- U.S. Small Business Administration (SBA)
- Wind and Water Technical Assistance Program (WATAP)
- Other: \_\_\_\_\_

**Funding Recipient** (NOT required)

If applicable, select only 1 Funding Recipient by placing an ' X ' in the appropriate box below.

- |  |  |
|--|--|
| <input type="checkbox"/> Academic                        | <input type="checkbox"/> Local Government                |
| <input type="checkbox"/> Business/Industry               | <input type="checkbox"/> Non Profit – Environmental      |
| <input type="checkbox"/> Critical Facility – Medical     | <input type="checkbox"/> Non Profit – Religious          |
| <input type="checkbox"/> Critical Facility – Police/Fire | <input type="checkbox"/> Property Owner – Residential    |
| <input type="checkbox"/> Critical Facility – School      | <input type="checkbox"/> Property Owner – Commercial     |
| <input type="checkbox"/> Cultural Facility               | <input type="checkbox"/> State Government                |
| <input type="checkbox"/> Lifelines – Gas/Electric        | <input type="checkbox"/> Transportation                  |
| <input type="checkbox"/> Lifelines – Telephone           | <input type="checkbox"/> Tribal Organizations/Government |
| <input type="checkbox"/> Lifelines – Water/Sewer         | <input type="checkbox"/> Other: _____                    |

**Name of Organizational Funding Recipient** (NOT required)

If applicable, enter the name of the Organization that received funding. DO NOT enter the name of an individual.

**Economic Analysis**

Enter Activity/Project Cost (\$ amount ONLY) in the space provided below; then indicate whether the amount entered is Actual or Estimated by placing an 'X' in the appropriate box. If the Activity/Project cost is not known and can't be reasonably estimated, place an 'X' in the "Unknown at this time" box. If 'Actual' or 'Estimated' is selected you must also enter a \$ amount. Do not enter a \$ amount if 'Unknown at this time' is selected. You must place an 'X' in one box, and one box only.

**Cost** \$ \_\_\_\_\_  Unknown at this time  
 Actual  Estimated

For program and project related activities, please provide the information as requested for the Benefits-to-Costs and Losses Avoided fields. It is understood that it is not possible to perform economic analyses or determine benefits for all activities (e.g. CRS, Outreach, Marketing, and Training). If neither benefit amount (Benefits-to-Costs or Losses Avoided) can be calculated or estimated, place an 'X' in the "Not Applicable/Not Program/Project Oriented" box. Please describe intangible benefits in the "Category/Activity/Project Details" section below.

**Benefits**  Not Applicable/Not Program/Project Oriented

**Benefits-to-Costs** \$ \_\_\_\_\_

Provide \$ amount of estimated benefits, or projected avoided damages, determined in evaluating the cost-effectiveness of the proposed mitigation measure. If a Benefit-Cost Analysis was conducted, enter the present value of the benefits or avoided damages as determined by the analysis. Please clarify the Benefit-Cost Analysis source in the "Category/Activity/Project Details" section below.

**Losses Avoided** \$ \_\_\_\_\_

Provide \$ amount ONLY IF mitigation effort has been tested by a subsequent event and calculations can be made on savings realized from avoiding damages that have previously occurred in pre-mitigation events. Please clarify in "Category/Activity/Project Details" any overlap with values entered in the *Benefits-to-Cost* field.

★ **Did mitigation effort(s) result from a federally declared disaster?**

Place an 'X' in either the 'Yes' or 'No' box below if you know whether or not the mitigation effort undertaken in this Activity/Project resulted from a Federally declared disaster. Not all Activities or Projects have a direct relationship to a particular disaster; as could be the case for outreach, education, marketing, and training activities. In instances where a Yes or No answer to this question can't be made with assurance, place an 'X' in the 'Unknown' box below.

Yes  No  Unknown

**Federal Disaster Declaration Number**

You are required to provide a Federal Disaster Declaration Number ONLY if you answered "Yes" to the previous question. If your answer was 'No' or 'Unknown', skip this field. For assistance in locating the Disaster Number, please refer to the listing at: <http://www.fema.gov/library/drcys.shtm>

**Year** (NOT - required)

If the mitigation effort undertaken with your Activity/Project resulted from a disaster (Federally Declared or other), enter the Year that disaster occurred (use YYYY format). You may skip this field if it is not applicable to your Activity/Project or if you do not have the information.

★ **Since the mitigation effort began, has a disaster tested its value?**

Answer 'Yes' below if a disaster has tested the mitigation effort of your Activity/Project. If the mitigation effort has not yet been tested by a disaster, answer 'No'. Place an 'X' in the 'Unknown' box if you do not know the answer to this question. You must place an 'X' in one box, and one box only.

Yes       No       Unknown

**Year That Disaster First Tested Value** (NOT - required)

If you answered "YES" to the previous question and you know the Year that the mitigation effort was first tested by a disaster, enter that year below (in YYYY format). Otherwise, you may skip this field.

★ **Is this a Repetitive Loss Property?**

If your Activity/Project involves a property and is flood related, indicate if it is a repetitive loss property as defined under the National Flood Insurance Program (NFIP) by placing an 'X' in either the 'Yes' or 'No' box below. If it is not flood or property related, or if you do not know the answer to this question, place an 'X' in the 'Unknown' box. You must place an 'X' in one box, and one box only.

Yes       No       Unknown

**Activity/Project Contact Information**

IMPORTANT NOTE: We request that you provide the contact information below so that a FEMA representative can contact you should we have questions or require additional information about your Best Practice submission. This information will ONLY be accessible to designated FEMA staff, and will under no circumstances be visible on FEMA's Web site or searchable by the public. Of these fields, we only REQUIRE that you provide a Contact Name; however, if FEMA staff is unable to contact you to ask questions or obtain clarifications, your story may not be approved for posting on FEMA's Website. If you choose not to provide this information, you may, at any time, email FEMA Mitigation staff in your FEMA Regional Office (see [www.fema.gov/mitigationss/regionalOffices.do](http://www.fema.gov/mitigationss/regionalOffices.do)) or at [MITsuccess@dhs.gov](mailto:MITsuccess@dhs.gov) to inquire about the status of your submission.

★ **Activity/Project Contact Name**

Enter the name of the person that should be contacted if FEMA has any questions or needs clarification on your submission. This information is required.

**Activity/Project Contact Phone (optional)**

Enter the contact phone number for the person entered above.

**Activity/Project Contact E-mail address (optional)**

Enter the contact e-mail address for the person entered above.







## Attachments:

A variety of supporting materials such as photos, maps, graphics, and/or PDF files can also be included to enhance your Best Practice. You may send us up to 6 attachments per Best Practice. If you are submitting attachments you must agree to the following statement by placing an ' X ' in the box below.

- I warrant and represent that I own or otherwise control the rights necessary to submit this material (documents, photographs, images), and acknowledge that I am granting the U.S. Government permission to (1) use, modify, copy, distribute, transmit, publicly display, reproduce, publish, and transfer any such work, photograph or image, and (2) publish my name in connection with any such communication. I also understand that I will not be compensated for the U.S. Government's or the general public's use of the submitted materials and that the U.S. Government is under no obligation to post or use any materials I may provide and may remove my materials at any time.

### Image File Attachment Rules

- All photographs must be JPEG file type (.jpg, .jpeg)
- Other acceptable image file types (for non-photo images) are .gif, .png, .bmp, JPEG (.jpg, .jpeg), and TIFF (.tif, .tiff)
- All image files must be given a caption or title (maximum 100 characters)
- All image files must include a short description (maximum 150 characters)
- Longer descriptions (up to 1500 characters) may also be provided, but are not required.
- Maximum acceptable image file size is 5MB

### Document File Attachment Rules

- Acceptable document file types are .doc, .xls, .pdf, .txt, .ppt, .rtf, .html, and .xml
- Accessibility regulations require that for each .pdf file submitted a .txt version of that same file must also be submitted or we will not be able to use the .pdf file on the FEMA Web site
- All document files must be given a caption or title (maximum 100 characters)
- Maximum acceptable document file size is 5MB

**If you send file attachments via e-mail, please send each file attachment separately to ensure we receive them properly through the FEMA email system.**

# Mitigation Best Practice Guided Format

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## **Activity/Project Title - Best Practice Headline**

Select a short, descriptive phrase that will draw interest to the Best Practice.

The paragraph descriptions that follow are a “format guide” for the “Category/ Activity/ Project Details” section of the Best Practice Submission Worksheet. This will be the “body” of your Best Practice story.

## **First Paragraph - Synopsis**

Give a brief overview of the situation—Who? What? When? Where? Why?— including the positive results of the risk mitigation measures used. If the reader only sees the first few sentences, he/she leaves with the message that mitigation works!

## **Second Paragraph - Introduction**

Acquaint the reader with the “star of the story”, and why this testimonial is germane to the recent disaster and any state/local/community hazard mitigation efforts. Is there a FEMA partner in this story? Link all involved and clarify the collaborative effort. This is a good place to use the first quote of the story.

## **Third/Fourth Paragraphs - Tell the Tale**

Begin weaving the factual, cultural and emotional elements of the story, and how the activity introduced earlier produced results. Reinforce the value/benefit of the risk mitigation measure taken. What were the economic savings? The emotional savings? What secondary impacts of a hazard were spared? Here is where you gain the reader’s trust, and validate his/her reasons for wanting to continue reading.

## **Fifth Paragraph - Promote Change**

Risk mitigation measures come in all sizes; many are simple to implement and incredibly affordable. Is it clear that the reader DOES have the capacity to take the mitigation measure(s) promoted in the story? Can the reader substitute him/herself in the story?

## **Sixth Paragraph - Take Action**

Provide the reader with the information necessary to be successful. Where can the reader get help? Be supported in future efforts? Is it a phone number? Web site? Community meeting? Home improvement store?

## **Final Paragraph - Positive Reinforcement**

In the final sentences, reinforce the message that mitigation works and that the action(s) taken are likely to make a difference in the future. Consider using a strong quote from the story participant to send the message they’re safer because of mitigation.