



Seismic Rehabilitation Grant Application

775 Summer St NE, Suite 200
Salem, OR 97301-1280

Section A: Applicant

_____	Address Line 1:
Legal Organization Name	Address Line 2:
_____	City: State:
DBA (if Applicable)	Zip:
_____	Type of Applicant:
Building or Facility Name	State Government
_____	Local Government
State Tax Number (eg. 11-111111)	School District
_____	Fire District
Federal Tax Number	Community College
	Private Non-Profit
	Other

Has applicant's jurisdiction received a voter approved levy for building maintenance or renovation?
Yes No

Section B: Contacts

Main Contact:	Secondary Contact:
_____	_____
Name	Name
_____	_____
Title	Title
_____	_____
Phone	Phone
_____	_____
Email	Email

Who will sign the Contract if Awarded:

_____	_____
Name	Email
_____	Address Line 1:
Title	Address Line 2:
_____	City: State:
Phone	Zip:

Section C: Community Information

Please provide the pertinent information for the community(ies) that will benefit from this mitigation activity.

Community Name	Area Served (sq miles)	Population Served	State Legislative District	US Congressional District

Does community have a FEMA approved natural hazard mitigation plan?
Yes No

Describe any community-wide mitigation or awareness efforts and other mitigation projects occurring in the community:

Section D: Property Information

Building/Facility name:

Project address:

Legal description of property:

Year built:

Date of most recent major remodel:

Is the building over 50 years old?

Yes

No

If Yes: Is this building listed on the National Register of Historic Places, a National Historic Landmark, or considered an eligible, significant building by the State Historic Preservation Office?

Building use:			
Foundation type:			
Square feet:		Number of stories:	
Type of construction:			
Current replacement cost of structure:			
Replacement cost of contents stored in the building:			
Replacement cost of vehicles stored in the building:			
Are you planning to use the building as it is currently used for the next 10 years?	Yes	No	
<i>If No: Please Explain:</i>			
Is the building located in a hazard area? (e.g. tsunami, flood, landslide)	Yes	Specify: _____	
	No		
Number of natural hazard losses:			
<i>Describe:</i>			
Provide Photos showing the building from all sides (label each photo), provide close up photos of any vertical irregularities, and any connection points for additions attached to the original building. Minimum of 4 photos, maximum of 10.			
Photos Attached?	Yes	No	

Describe this building's value to the community. Does it have historical value? Is it utilized for uses outside of its primary function (such as a designated Red Cross Shelter)? Why is this building important to the community?

Section E: RVS Information

Enter the DOGAMI Rapid Visual Screening (RVS) details for the project.
 *If the retrofit includes different building parts with different building types, please enter the data for each part.
 Details can be found at:
<http://www.oregongeology.org/sub/projects/rvs/county/county-sites.htm>
 If your building does not have an RVS or has an incorrect RVS then complete these fields after running your Benefit Cost Analysis.

Building Part: <small>(If Applicable*)</small>			
Building Unique ID:			
Seismicity Zone:			
<small>(Please use the RVS 3rd Edition for this information – see map in the Application Guidance packet)</small>			
Soil Type:			
RVS Building Type:			
RVS Final Score:			
Collapse Potential:			
Latitude:			
Longitude:			

Does the building have a basement?
 Yes No

Does the building have horizontal irregularities per RVS? What is the shape of the building when viewed from above? (e.g. rectangle, L-shaped)

Does the building have vertical irregularities per RVS? Are there changes in elevation when the building is viewed from the side? If available, identify the vertical irregularity as moderate or severe per RVS.

Are there unreinforced chimneys, parapets or heavy cladding?

Section F: Mitigation Activity

Is the preliminary engineering report completed and attached?

Yes No

What is the ASCE 41 performance level of this project?

(For schools the minimum retrofit performance level is “Life Safety” with the exception of shelter projects; for emergency service buildings and shelter projects the minimum retrofit performance level is “Immediate Occupancy”) See Guidance Packet for details.

Life Safety Immediate Occupancy

Describe any structural or non-structural seismic mitigation measures previously conducted, including the date:

Section G: Scope of Work

What are the main structural and non-structural deficiencies of the building as outlined in your engineering assessment?

What are the main structural and non-structural proposed fixes and do they address all known seismic deficiencies? If not, please describe how your proposal is the most cost effective approach to rehabilitation for your building.

(Meeting the Life Safety and Immediate Occupancy performance objectives requires addressing structural and non-structural issues that pose risk.)

Is the project ready to begin? Describe what planning, design, etc. has been completed to date.

Project Management Milestones

Briefly identify milestones by quarter, with start and end dates, which will be achieved within the 24 month performance period.

Quarter	Milestone	Start Date	End Date
1			
2			
3			
4			
5			
6			
7			
8			

Section H: Cost Estimate Summary

Category	Cost Estimate	
Engineering		
Construction Management		
Construction		
Relocation		
Contingency		
Total Cost Estimate:		
Match Funds:		
Total Amount Requested from SRGP:		
Match Sources		
Source	Funding Type	Amount
Grand Total:		

NOTE: An engineering cost estimate must be attached to the application (may be included in the engineering report) with enough detail (ideally with quantities and unit costs) to document the credibility of the estimate. If you would like to make any comments on the cost estimate, please enter them below.

Section I: Cost Efficiency Information

Is your Benefit Cost Analysis (BCA) completed and attached?
Yes No

Provide comments regarding the information sources used to obtain the occupancy and budgetary information necessary for the BCA:

Benefit Cost Analysis Score:

Average Occupancy:

Annual Operating Budget:

Contact who completed your BCA:

Name

Title

Phone

Email

Section J: Maintenance Schedule & Costs

Identify entity that will perform any long-term maintenance and provide substantiating documentation that shows that the entity is accepting performance and budget responsibility:

Section K: Applicant Signature(s) and Certification

Please **print and sign one copy** to be mailed or hand delivered. Your **digital** copy **does not need to be signed**. Please save this file directly and include it on your CD or USB drive.

I (we) certify (applicant organization) supports the proposed project, has the legal authority to pledge matching funds (if providing match), and has the legal authority to apply for Seismic Rehabilitation Grant funds. I (we) further certify that any matching funds are available or will be available for proposed project. I understand that all State rules for contracting, auditing, and payment will apply to this project. I (we) certify that the information provided on the application materials is accurate.

Signature

Date

Signature

Date

Please mail (USPS/FedEx/UPS) or hand deliver 1 hard copy and 1 CD (or USB memory stick) of application materials to:

**Seismic Rehabilitation Grant Program
Business Oregon
775 Summer St. NE, Suite 200
Salem, Oregon 97301**

Faxed grant applications will not be accepted.