

City of Pacific

April 27, 2018

Missouri State Emergency Management Agency
Attn: Elizabeth Weyrauch - Mitigation Section
2302 Militia Drive
PO Box 116
Jefferson City, Missouri 65101

Dear Ms. Weyrauch,

Please find the enclosed "combined" application for Hazard Mitigation Grant Program funding for acquisition and demolition of 31 properties in the City of Pacific. The revised application submitted here follows direction and guidance from your staff regarding the earlier preliminary application. I believe we have all required documentation and the application hopefully is in final form.

I would note that we do not have voluntary participation forms for four properties included in the application. We have made repeated efforts to contact these property owners, but to date they have not been responsive. Please note that each of the property owners had expressed verbal interest early in the process and had made indications that they intended to participate. We understand that these properties will likely need to be removed from the application.

I want to re-emphasize again the importance of these grants for our community. We have suffered two devastating flood events (2015 and 2017), and our community is in need of whatever assistance may be available to address our flood issues. I believe we have made great strides on our own, engaging a planning / consulting firm (HR Green) for a comprehensive flood mitigation planning effort for our community; participating in the Lower Meramec Multijurisdictional Floodplain Planning committee; and working directly with our residents and property owners over their particular flood issues, among other issues.

As noted in my previous cover letter, the HMGP applications submitted here represent a major piece of our flood planning and mitigation efforts going forward. The City appreciates your agency's help with these applications and with our flood recovery efforts in general, and looks forward to continuing to work with you in the future. If you have questions or need further information please don't hesitate to call.

Thank you very much for your consideration.

Sincerely,



Steve Roth
City Administrator

MISSOURI STATE EMERGENCY MANAGEMENT AGENCY Hazard Mitigation Grant Program (HMGP) Application

I. Applicant Information

Date: 2/23/2018

New Application Revised Application

A. Multi-Hazard Local Mitigation Plan (LMP) Status: Approved
IF Approved:

- a) Plan Type: Multi-Jurisdictional Multi-Hazard LMP
- b) Date of Approval by FEMA: 7/13/2015
- c) Date of Adoption: 5/5/2015

B. Project Title: City of Pacific 2018 HMGP
Name of Applicant: City of Pacific County: Franklin/St. Louis

C. Applicant Type: State or Local Government Type of Application: Non-Construction Project

D. Federal Tax ID Number: 43-6002687 DUNS Number: 14498543

E. State Legislative District(s): 110 & 119 FIPS Number: 29071

F. Congressional District(s): 2 & 3

G. Member in good standing with the National Flood Insurance Program: Yes No

H. Point of Contact:

Mr. Ms. Mrs. First Name: Steve Last Name: Roth

Title: City Administrator

Organization: City of Pacific

Street Address: 300 Hoven Drive

City: Pacific State: MO Zip Code: 63069

Telephone: (636) 271 - 0500 Fax: (636) 257 - 7017

E-mail Address: sroth@pacificmissouri.com

I. Alternate Point of Contact:

Mr. Ms. Mrs. First Name: Daniel Last Name: Rahn

Title: City Engineer

Organization: Engineering Surveys & Services

Street Address: 2464 Taylor Road, Suite 130

City: Wildwood State: MO Zip Code: 63040

Telephone: (636) 236 - 7187 Fax: () _____ - _____

E-mail Address: drahn@ess-inc.com

J. Estimated Funding:

Federal 75%	Non-Federal 25%	Total 100%
<u>\$1,691,704.50</u>	<u>\$563,901.50</u>	<u>\$2,255,606.00</u>

II. Description of the Proposed Project

A. Address the following in your narrative:

The problem to be mitigated, a detailed description of the proposed project, and how the project conforms to the State and Local mitigation goals and/or plans, citing the location in the plan(s) to support your answer (attach excerpts from State and Local plans), refer to the Voluntary Transaction forms (a Voluntary Transaction form is required to be signed by each owner – if there are multiple owners of a property, then you will need a Voluntary Transaction form for each of them):

Riverine flooding in the City of Pacific has increased in both frequency and intensity over the past three decades. The City of Pacific has seen Meramec River levels crest above Major Flood Stage (27 feet) five times since 1982. Amazingly, these five events also represent the top five historic crests. Each one of these events - 1982, 1994, 2008, 2015 and 2017 – has caused a significant impact on the community regarding health, safety and welfare of the citizens, as well as catastrophic damage to property located in the Special Flood Hazard Area. This project seeks to mitigate this problem by acquiring and demolishing those properties that have realized the most severe losses.

This buyout project includes the acquisition and demolition of 27 severely damaged properties located in the Special Flood Hazard Area in the City of Pacific. Each property will be acquired and demolished pursuant to the Hazard Mitigation Assistance Guidance Addendum date February 27, 2015 issued by FEMA as well as all other state and local requirements.

The City of Pacific has adopted both the *Missouri State Hazard Mitigation Plan* (State Plan) developed by SEMA as well as the *St. Louis Regional Hazard Mitigation Plan* (Local Plan) as developed by East-West Gateway Council of Governments. Both plans have similar stated goals and recommended or preferred mitigation strategies.

The State Plan has four stated goals (Appendix A). While this project, in some ways, will satisfy all four goals, the greatest impact is realized with Goal 1 and Goal 3:

Goal 1 – Implement mitigation actions that improve the protection of human life, health, and safety from the adverse effects of disasters

Just a few of the inherent dangers to life, health and safety flooding presents are: flood water contains dangerous contaminants like chemicals and raw sewage; moving (flowing) water can easily carry people away; utilities can be cut off for days or weeks creating unsanitary conditions; rescuing stranded victims presents a major risk to first responders.

This project will eliminate all of these adverse effects by removing structures where people live and work and returning the land to open space. This reduces the number of potential victims to acute and long term effects of flooding.

Goal 3 – Implement mitigation actions that improve the protection of public and private property from the adverse effects of disasters

Flooding is a catastrophic loss to not only the items inside a building but the elements that make up the building itself. Drywall, insulation, cabinets, HVAC, electrical, flooring, just to name a few, are generally destroyed in a flood event. This project will permanently protect 19 private properties from adverse effects of disasters by eliminating the structure(s) and

returning the land to open space. Each property will be deed restricted in perpetuity to prevent any future adverse effects.

The Local Plan has three stated goals (Appendix B). The first goal is very similar to Goal 1 in the State Plan. It states: Prepare communities in advance of a natural disaster to prevent loss of life, minimize injury and illness. This goal is satisfied the same ways as Goal 1 above.

Goal 3 of the Local Plan – Encourage regional, county and local planning and development that is consistent with the hazard mitigation plan and that reduces future risk from natural disaster. The project will satisfy this goal the same way as Goal 3 above: eliminating structures from the floodplain.

In addition to satisfying the goals of the two adopted plans, a project of this type (buyout) is listed as a top priority for mitigation of flood hazards. Excerpts from both plans listing buyouts as a top strategy are included as Appendix C.

The owners of these properties have shown their support for this project by signing the Voluntary Transaction form. They are fully aware that this project and the acquisition of their property is totally voluntary. Signed forms are attached and submitted with this application.

B. In this narrative address the following questions:

Will the proposed mitigation measure provide an independent solution to the problem? How does the proposed mitigation measure address a repetitive problem or a problem that poses a significant risk to public health and safety if left unresolved? What would be the negative impacts on the area if the proposed project is not approved?

This project will provide an independent solution to the problem of severe repetitive flooding. Once properties are acquired and the structures demolished, no additional resources are necessary to prevent future losses on those properties.

If left unresolved, the properties included in this project will continue to flood and damages will continue to occur. Health and safety of the occupants will continue to be affected each time a flooding event occurs. Based on the current statistics, the frequency and severity of flooding continues to increase. This indicates that the mitigation strategy of this project will not only eliminate the health and safety hazard but the benefit of eliminating the cost of rebuilding and the claims to the NFIP significantly outweighs the cost of the project.

If the project were not approved, the properties will continue to flood and see damage. Additionally, the property value of the surrounding area will be negatively impacted because more and more structures will be left vacant and in various stages of disrepair.

C. Describe damage caused by previous and current disasters and associated costs:

Flooding in 1982, 1994, 2008, 2015 and 2017 caused widespread and extensive damage to properties and facilities in Pacific. Since 1978 there have been 464 claims against the NFIP in the City of Pacific for a total of 15,403,637.90. This does not take into account damage to public facilities or damages to uninsured structures. The total estimated damages in Pacific since 1978 equal approximately \$23.8M. See attached *City of Pacific Estimated Flood Damages* for details.

Fill in the number of people and amount of property protected by the project:

Number of People: 81 Value of Residential
Number of Residential Properties: 26 Properties: \$1,372,264.00

Total Number of Properties: 27
Total Value of Structures: \$1,543,396.00

Provide the level of protection the proposed project will provide the total number of properties. (i.e. 23 structures protected against the 100-year (1%) flood).

List data in Flood Levels (10year, 25, 50, 100, etc). Refer to and attach river crest levels (see Map and Flood Data Resources.doc, included with package)

27 Structure(s) protected against the 100-year flood.

If successful, the proposed acquisition project will remove structures and individuals from harms way, providing protection against the hazard(s) specified above for 100 years, based on the FEMA standard. Acknowledged:

D. How will the property be used? Open Space

Indicate how the property will be protected from further development in the future (i.e. After all buildings have been purchased, the land will become open space and maintained and monitored by the city, and the land will be deed restricted according to Model Deed Restriction, Exhibit A). The properties will be protected from future development by removing all structures and converting each into open space. Each property will be deed restricted, according to Model Deed Restriction, Exhibit A, in perpetuity.

III. Project Location

Site Address: For multiple properties, please skip A (below) and complete a **Property Site Inventory (PSI) Form** for each property. The PSI form is located on SEMA's mitigation web page.

A property site inventory sheet is included for each property

A. Site Location

1. City: _____ State: MO Zip Code: _____
2. Latitude and Longitude verification: Select... Specify other: _____
Please specify the following in the Lat/Long comments below:
For projection, indicate North American Datum (NAD) 83 or World Geodetic System (WGS) 84
For accuracy, indicate Low, Very Low, Moderate or value in Feet or Meters
When using street address, exclude P.O. boxes and 911 addresses.
Lat/Long Comments: _____

B. Flood Insurance Rate Map (FIRM) showing Project Site:

- Attach a copy of the panel(s) from the FIRM, and if available, the Floodway Map, with the project site and structures marked on the map (FIRMs are typically available from your local floodplain administrator who may be located in the planning, zoning, or

engineering office. Maps can also be ordered from the Map Service Center at (800) 358-9616 or <http://www.fema.gov/>. (See Map and Flood Data Resources.doc, included with package)

A FIRMette is provided for each property in the project

Using the FIRM, determine the flood zone(s) of the project site (Check all zones in the project area).

NFIP Community Number: 290134 Panel Number(s): 29071C0355D

- VE or V 1-30 C or X (unshaded) AE or A 1-30
 AO or AH B or X (shaded) Floodway
 A (no base flood elevation given)

FIRM is not published; please attach a copy of the Flood Hazard Boundary Map (FHBM) for your area, with the project site and structures marked on the map.

C. Attach City or County Map with Project Site and Photographs (These are examples of the types of maps that can be used; additional space is provided to specify additional maps or references included in the application.) Check the appropriate boxes to indicate the attached maps:

- Attached 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.
 Attached USGS 1:24,000 topographical map with project site marked on the map.
 For acquisition or elevation projects, include a copy of the Parcel Map (Tax Map, Property Identification Map, etc.) with each property in the project clearly marked on the map. Use SAME ID as used on the Individual Housing Data Sheet.
 Attached are overview photographs. The photographs should be representative of the project area, including any relevant streams, creeks, rivers, etc. and drainage areas which affect the project site or will be affected by the project. Include photos of site area during the flood event, if available.
 For State Historical Preservation Officer's review, please attach photographs of the properties (4 photographs showing all four sides of structure and at least 2 photographs of outbuildings – front & back) at opposing angles so they may determine whether it is of historical value.

Referenced photographs are in attachment number:

IV. History of Hazards/Damages in the Area to be Protected*

*For Acquisitions and Elevations, provide an overview in this section and specific damages to each property in the Property Site Inventory Worksheets.

In this section describe all past damages from hazardous events in the project area. Include presidentially declared disasters as well as events that did not result in a Presidential declaration.

A. Overview of Past Damages:

Provide a detailed history of damages in the area, including direct and indirect costs. Include information for as many past incidents as possible. Attach any supporting documents. Direct costs should include damages to structures and infrastructure in the project area as a result of the hazard. Indirect costs should include the cost to the local government to respond to victims of the hazard in the project area, any interruption to local businesses, and losses of public services.

Date	Level of Event	Damages	Indirect Costs (Describe)
12/06/1982	100-yr	~\$3M damage to ~150 buildings	displacement of ~375 residents
4/14/1994	~50-yr	~\$2.6M damage to ~100 buildings	displacement of ~250 residents
3/22/2008	~100-yr	~3.3M damage to ~100 buildings	diplacement of ~250 residents
12/30/2015	100-yr	~7.9M damage to ~200 bldgs and public infrastructure	displacement of ~500 residents
05/02/2017	100-yr	~6.9M damage to ~180 bldgs and public infrastructure	displacement of ~450 residents

List all Supporting Documentation Attached pertaining to Past Damages (suggested documentation – Project Worksheets; damage documentation from City, County; Flood Insurance records from State Insurance Rep, etc.):

1. Project work sheets for public assistance
2. Statistics from FEMA website on City of Pacific NFIP Claims
3. Table of damages per event
4. _____

Provide a narrative below describing historical damages in the proposed project area: _____

Flooding in 1982, 1994, 2008, 2015 and 2017 caused widespread and extensive damage to properties and facilities in Pacific. Since 1978 there have been 464 claims against the NFIP in the City of Pacific for a total of 15,403,637.90. Additionally, there has been extensive damage to public facilities, notably in 2015 and 2017 that totals ~\$1.6M. Overall, there has been an estimated \$23.8M dollars of damage from the five above referenced events.

V. Scope of Work/Budget

In this section, provide the details of all costs of the project. As this information is used for the Benefit-Cost Analysis, reasonable cost estimates are essential. As project administrative costs are calculated on a sliding scale, **do not** include this in the budget. **Do not include contingency costs in the budget.**

A. Materials/Services (reference Budget Worksheet):

Item	Quantity	Unit of Measure	Cost Per Unit	Total Cost
Acquisition	27	Each	\$57,162.81	1,543,396.00
Appraisals	27	Each	\$500.00	\$13,500.00
Legal/Advertising/Survey	27	Each	\$2,000.00	\$54,000.00
Environmental Survey	27	Each	\$500.00	\$13,500.00
Asbestos Removal	27	Each	\$500.00	\$13,500.00
Demolition	27	Each	\$15,000.00	\$405,000.00
Relocation	9	Each	\$7,200.00	\$64,800.00
Property Review Management/Oversight	27	Each	\$1,500.00	\$40,500.00
Sub-Applicant Management Fee	1	Each	\$105,249.80	\$120,300.00

Totals	
Grand Total (Total Project Costs):	\$2,255,606.00

B. Funding Sources: (round figures to the nearest dollar) the maximum FEMA share for a HMGP project is 75%. The other 25% must be paid by the local sponsor. Note: You cannot match federal funds with federal funds; the only exception is Community Development Block Grant (CDBG) funding.

Funding Sources	Funding Amount	Percentage of Total Cost
Federal Share (Estimated FEMA Share):	\$1,691,704.50	75%
Non-Federal Share (See below for required details to document):	\$563,901.50	25%
TOTAL Proposed Project Cost:	\$2,255,606.00	100%

Non-Federal Share Information: (Use Source 1, additional source space is available if multiple sources are contributing to the proposed project (Source 2 and Source 3).

Match Assurance: If more than one source is providing the non-federal share (and/or the source of the non-federal share is different than the applicant completing and signing this application) please provide letters from each source committing to their share(s) of the non-federal funding.

Description	Source 1	Source 2	Source 3	Comments (Specify Other Source)
1. Source Agency:	<u>Other (Please Specify)</u>	<u>Local Agency Funding</u>	<u>Select...</u>	
2. Source Name of Non-Federal Share:	CDBG Funds	City General Fund		CDBG Grant funding has been approved
3. Type of Non-Federal Share:	<u>Cash</u>	<u>Cash</u>	<u>Select...</u>	

C. Project Work Schedule: List the major milestones and timeframes for this project:

Milestone	Timeframe Enter Range of Month(s)
1. Description: <u>Notify Owners of Award</u>	<u>1</u> month(s)
2. Description: <u>Contract for Title Company and Appraisal Firm</u>	<u>2</u> month(s)
3. Description: <u>Conduct Appraisals</u>	<u>2</u> month(s)
4. Description: <u>Determine mitigation offer and prepare necessary paperwork</u>	<u>2</u> month(s)
5. Description: <u>Present Offers to Owners</u>	<u>3</u> month(s)
6. Description: <u>Conduct settlements and property closings</u>	<u>10</u> month(s)
7. Description: <u>Demolish Structures</u>	<u>3</u> month(s)
8. Description: <u>Project Closeout</u>	<u>7</u> month(s)
9. Description: _____	_____ month(s)
10. Description: _____	_____ month(s)
11. Description: _____	_____ month(s)
12. Description: _____	_____ month(s)
13. Description: _____	_____ month(s)
14. Description: _____	_____ month(s)
15. Description: _____	_____ month(s)

VI. Environmental Documentation

The applicant **must** provide certain environmental documentation to the State before the State and FEMA can adequately review any proposed project. Some hazard mitigation projects require specific documentation depending upon the project type and its potential effects on the physical, biological and built environment. *Hazard mitigation acquisition projects are generally considered to be non-construction.* The following sections will help ensure you provide the necessary documentation for the project you are proposing. Each of the sections below will begin with a specific question, in which you will provide either a Yes, No, or Not Known response. In each section, if you select Yes or Not Known for any of the answers, please indicate why in the comments section provided, along with any information about this project that could assist SEMA and FEMA in its review.

Required: A Section 106 Form is available at:
<http://www.dnr.mo.gov/forms/index.html#HistoricPreservation>

A. National Historic Preservation Act – Historical Buildings and Structures:

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

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

- The property address and original date of construction for each property affected (unless this information is already noted in the Properties section).
- A minimum of four color photographs showing at least four sides of each structure, plus 2 photographs showing front and back of outbuildings (please label the photos accordingly).
- A diagram or USGS 1:24,000 scale quadrangle map displaying the relationship of the property(s) to the project area.

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

- Information gathered about potential historic properties in the project area, including any evidence indicating the age of the building or structure and presence of buildings or structures that are listed or eligible for listing on the National Register of Historic Places or within or near a National Register listed or eligible historic district. Sources for this information may include the State Historic Preservation Officer, and/or the Tribal Historic Preservation Officer (SHPO/THPO), your local planning office, historic preservation organization, or historical society.
- Consideration of how the project design will minimize adverse effects on known or potential historic buildings or structures, and any alternatives considered or implemented to avoid or minimize effects on historic buildings or structures. Please address and note associated costs in your project budget.
- For Acquisition/demolition projects affecting historic buildings or structures, have you provided any data regarding the consideration and feasibility of elevation, relocation, or flood proofing as alternatives to demolition?
- List all Supporting Documentation Attached pertaining to Historic Buildings or Structures:
 1. Section 106 determination letters from SHPO
 2. _____
 3. _____
- Additional Comments regarding Historic Buildings and Structures:

According to the SHPO there are no properties with historical significance

B. National Historic Preservation Act – Archeological Resources:

Disturbance of ground is defined as new excavation, not excavation on previously disturbed ground.

1. Does your project involve disturbance of ground? No

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

- A description of the ground disturbance by giving the dimensions (area, volume, depth, etc.) and location.
- The past use of the area to be disturbed, noting the extent of previously disturbed ground.
- A USGS 1:24,000 scale or other site map showing the location and extent of ground disturbance.

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

- Any information about potential archeological sites, in the project area. Sources of this information may include SHPO/THPO, and/or the Tribes cultural resources contact if no THPO is designated. Include, if possible, a map showing the relation of any identified archeological sites to the project area.
- List all Supporting Documentation Attached pertaining to Archeological Resources:
 - 1. _____
 - 2. _____
 - 3. _____
- Additional Comments regarding archeological sites: _____

C. Endangered Species Act and Fish and Wildlife Coordination Act:

Please consider your project's impacts carefully. Under normal circumstances, acquisition projects do not impact threatened and endangered species or rare vegetation.

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

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

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

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

- Any request for information and associated response from the United States Fish and Wildlife Service (USFWS) or the Missouri Department of Conservation, regarding potential listed species present and potential of the project to impact those species. **Required: Link to request and received response from USFWS for the Natural Heritage Review:**
<https://naturalheritagereview.mdc.mo.gov>

- List all Supporting Documentation Attached pertaining to the Endangered Species Act and Fish and Wildlife Coordination Act:
 1. Natural Heritage Review Report from Missouri Department of Conservation
 2. _____
 3. _____

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

Although endangered species have been identified near the project area, no work will take place in the Meramec river. All work in the floodplain will be minimized and avoid any additional runoff from the various properties.

2. Does your project remove or affect vegetation? No

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

- Description of the amount (area) and type of vegetation to be removed or affected.
- A site map showing the project area and the extent of vegetation affected.
- Photographs or digital images that show both the vegetation affected and the vegetation in context of its surroundings.

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

- List all Supporting Documentation Attached pertaining to Vegetation:
 1. _____
 2. _____
 3. _____

- Additional Comments regarding vegetation: _____

3. Is your project in, near (within 200 feet), or likely to affect any type of waterway or body of water? Yes No Not Known

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

- A USGS 1:24,000 scale quadrangle map showing the project activities in relation to all nearby water bodies (within 200 feet).
- Any information about the type of water body nearby including: its dimensions, the proximity of the project activity to the water body, and the expected and possible changes to the water body, if any. Identify all water bodies regardless whether you think there may be an effect.
- A photograph or digital image of the site showing both the body of water and the project area.

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

- Evidence of any discussions with the US Fish and Wildlife Service (USFWS), and/or the Missouri Department of Conservation concerning any potential impacts if there is the potential for the project to affect any water body.
- List all Supporting Documentation Attached pertaining to Waterway or Water Body:
 1. _____
 2. _____
 3. _____
- Additional Comments regarding Waterway or Water Body near your project: (i.e. Contractor will be required to mitigate construction area if near waterway)_____

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

1. Will the project involve dredging or disposal of dredged material, excavating, adding fill material or result in any modification to water bodies or wetlands designated as "waters of the U.S." as identified by the US Army Corps of Engineers or on the National Wetland Inventory? Yes No Not Known

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

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

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

- Request for information and response letter from the US Army Corps of Engineers and/or State resource agencies regarding the potential for wetlands, and applicability of permitting requirements.
- Evidence of alternatives considered to eliminate or minimize impacts to wetlands.
- List all Supporting Documentation Attached pertaining to Water Bodies or Wetlands:
 1. _____
 2. _____
 3. _____
- Additional Comments regarding Water Bodies or Wetlands for your project:

2. Does a Flood Insurance Rate Map (FIRM), Flood Hazard Boundary Map (FHBM), hydrologic study, or some other source indicate that the project is located in or will affect a 100 year floodplain, a 500 year floodplain if a critical facility, an identified regulatory floodway, or an area prone to flooding? Yes No Not Known

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

Comments regarding Executive Order 11988 (Floodplain Management): (i.e. This acquisition project will remove structures and individuals from harms way.)

See attached FIRMette for each property; each is located in the 100-yr floodplain. This acquisition project will remove structures and individuals from harms way. This will restore the area to open space potentially improving environmental conditions.

3. Does the project alter a watercourse, water flow patterns, or a drainage way, regardless of its floodplain designation? Yes No Not Known

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

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

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

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

List all Supporting Documentation Attached pertaining to activities taking place in the Floodplain:

1. _____
2. _____
3. _____

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

E. Farmland Protection Policy Act:

1. Will the project convert more than 5 acres of "prime or unique" farmland outside city limits to a non- agricultural use? Yes No Not Known

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

1. _____
2. _____
3. _____

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

F. RCRA and CERCLA (Hazardous and Toxic Materials):

1. Is there a reason to suspect there are contaminants from a current or past use on the property associated with the proposed project? Yes No Not Known

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

- Comments and any relevant documentation.
- Results of any consultations with State or local agency to obtain permit with requirements for handling, disposing of or addressing the effects of hazardous or toxic materials related to project implementation.
- List all Supporting Documentation Attached pertaining to Hazardous and Toxic Materials:
1. _____
2. _____
3. _____
- Additional Comments regarding Hazardous and Toxic Materials and your project: _____

2. Are there any studies, investigations, or enforcement actions related to the property associated with the proposed project? Yes No Not Known

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

- Comments and any relevant documentation.
- Results of any consultations with State or local agency to obtain permit with requirements for handling, disposing of or addressing the effects of hazardous or toxic materials related to project implementation.
- List all Supporting Documentation Attached pertaining to Studies, Investigations, or Enforcement Actions:
1. _____
2. _____
3. _____
- Additional Comments regarding Studies, Investigations, or Enforcement Actions related to your project: _____

3. Do any project construction or operation activities involve the use of hazardous or toxic materials? Yes No Not Known

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

- Comments and any relevant documentation.
- Results of any consultations with State or local agency to obtain permit with requirements for handling, disposing of or addressing the effects of hazardous or toxic materials related to project implementation.
- List all Supporting Documentation Attached pertaining to Hazardous and Toxic Materials:
 1. _____
 2. _____
 3. _____
- Additional Comments regarding Hazardous and Toxic Materials related to your project: _____

4. Do you know if any of the current or past land-uses of the property affected by the proposed project or of the adjacent properties are associated with hazardous or toxic materials? Yes No Not Known

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

- Comments and any relevant documentation.
- Results of any consultations with State or local agency to obtain permit with requirements for handling, disposing of or addressing the effects of hazardous or toxic materials related to project implementation.
- List all Supporting Documentation Attached pertaining to Current or Past Land Uses:
 1. _____
 2. _____
 3. _____
- Additional Comments regarding current or past land uses related to your project: Some structures may have building materials that contain asbestos. An asbestos inspection will be performed on each property and if found, all contaminated materials will be disposed of properly.

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

1. Are there low income or minority populations in the project's area of effect or adjacent to the project area? Yes No Not Known

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

- Description of any disproportionate and adverse effects to these populations.

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

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

List all Supporting Documentation Attached pertaining to Executive Order 12898 & your project (include US Census data regarding income demographics for your area):

1. _____
2. _____
3. _____

Additional Comments regarding Executive Order 12898: _____

H. Other Environmental/Historic Preservation Laws or Issues:

1. Are there other environmental/historic preservation requirements associated with this project that you are aware of? Yes No

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

2. Are there controversial issues associated with this project? Yes No Not Known

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

3. Have you conducted any public meeting or solicited public input or comments on your specific proposed mitigation project? Yes No

If yes, please provide a description of the requirements, issues or public involvement effort: Two public meetings were held Sept. 14, 2017 and Jan 17, 2018 to educate anyone interested in the buyout programs, answer questions, and provide necessary paperwork to get started. There were no statement against the buyout.

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

1. _____
2. _____
3. _____

Additional Comments regarding other Environmental/.Historic Preservation Issues: _____

I. Summary and Cost of Potential Impacts:

1. Having answered the questions in parts A. through I., have you identified any aspects of your proposed project that have the potential to impact environmental resources or historic properties? Yes No

If yes, you must confirm that you have:

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

- Consulted with appropriate parties to identify any measures needed to avoid or minimize these impacts.
- Considered alternatives that could minimize both the impacts and the cost of the project.
- Made certain that the costs of any measures to treat adverse effects are realistically reflected in the project budget estimate.
- List all Supporting Documentation Attached pertaining to potential impacts:
 1. _____
 2. _____
 3. _____
- Please enter additional Comments here: _____

VII. Maintenance Schedule and Associated Costs

A. Provide a maintenance schedule including cost information:

The grass will be mowed on each property approximately once per week from April to October. The total annual maintenance is approximately \$43,400

1. Identify entity that will perform any long-term maintenance: City of Pacific
2. If the entity/responsibly party for regular long-term maintenance is different than the entity signing and certifying this application, please attach a letter from the entity accepting performance responsibility. Check the appropriate box below:
 - Yes, letter is attached from responsibly entity/party identified above.
 - No, a maintenance letter is not attached. If FEMA approves this application, the entity certifying this application is responsible for long-term maintenance for the proposed mitigation project.
3. Additional Maintenance Comments: The City of Pacific currently maintains approximately 25 properties that were purchased with HMGP funds from 2009 to 2011. The properties in this application will simply be added to the maintenance list of current properties.

VIII. Alternative Actions (This application will not be reviewed if this section is incomplete) When considering an alternative, please consider ALL costs involved.

A. It is important to demonstrate that you have balanced engineering feasibility, cost, and avoidance of adverse environmental impacts considering a range of reasonable alternatives. The section below will help you document the process in which you have selected the most feasible alternative. Describe the **process** you used to decide that this project is the best solution to the

problem. Below are some sample questions to consider as you write your narrative in the following comments section:

1. Have you considered the risks to critical facilities and structures and benefits to be obtained by mitigating this vulnerability?
2. Have you considered those areas or projects that present the greatest opportunities given the current situation and interest in your community?
3. Are you addressing a symptom or the source of the problem? Addressing the source of the problem is a long-term solution which provides the most mitigation benefits.
4. If impacts to the environmental/historic preservation, natural, cultural, or historic resources have been identified, explain how your alternatives and proposed project avoid, minimize, or mitigate these impacts.

Process in which the proposed project was determined the best solution to the problem: The proposed project represents the best long term solution to avoiding adverse impacts from flooding. This project also represents the least impact to environmental and cultural resources and in fact restores the project area back to a natural condition

B. You are required to show at least two alternatives to the project you are proposing, one as a default is a “No Action Alternative”. List two feasible alternative projects to mitigate the hazards faced in the project area:

1. **No Action Alternative**

Provide discussion of the impacts on the project area if no action is taken: If no action is taken, the structures in the proposed project will continue to see flood damage. Substantially damaged structures will continue to deteriorate thereby causing health and safety concerns and further reducing surrounding property values

2. **Other Feasible Alternative: Elevation of Structures**

Discuss viable and practicable alternatives to the project including scope of work, engineering details (if applicable), estimated budget and the impacts of this alternative.

a. Other Feasible Project Description and Scope of Work:

Describe, in detail, the proposed project. Also, explain how the proposed project will solve the problem(s) and/or provide protection from the hazard(s). A viable alternative to buyouts is to elevate each property. The cost to elevate would be approximately \$5.3M. The impacts of this alternative include owners must continue to pay flood insurance premiums, while the flood risk is reduced the increase in flood severity poses a future risk of the structure flooding. During a flood, residents are displaced which impacts jobs, school, and general welfare. The proposed project offers the most economical solution to flood hazard mitigation.

b. Other Feasible Project Location:

Attach a map or diagram showing the alternative site in relation to the proposed project site.

The alternative project location would be the exact same as the proposed project.

Photographs of alternative site, if available.

c. Impacts of Other Feasible Alternative Project:

Discuss the impact of this alternative on the project area. Include comments on these issues: Environmental Justice; Endangered Species; Wetlands; Hydrology (Upstream and Downstream Impacts); Floodplain/Floodway; Historic Issues; Hazardous Materials: Compared to the proposed project, hydrology is an impact of the alternative. The proposed project will restore open space to the floodplain and reduce runoff in the area. Hydraulics of the river flow in the proposed project will theoretically improve while the project alternative will maintain the status quo. This particularly impacts the floodway. Additionally, if the structures remain, the residents continue to face the health and safety issues from flooding.

Attach any available studies, engineering reports or other documentation.

IX. Assurances

Please read the following statements and initial indicating acceptance and agreement with each statement. Highest ranking official of the local jurisdiction must initial each assurance and sign application.

STATEMENT OF ASSURANCES

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

1. Will ensure that participation by property owners is voluntary. The prospective participants have been informed in writing that participation in the program is voluntary, that the sub-applicant will not use its eminent domain authority to acquire their property for the project purposes should negotiations fail;
2. Will ensure each property owner will be informed, in writing, of what the sub-applicant considers to be the fair market value of the property. The Sub-applicant will use the Model Statement of Voluntary Transaction to document this and will provide a copy for each property after award;
3. Will accept all of the requirements of the FEMA grant and the deed restriction governing the use of the land, as restricted in perpetuity to open-space uses. The sub-applicant will apply and record a deed restriction on each property in accordance with the language in the FEMA Model Deed Restriction. The community will seek FEMA approval for any changes in language differing from the Model Deed Restriction;
4. Will ensure that the land will be unavailable for the construction of flood damage reduction levees and other incompatible purposes, and is not part of an intended, planned, or designated project area for which the land is to be acquired by a certain date;

5. Will demonstrate that it has consulted with the US Army Corps of Engineers regarding the subject land's potential future for the construction of a levee system, and will reject future consideration of such use if it accepts FEMA assistance to convert the property to permanent open-space;
6. Will demonstrate that is has coordinated with its State Department of Transportation to ensure that no future, planned improvements or enhancements to the Federal aid systems are under consideration that will affect the subject property;
7. Will remove existing structures within 90 days of settlement;
8. Post grant award, will ensure that a property interest is conveyed only with the prior approval of the FEMA Regional Director and only to another public entity or to a qualified conservation organization pursuant to 26 CFR 1.170A-14;
9. Will submit every three years to the Grantee, who will then submit to the FEMA Regional Director, a report certifying that it has inspected the subject property within the month preceding the report, and that the property continues to be maintained consistent with the provisions of the grant. If the subject property is not maintained according to the terms of the grant, the Grantee and FEMA, its representatives, designated authorities, and assigns are responsible for taking measures to bring the property back into compliance; and
10. Will not seek or accept the provision of, after settlement, disaster assistance for any purpose from any Federal entity with respect to the property, and FEMA will not distribute flood insurance benefits for that property for claims related to damage occurring after the date of the property settlement.

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

Steve Roth, City Administrator

Type Name of Authorized Agent Title

*Attach Sub-applicant Minutes or Resolution agreeing to follow the assurances of the grant application.

X. 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 no construction on the project may proceed until FEMA approval is gained.

Steve Roth
Typed Name of Authorized Representative/Applicant Agent



Signature of Authorized Representative/Applicant Agent

City Administrator
Title

(636) 271 - 0500
Telephone Number

7.28.18
Date Signed

City of Pacific HMGP 2018 - Project Costs

Number	Street	Property Owner	Fair Market Value (County+20%)	Project Costs	Total Cost	Benefit	BCR
104	E Orleans	Kathryn Schallert	\$81,768.00	\$27,200.00	\$108,968.00	\$276,000.00	2.53
110	E Congress	William Plunk	\$47,232.00	\$20,000.00	\$67,232.00	\$276,000.00	4.11
114	E Congress	Guy Husereau	\$40,824.00	\$20,000.00	\$60,824.00	\$276,000.00	4.54
206	S Columbus	Emily Crosby	\$10,572.00	\$20,000.00	\$30,572.00	\$276,000.00	9.03
210	S Elm	Julie Brown	\$15,396.00	\$20,000.00	\$35,396.00	\$276,000.00	7.80
213	E Orleans	Michael Wohlgemuth	\$18,360.00	\$20,000.00	\$38,360.00	\$276,000.00	7.19
217	E Orleans	Joe Jacob	\$34,152.00	\$20,000.00	\$54,152.00	\$276,000.00	5.10
220	E Central	Titans LLC	\$18,360.00	\$20,000.00	\$38,360.00	\$276,000.00	7.19
221	W Congress	Big Boy Prop	\$80,436.00	\$27,200.00	\$107,636.00	\$276,000.00	2.56
223	S Columbus	Charles Phillips	\$102,924.00	\$27,200.00	\$130,124.00	\$276,000.00	2.12
225	E Orleans	Pacific Mo Prop	\$84,084.00	\$27,200.00	\$111,284.00	\$276,000.00	2.48
302	S Elm	Tracy Parsons	\$27,360.00	\$20,000.00	\$47,360.00	\$276,000.00	5.83
312	E Orleans	James Hutson	\$24,792.00	\$20,000.00	\$44,792.00	\$276,000.00	6.16
312	E Central	Emma Moore	\$47,028.00	\$20,000.00	\$67,028.00	\$276,000.00	4.12
321	E Orleans	Les Takacs	\$171,132.00	\$20,000.00	\$191,132.00	\$276,000.00	1.44
322	S Columbus	Michael Wohlgemuth	\$16,920.00	\$20,000.00	\$36,920.00	\$276,000.00	7.48
405	S Third	Margaret Flannery	\$29,220.00	\$27,200.00	\$56,420.00	\$276,000.00	4.89
412	S Third	Cheryl Bright	\$114,036.00	\$20,000.00	\$134,036.00	\$276,000.00	2.06
413	S Third	Margaret Flannery	\$142,908.00	\$20,000.00	\$162,908.00	\$276,000.00	1.69
422	S Third	Cheryl Bright	\$39,928.00	\$20,000.00	\$59,928.00	\$276,000.00	4.61
506	S First	Bill Haas	\$78,060.00	\$20,000.00	\$98,060.00	\$276,000.00	2.81
520	S Third	Virginia Carmier	\$23,136.00	\$20,000.00	\$43,136.00	\$276,000.00	6.40
526	S First	Gail Shoults	\$119,136.00	\$20,000.00	\$139,136.00	\$276,000.00	1.98
611	S First	Gallagher Prop	\$29,376.00	\$20,000.00	\$49,376.00	\$276,000.00	5.59
705	S First	Big Boy Prop	\$16,572.00	\$48,800.00	\$65,372.00	\$276,000.00	4.22
718	S Fourth	Darlene Powell	\$77,772.00	\$20,000.00	\$97,772.00	\$276,000.00	2.82
804	S First	Charles Meier	\$51,912.00	\$20,000.00	\$71,912.00	\$276,000.00	3.84
Total					\$2,148,196.00	\$7,452,000.00	3.47
Sub-applicant management fee (5 percent of total)					\$107,409.80		
Total					\$2,255,605.80		

Total Acquisition Cost	\$1,543,396.00	Cost per Property	\$57,162.81	Total Properties	27
Total Other Costs	\$712,210.00				
Total project costs	\$2,255,606.00				
Federal (75%)	\$1,691,704.50				
Local (25%)	\$563,901.50				

HMGP Maintenance Agreement

City of Pacific hereby certifies that all property acquired and demolished as part of this HMGP application implementation will be maintained as open space in perpetuity. The maintenance required for this property consists of periodic mowing of the grass on the vacant lots in accordance with the City of Pacific Property Maintenance Code. The City may in the future convert the property to other open spaces uses, such as reforestation, prairie, wetlands or similar. The City hereby acknowledges and takes sole responsibility for the maintenance described herein.

Maintenance Schedule:

Properties will be mowed generally once per week from April to October. Exact schedule is weather dependent.

Authorized Representative: Steve Roth

Title: City Administrator

Signature:



Date:

4.25.18

CULTURAL RESOURCE ASSESSMENT
Section 106 Review

CONTACT PERSON/ADDRESS

C:

Mr. Steve Roth
300 Hoven Drive
Pacific, MO 63069

Mr. Ken Sessa, FEMA
Mr. Bill Kostelic, FEMA
Mr. Robert Beardsley, FEMA

PROJECT:

MO 2018 HMGP 1 Buyout – 114 East Congress Street, 207 South Columbus Street, 210 South Elm Street, 217 East Orleans Street, 223 South Columbus Street, 225 East Orleans Street, 302 South Elm Street, 312 East Central Street, 312 East Orleans Street, 422 South Third Street, 506 South First Street, 520 South Third Street, 611 South First Street, 705 South First Street, 718 South Fourth Street, and 802 South Second Street, Pacific, MO

FEDERAL AGENCY

COUNTY:

FEMA

Franklin

The State Historic Preservation Office has reviewed the information submitted on the above referenced project. Based on this review, we have made the following determination:

After review of initial submission, the project area has a low potential for the occurrence of cultural resources. A cultural resource survey, therefore, is not warranted.

Adequate documentation has been provided (36 CFR Section 800.11). There will be "no historic properties affected" by the current project.

An adequate cultural resource survey of the project area has been previously conducted. It has been determined that for the proposed undertaking there will be "no historic properties affected".

For the above checked reason, the State Historic Preservation Office has no objection to the initiation of project activities. PLEASE BE ADVISED THAT, IF THE CURRENT PROJECT AREA OR SCOPE OF WORK ARE CHANGED, A BORROW AREA IS INCLUDED IN THE PROJECT, OR CULTURAL MATERIALS ARE ENCOUNTERED DURING CONSTRUCTION, APPROPRIATE INFORMATION MUST BE PROVIDED TO THIS OFFICE FOR FURTHER REVIEW AND COMMENT. Please retain this documentation as evidence of compliance with Section 106 of the National Historic Preservation Act, as amended.

By: Toni M. Prawl
Toni M. Prawl, PhD, Deputy State Historic Preservation Officer

February 20, 2018
Date

MISSOURI DEPARTMENT OF NATURAL RESOURCES
HISTORIC PRESERVATION PROGRAM
P.O. Box 176, Jefferson City, Missouri 65102
For additional information, please contact Amanda Burke 573-522-4641
Please be sure to refer to the project number: 004-FR-18

CULTURAL RESOURCE ASSESSMENT
Section 106 Review

CONTACT PERSON/ADDRESS

Mr. Steve Roth
City Administrator
300 Hoven Drive
Pacific, Missouri 63069

C:

Mr. Ken Sessa, FEMA
Mr. Bill Kostelic, FEMA
Mr. Robert Beardsley, FEMA

PROJECT:

HMGP 2 Buyout – 110 East Congress, 117 East Orleans, 203 East Central, 206 South Columbus, 213 East Central, 213 East Orleans, 220 East Central, 305 West Pacific, 321 East Orleans, 322 South Columbus, 412 South Third, 417 South Second, 502 South Third, 526 South First, 804 South First, Pacific, MO

FEDERAL AGENCY

FEMA

COUNTY:

Franklin

The State Historic Preservation Office has reviewed the information submitted on the above referenced project. Based on this review, we have made the following determination:

After review of initial submission, the project area has a low potential for the occurrence of cultural resources. A cultural resource survey, therefore, is not warranted.

Adequate documentation has been provided (36 CFR Section 800.11). There will be "no historic properties affected" by the current project.

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By: Toni M. Prawl
Toni M. Prawl, PhD, Deputy State Historic Preservation Officer

February 22, 2018
Date

MISSOURI DEPARTMENT OF NATURAL RESOURCES
HISTORIC PRESERVATION PROGRAM
P.O. Box 176, Jefferson City, Missouri 65102
For additional information, please contact Amanda Burke 573-522-4641
Please be sure to refer to the project number: 005-FR-18

CULTURAL RESOURCE ASSESSMENT
Section 106 Review

CONTACT PERSON/ADDRESS

C:

Mr. Steve Roth
City Administrator
300 Hoven Drive
Pacific, MO 63069

Mr. Ken Sessa, FEMA
Mr. Bill Kostelic, FEMA
Mr. Robert Beardsley, FEMA

PROJECT:

City of Pacific, MO 2018 HMGP 2 Buyout – Additional Properties – 221 West Congress and 405 and 413 South Third,
Pacific, MO

FEDERAL AGENCY

FEMA

COUNTY:

Franklin

The State Historic Preservation Office has reviewed the information submitted on the above referenced project. Based on this review, we have made the following determination:

After review of initial submission, the project area has a low potential for the occurrence of cultural resources. A cultural resource survey, therefore, is not warranted.

Adequate documentation has been provided (36 CFR Section 800.11). There will be "no historic properties affected" by the current project.

An adequate cultural resource survey of the project area has been previously conducted. It has been determined that for the proposed undertaking there will be "no historic properties affected".

For the above checked reason, the State Historic Preservation Office has no objection to the initiation of project activities. PLEASE BE ADVISED THAT, IF THE CURRENT PROJECT AREA OR SCOPE OF WORK ARE CHANGED, A BORROW AREA IS INCLUDED IN THE PROJECT, OR CULTURAL MATERIALS ARE ENCOUNTERED DURING CONSTRUCTION, APPROPRIATE INFORMATION MUST BE PROVIDED TO THIS OFFICE FOR FURTHER REVIEW AND COMMENT. Please retain this documentation as evidence of compliance with Section 106 of the National Historic Preservation Act, as amended.

By: Toni M. Prawl
Toni M. Prawl, PhD, Deputy State Historic Preservation Officer

April 2, 2018
Date

MISSOURI DEPARTMENT OF NATURAL RESOURCES
HISTORIC PRESERVATION PROGRAM
P.O. Box 176, Jefferson City, Missouri 65102
For additional information, please contact Amanda Burke 573-522-4641
Please be sure to refer to the project number: 005-FR-18



Missouri Department of Conservation Natural Heritage Review Report

February 26, 2018 -- Page 1 of 2

Resource Science Division
P. O. Box 180
Jefferson City, MO 65102
Prepared by: Brittnie Brauner
Brittnie.Brauner@mdc.mo.gov
(573) 522 - 4115 ext. 3182

DANIEL RAHN
**ENGINEERING SURVEYS &
SERVICES**
DRAHN@ESS-INC.COM

Project type:	FLOOD PLAIN BUYOUT
Location/Scope:	T43N R02E S12 & 13 T43N R03E S07
County:	ST. LOUIS
Query reference:	CITY OF PACIFIC
Query received:	2/6/2018

*This NATURAL HERITAGE REVIEW is **not a site clearance letter**. Rather, it identifies public lands and sensitive resources known to have been located close to and/or potentially affected by the proposed project. On-site verification is the responsibility of the project. Natural Heritage records were identified at some date and location. This report considers records near but not necessarily at the project site. Animals move and, over time, so do plant communities. To say "there is a record" does not mean the species/habitat is still there. To say that "there is no record" does not mean a protected species will not be encountered. These records only provide one reference and other information (e.g. wetland or soils maps, on-site inspections or surveys) should be considered. Look for additional information about the biological and habitat needs of records listed in order to avoid or minimize impacts. More information is at <http://mdc.mo.gov/discover-nature/places-go/natural-areas> and mdc4.mdc.mo.gov/applications/mofwis/mofwis_search1.aspx.*

Level 3 issues: Records of federal-listed (these are also state-listed) species or critical habitats near the project site:

The Meramec River is home to many species of concern, primarily mussels, including at least four species of federal concern and four more species of state concern. Freshwater mussels are important indicators of water quality and stream degradation, with many in serious decline. These species must be assumed to be present in appropriate habitats in this part of the Meramec River and its floodplain. Every effort should be made to avoid introducing pollution, sediment, or higher volumes of stormwater runoff from the project site, both during construction and after development.

<i>Meramec River Species of Concern Below Big River</i>		Federal Status	State Status	State Rank
	Common Name			
Lampsilis abrupta	Pink Mucket	E	E	S2
Leptodea leptodon	Scaleshell	E	E	S1S2
Plethobasus cyphus	Sheepnose	C	E	S1
Cumberlandia monodonta	Spectaclecase	C		S3
Crystallaria asprella	Crystal Darter		E	S1
Elliptio crassidens	Elephantear		E	S1
Epioblasma triquetra	Snuffbox		E	S1
Fusconaia ebena	Ebonyshell		E	S1?

Besides the endangered species above, the large seeded mercury, elktoe, rock pocketbook, black sandshell, hickorynut, wartyback, salamander mussel are tracked in this river system. Also tracked are Alabama shad, blue sucker, ghost shiner, river darter, and belted crayfish

FEDERAL LIST species/habitats are protected under the Federal Endangered Species Act. Contact the U.S. Fish and Wildlife Service (101 Park Deville Drive Suite A, Columbia, Missouri 65203-0007; 573-234-2132) for Endangered Species Act coordination and concurrence information.

Level 2 issues: Records of state-listed (not federal-listed) endangered species AND / OR state-ranked (not state-listed endangered) species and natural communities of conservation concern. The Department tracks these species and natural communities due to population declines and/or apparent vulnerability.

Natural Heritage records identify no state-listed endangered species within the project area.

Natural Heritage records identify no state-ranked species and/or natural communities within the project area.

See <https://nature.mdc.mo.gov/sites/default/files/downloads/2017-SOCC.pdf> for a complete list of species and communities of conservation concern.

STATE ENDANGERED species are listed in and protected under the Wildlife Code of Missouri (3CSR10-4.111).

General recommendations related to this project or site, or based on information about the historic range of species (unrelated to any specific Natural Heritage records):

- Indiana bats (*Myotis sodalis*, federal and state-listed endangered) and Northern long-eared bats (*Myotis septentrionalis*, federal-listed threatened) occur in St. Louis County and Franklin County and could occur within the project area hibernate during winter months in caves and mines. During the summer months, they roost and raise young under the bark of trees in riparian forests and upland forests near perennial streams. During project activities, avoid degrading stream quality and where possible leave snags standing and preserve mature forest canopy. Do not enter caves known to harbor Indiana bats or Northern long-eared bats, especially from September to April. **If any trees need to be removed by your project, please contact the U.S. Fish and Wildlife Service (Ecological Services, 101 Park Deville Drive, Suite A, Columbia, Missouri 65203-0007; Phone 573-234-2132 Ext. 100 for Ecological Services) for further coordination under the Endangered Species Act.**
- Gray bats (*Myotis grisescens*, federal and state-listed endangered) also occurs in St. Louis and Franklin County and could occur in the project area, as they forage over streams, rivers, and reservoirs. Avoid entry or disturbance of any cave inhabited by gray bats and when possible retain forest vegetation along the stream and from the gray bat cave opening to the stream.
- St. Louis & Franklin Counties have known [karst geologic features](#) (e.g. caves, springs, and sinkholes, all characterized by subterranean water movement). Few karst features are recorded in Natural Heritage records, and ones not noted here may be encountered at the project site or affected by the project. Cave fauna (many of which are species of conservation concern) are influenced by changes to water quality, so check your project site for any karst features and make every effort to protect groundwater in the project area.
- Demolition projects should be managed to minimize erosion and sedimentation/runoff to nearby streams and lakes, including adherence to any "Clean Water Permit" conditions. Revegetate disturbed areas to minimize erosion using native plant species compatible with the local landscape and wildlife needs. Annual ryegrass may be combined with native perennials for quicker green-up. Avoid aggressive exotic perennials such as crownvetch and sericea lespedeza.
- Invasive exotic species are a significant issue for fish, wildlife and agriculture in Missouri. Seeds, eggs, and larvae may be moved to new sites on boats or construction equipment, so inspect and clean equipment thoroughly before moving between project sites.
 - ◆ Remove any mud, soil, trash, plants or animals from equipment before leaving any water body or work area.
 - ◆ Drain water from boats and machinery that have operated in water, checking motor cavities, live-well, bilge and transom wells, tracks, buckets, and any other water reservoirs.
 - ◆ When possible, wash and rinse equipment thoroughly with hard spray or HOT water ($\geq 140^{\circ}$ F, typically available at do-it-yourself carwash sites), and dry in the hot sun before using again.

These recommendations are ones project managers might prudently consider based on a general understanding of species needs and landscape conditions. Natural Heritage records largely reflect sites visited by specialists in the last 30 years. Many privately owned tracts have not been surveyed and could host remnants of species once but no longer common.



DEPARTMENT OF THE ARMY
 ST. LOUIS DISTRICT CORPS OF ENGINEERS
 1222 SPRUCE STREET
 ST. LOUIS, MISSOURI 63103-2833

REPLY TO
 ATTENTION OF:

Programs and Project Management Division
 Project Management Branch

April 11, 2018

Mr. Steve Roth
 City of Pacific
 300 Hoven Drive
 Pacific, MO 63069

Dear Mr. Roth:

In response to the City of Pacific's request of April 3, 2018, we appreciate the opportunity to review these proposed buyout projects. The U.S. Army Corps of Engineers does undertake projects which might be impacted by buyouts using Federal funding with the associated restrictions.

The project areas reviewed include:

104 E Orleans	223 S Columbus	422 S Third
110 E Congress	225 E Orleans	502 S Third
114 E Congress	302 S Elm	506 S First
203 E Central	312 E Orleans	520 S Third
206 S Columbus	312 E Central	526 S First
207 S Columbus	321 E Orleans	611 S First
210 S Elm	322 S Columbus	705 S First
213 E Orleans	405 S Third	718 S Fourth
217 E Orleans	412 S Third	802 S Second
220 E Central	413 S Third	804 S First
221 W Congress		

At this time, there are no projects we are actively working on or know about in the proposed buyout project areas and therefore we see no conflicts.

Sincerely,

Hal Graef, PMP, CFM
 Project Manager
 Project Management Branch

Missouri Department of Transportation
Patrick K. McKenna, Director

1.888.ASK MODOT (275.6636)

April 5, 2018

Daniel P. Rahn, PE
Engineering Surveys & Services
2464 Taylor Road, Suite 130
Wildwood, MO 63040

Re: Hazard Mitigation Grant Program funding, Pacific, MO

Mr. Rahn:

At your request MoDOT reviewed the proposed floodplain buyout properties listed in your letter dated April 3, 2018, in Pacific, MO. There are no known conflicts and we have no concerns with the flood buy-out of these properties, however, MoDOT would like to reserve a 20 foot buffer strip on each side of Route F for future development.

Sincerely,



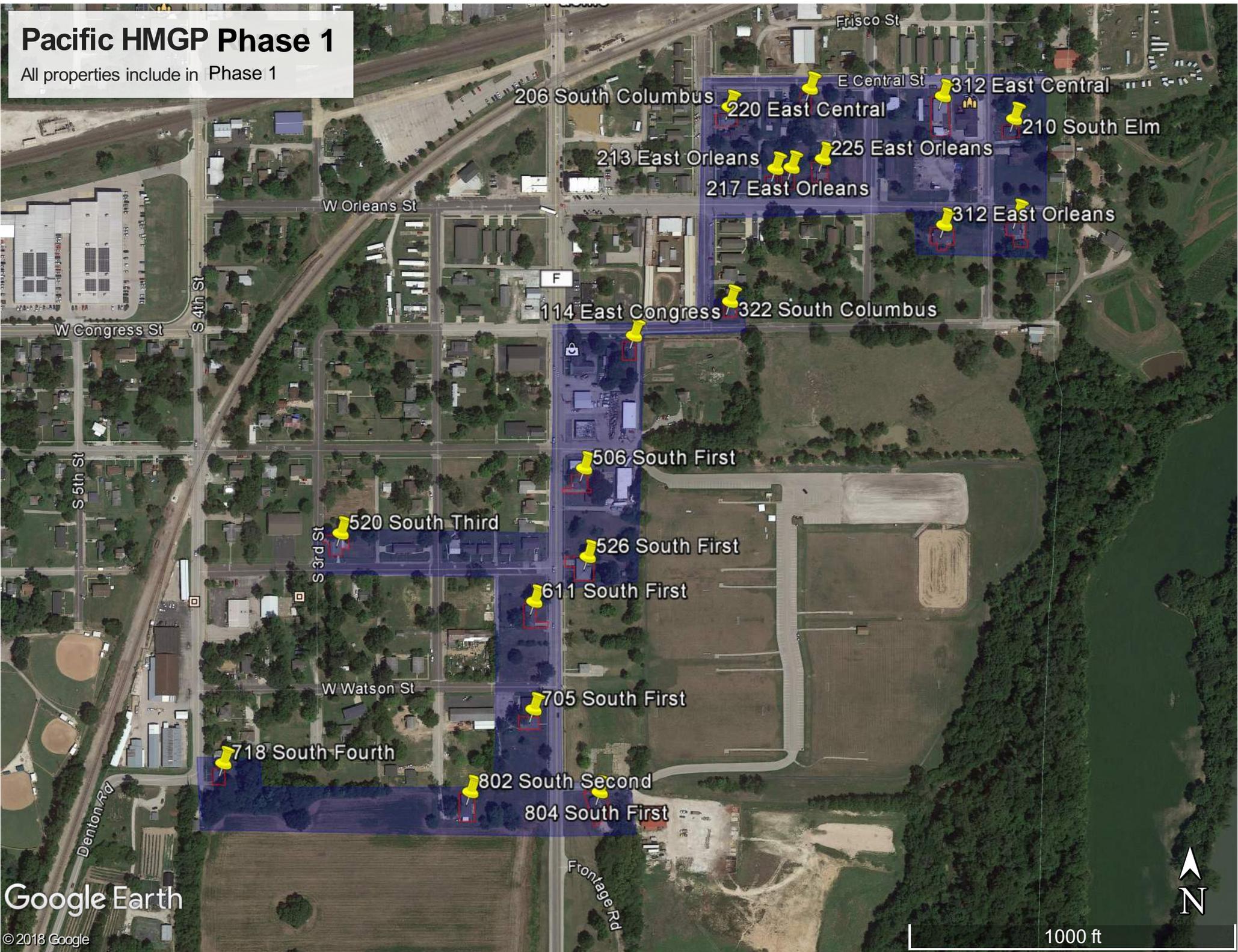
for Richard Moore
Environmental and Historic Preservation Manager

Copy: Judy Wagner, Area Engineer



Pacific HMGP Phase 1

All properties include in Phase 1



Google Earth

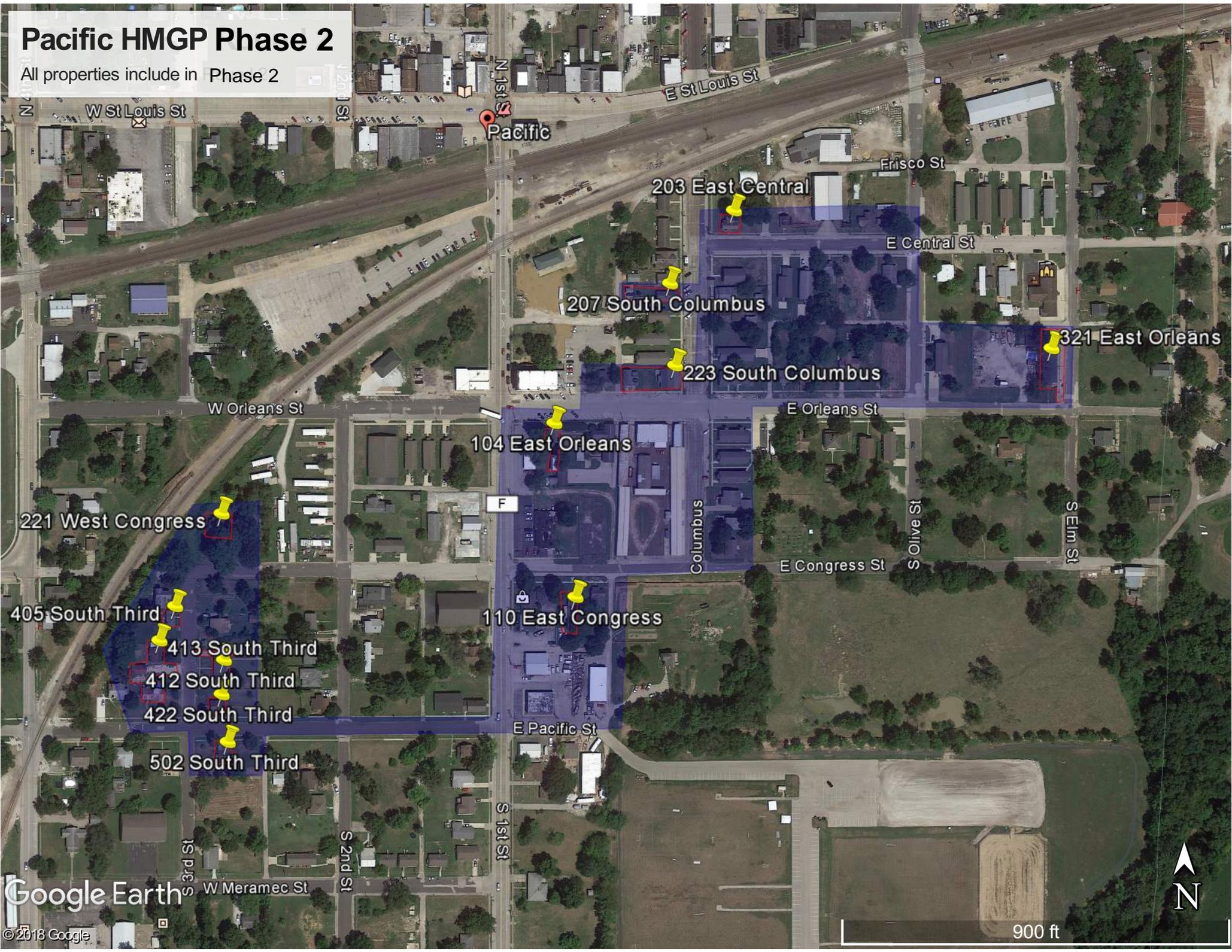
© 2018 Google

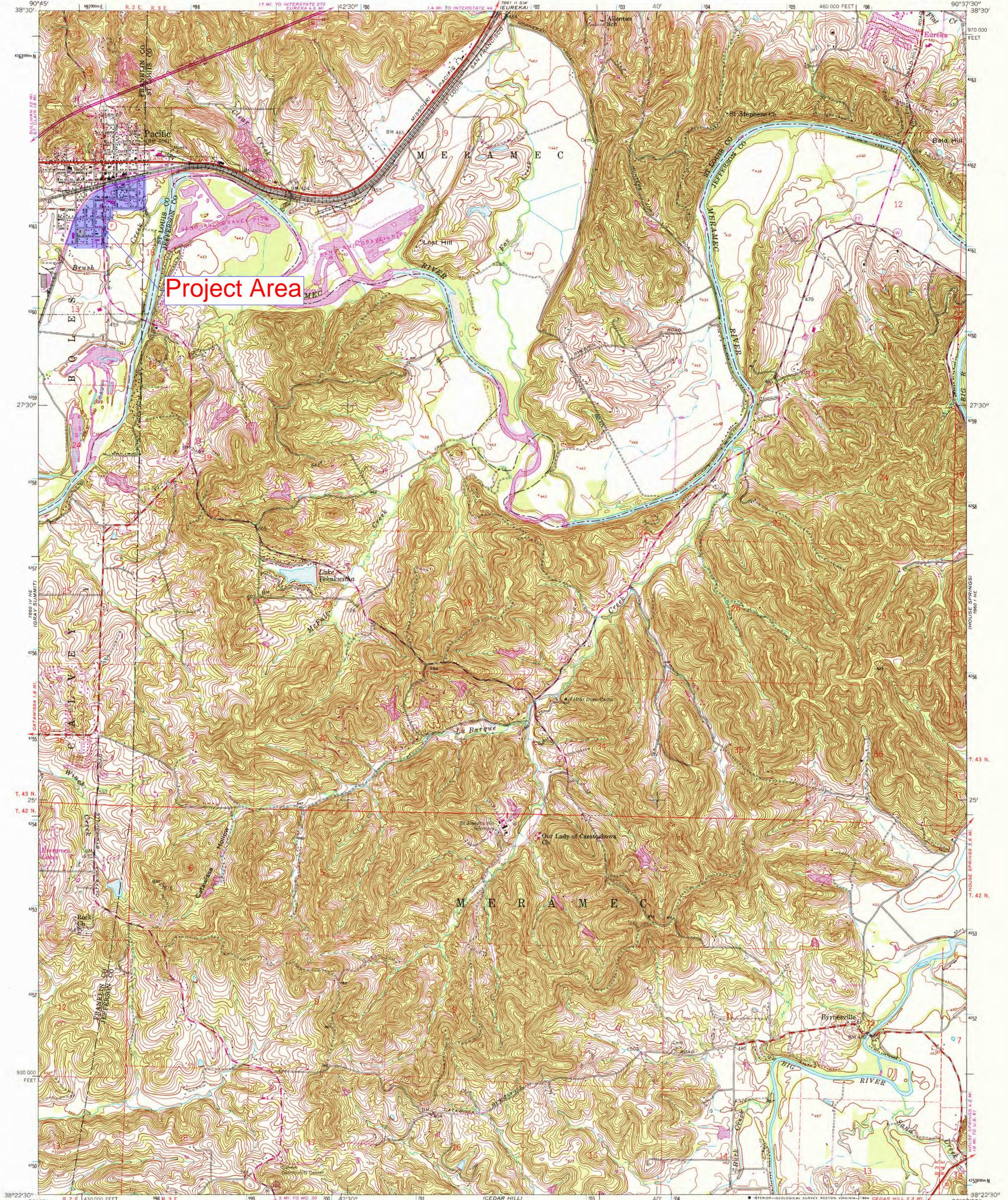


1000 ft

Pacific HMGP Phase 2

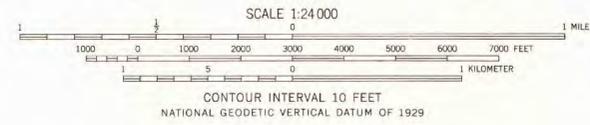
All properties include in Phase 2





Project Area

Mapped by the Army Map Service
Published for civil use by the Geological Survey
Control by USGS, USC&GS, and USCE
Topography from aerial photographs by photogrammetric methods
Aerial photographs taken 1952. Field check 1954
Polyconic projection. 1927 North American datum
10,000-foot grid based on Missouri coordinate system, east zone
1000-meter Universal Transverse Mercator grid ticks, zone 15,
shown in blue
Dashed land lines indicate approximate locations
Unchecked elevations are shown in brown
Revisions shown in purple compiled by the Geological Survey from
aerial photographs taken 1968 and 1974. This information
not field checked



SCALE 1:24 000
CONTOUR INTERVAL 10 FEET
NATIONAL GEODETIC VERTICAL DATUM OF 1929
THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U. S. GEOLOGICAL SURVEY, DENVER, COLORADO 80225, OR RESTON, VIRGINIA 22092
AND DIVISION OF GEOLOGY AND LAND SURVEY
MISSOURI DEPARTMENT OF NATURAL RESOURCES, ROLLA, MISSOURI 65401
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST



ROAD CLASSIFICATION

Heavy-duty	Light-duty
Medium-duty	Unimproved dirt
Interstate Route	U. S. Route
	State Route

PACIFIC, MO.
N 3822.5 - W 9037.5 / 7.5
1954
PHOTOREVISED 1968 AND 1974
AMS 7860 1 NW - SERIES V879

RETURN TO:
USGS NHD HISTORICAL MAP ARCHIVES

STATE OF MISSOURI
DESIGNATION OF APPLICANT'S AUTHORIZED REPRESENTATIVE

Steve Roth, City Administrator is hereby authorized to execute on behalf of

(Name of Representative)

City of Pacific, Missouri this mitigation project and to file it with

(Applicant Entity)

Missouri State Emergency Management Agency (SEMA) for the purpose of obtaining financial assistance under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (PL 93-288, as amended).

Signed this 22 Day Of February, 2018.

Jeffrey M. Palmore, Mayor

Chief Executive Officer

(Print Name and Title)

Jeffrey M. Palmore
(Signature)

Steve Roth, City Administrator

Applicant's Authorized Representative

(Print Name and Title)

Steve Roth
(Signature)

Attested: ^SKimberly M. Barfield, City Clerk

(Print Name and Title)

Kimberly M. Barfield
(Signature)

FOR THE
HAZARD MITIGATION GRANT PROGRAM APPLICATION 1

WHEREAS, the City of Pacific, Missouri (hereinafter called "the Subgrantee"), County of
(jurisdiction)

Franklin, has made application through the Missouri State Emergency Management Agency
(SEMA) to the Federal Emergency Management Agency (FEMA) for funding from the
Hazard Mitigation Grant Program, in the amount of \$1,369,751.63 for the total project cost,
and

WHEREAS, the Subgrantee recognizes the fact that this grant is based on a cost share basis with the federal
share not exceeding 75% and the non-federal share being a minimum of 25% of the total project cost. The
minimum 25% non-federal share can be either cash or in-kind match.

and

THEREFORE, the Subgrantee agrees to provide and make available up to \$342,437.91
(Three-Hundred Forty-Two Thousand Four-Hundred Thirty-Eight dollars) of non-federal funds to be used to meet
the minimum 25% match requirement for this mitigation grant application.

The resolution was passed and approved this 20th day of February 2018

Signatures of Council or Board Members:

Mayor Jeffrey M. Palmore

Alderman Steve Myers

Alderman Nick Chlebowski

Alderman Mike Pigg

Alderman Andrew Nemeth

Alderman Gregg Rahn

Alderman Carol Johnson

I submit this form for inclusion with the HMGP Project Application.

Steve Roth, City Administrator

Print Name of Authorized Representative

Authorized Representative's Signature and Date

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
 Application
 Changed/Corrected Application

* 2. Type of Application:

- New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

03/01/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

City of Pacific Missouri

* b. Employer/Taxpayer Identification Number (EIN/TIN):

43-6002687

* c. Organizational DUNS:

1449853430000

d. Address:

* Street1:

300 Hoven Drive

Street2:

* City:

Pacific

County/Parish:

* State:

MO: Missouri

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

630691157

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name:

Steve

Middle Name:

* Last Name:

Roth

Suffix:

Title:

City Administrator

Organizational Affiliation:

* Telephone Number:

6362710500

Fax Number:

* Email:

sroth@pacificmissouri.com

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Department of Homeland Security--FEMA

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*** 12. Funding Opportunity Number:**

DHS-17-MT-029-00-99

* Title:

Hazard Mitigation Grant Program

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

City of Pacific HMGP Round 1

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="1,027,313.72"/>
* b. Applicant	<input type="text" value="342,437.91"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="1,369,751.63"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes No

If "Yes", provide explanation and attach

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

**** I AGREE**

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

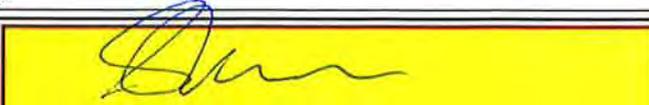
Authorized Representative:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal 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 cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the 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 or organizational conflict of interest, or 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. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 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. §§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. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§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) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§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 Titles 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 interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§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. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§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. §§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. §§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. §§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. §§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 Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE City Administrator
APPLICANT ORGANIZATION City of Pacific Missouri	DATE SUBMITTED March 1 2018

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency

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

O.M.B NO. 1660-0025
Expires September 30, 2017

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1.7 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing, and submitting the form. This collection of information is required to obtain or retain benefits. You are not required to submit to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street SW, Washington, DC 20472-3100, and Paperwork Reduction Project (1660-0025). **NOTE: Do not send your completed form to this address.**

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 of 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 transaction, grant, or cooperative agreement.

1. LOBBYING

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 cooperating 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 other 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 Stand 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 subcontracts) 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 non-appropriated funds are to be used to influence activities.)

(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 a 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 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 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 of default; and

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

3. DRUG-FREE WORKPLACE (GRANTEE 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 17.615 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;

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.

A. The applicant certifies that it and its principals:

(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 term of the statement; and

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

(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 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 an 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).

B. 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)

There are workplaces on file that are not identified

Sections 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 state wide certification.


STEVE ROTH
CITY ADMINISTRATOR

Loss Statistics

from Jan 1, 1978 through report "A OF" date below

LOSS STATISTICS
COUNTRY-WIDE
AS OF 12/31/2017

STATE NAME	TOTAL LOSSES	CLOSED LOSSES	OPEN LOSSES	CWOP LOSSES	TOTAL PAYMENTS
ALABAMA	40,118	32,003	93	8,022	1,028,722,331.24
ALASKA	636	422	2	212	9,743,947.94
AMERICAN SAMOA	7	1	0	6	4,743.37
ARIZONA	4,679	3,219	5	1,455	48,612,840.68
ARKANSAS	8,752	7,024	20	1,708	151,459,849.64
CALIFORNIA	47,736	32,090	35	15,611	555,746,402.57
COLORADO	5,070	3,283	7	1,780	86,282,199.62
CONNECTICUT	27,389	21,771	31	5,587	502,235,592.42
DELAWARE	5,935	4,480	10	1,445	79,914,431.72
DISTRICT COLUMBIA	270	140	3	127	3,687,312.67
DUMMY-UNKNOWN	4,402	3	0	4,399	20,008.38
FLORIDA	285,692	179,010	5,495	101,187	4,855,755,249.54
GEORGIA	20,543	15,297	317	4,929	404,989,605.92
GUAM	153	106	0	47	1,792,149.67
HAWAII	4,766	2,963	14	1,789	91,729,133.44
IDAHO	988	682	16	290	8,671,745.59
ILLINOIS	49,953	39,604	115	10,234	528,090,434.64
INDIANA	17,678	14,142	22	3,514	253,586,476.84
IOWA	13,239	10,682	11	2,546	299,390,342.93
KANSAS	7,209	5,506	9	1,694	96,072,930.07
KENTUCKY	23,212	19,616	21	3,575	322,409,692.31
LOUISIANA	451,968	366,033	647	85,288	19,530,967,143.77
MAINE	4,597	3,340	7	1,250	42,988,970.34
MARYLAND	18,256	13,321	14	4,921	293,808,512.73
MASSACHUSETTS	31,938	25,293	38	6,607	360,590,843.96
MICHIGAN	11,709	7,968	12	3,729	75,400,940.79
MINNESOTA	11,443	9,458	4	1,981	142,063,146.57
MISSISSIPPI	61,050	51,641	123	9,286	3,036,215,637.39
MISSOURI	47,703	40,744	84	6,875	814,055,084.64
MONTANA	1,931	1,449	0	482	10,630,231.23
NEBRASKA	4,883	3,594	2	1,287	43,600,048.29
NEVADA	1,795	1,204	6	585	44,371,929.81
NEW HAMPSHIRE	3,814	2,858	15	941	49,209,775.13
NEW JERSEY	190,610	159,321	1,266	30,023	6,001,666,973.57
NEW MEXICO	1,317	755	7	555	14,944,850.22
NEW YORK	166,107	138,132	447	27,528	5,380,353,854.41
NORTH CAROLINA	83,444	61,951	102	21,391	1,233,635,419.03
NORTH DAKOTA	13,208	10,921	1	2,286	259,425,381.43
OHIO	26,060	20,490	45	5,525	313,108,802.45
OKLAHOMA	11,919	9,822	7	2,090	199,792,671.22
OREGON	5,640	4,305	4	1,331	98,703,111.70
PENNSYLVANIA	69,885	57,546	33	12,306	1,179,373,239.52
PUERTO RICO	25,088	18,187	415	6,486	129,560,532.69
RHODE ISLAND	6,466	4,716	6	1,744	120,945,304.90
SOUTH CAROLINA	43,559	29,755	507	13,297	796,585,874.04
SOUTH DAKOTA	3,351	2,483	1	867	40,268,606.09
TENNESSEE	14,229	11,621	70	2,538	348,520,219.69
TEXAS	360,733	283,433	10,445	66,855	14,528,224,066.73
UNKNOWN	33	17	3	13	204,995.67
UTAH	979	608	1	370	6,135,311.07
VERMONT	2,722	2,122	3	597	63,651,297.37
VIRGIN ISLANDS	3,455	1,943	196	1,316	58,726,767.33
VIRGINIA	47,544	38,028	28	9,488	717,107,624.66
WASHINGTON	13,833	11,147	14	2,672	261,895,226.96
WEST VIRGINIA	26,903	22,713	18	4,172	348,834,723.40
WISCONSIN	7,613	5,696	14	1,903	84,629,072.35
WYOMING	501	283	0	218	2,995,223.87

TOTAL	2,344,713	1,814,942	20,811	508,960	65,962,108,836.22
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LOSS STATISTICS
ALABAMA
AS OF 12/31/2017

	FRANKLIN COUNTY *	534	459	2	73	11,233,198.37
	NEW HAVEN, CITY OF	2	1	0	1	543.39
	PACIFIC, CITY OF	464	419	8	37	15,403,637.90
	ST. CLAIR, CITY OF	23	21	0	2	162,237.30
	UNION, CITY OF	29	26	0	3	2,394,301.67
	WASHINGTON, CITY OF	29	25	0	4	2,448,559.59
GASCONADE COUNTY	GASCONADE COUNTY*	230	209	1	20	3,942,891.22
	GASCONADE, CITY OF	76	70	0	6	682,750.20
	HERMANN, CITY OF	192	146	0	46	3,428,070.83
	MORRISON, CITY OF	6	5	0	1	82,794.61
	OWENSVILLE, CITY OF	2	1	0	1	1,144.69
GENTRY COUNTY	ALBANY, CITY OF	1	1	0	0	20,619.21
GREENE COUNTY	GREENE COUNTY *	64	53	1	10	887,026.02
	SPRINGFIELD, CITY OF	90	75	0	15	1,856,371.63
GRUNDY COUNTY	GRUNDY COUNTY*	3	3	0	0	57,859.69
	TRENTON, CITY OF	1	1	0	0	1,209.69
HARRISON COUNTY	BETHANY, CITY OF	3	3	0	0	38,764.66
HENRY COUNTY	CALHOUN, CITY OF	1	1	0	0	2,938.89
	WINDSOR, CITY OF	2	2	0	0	46,335.67
HOLT COUNTY	BIG LAKE, VILLAGE OF	882	820	0	62	28,613,035.35
	BIGELOW, VILLAGE OF	26	25	0	1	1,029,828.17
	CORNING, TOWN OF	13	11	0	2	276,132.29
	CRAIG, CITY OF	45	35	0	10	803,562.37
	FORTESCUE, TOWN OF	14	8	0	6	134,953.72
	HOLT COUNTY*	118	109	0	9	3,007,570.00
	MOUND CITY, CITY OF	8	5	0	3	138,625.44
HOWARD COUNTY	ARMSTRONG, CITY OF	2	2	0	0	1,274.00
	FRANKLIN, CITY OF	37	29	0	8	100,170.77
	HOWARD COUNTY*	14	12	0	2	262,986.35
	NEW FRANKLIN, TOWN OF	17	14	0	3	110,624.97
HOWELL COUNTY	MOUNTAIN VIEW, CITY OF	1	1	0	0	1,884.55
	WEST PLAINS, CITY OF	57	50	1	6	2,818,196.42
	WILLOW SPRINGS, CITY OF	13	8	0	5	52,966.06
INDEPENDENT CITY	ST. LOUIS, CITY OF	670	509	0	161	8,890,779.62
IRON COUNTY	ANNAPOLIS, CITY OF	5	4	0	1	67,192.32
	ARCADIA, CITY OF	13	10	0	3	81,662.14
	DES ARC, VILLAGE OF	1	0	0	1	.00
	IRONTON, CITY OF	35	30	0	5	115,975.49
	PILOT KNOB, CITY OF	1	1	0	0	553.83
JACKSON COUNTY	BLUE SPRINGS, CITY OF	15	14	0	1	75,297.76
	BUCKNER, CITY OF	15	12	0	3	51,918.87
	GRAIN VALLEY, CITY OF	3	2	0	1	8,973.06
	GRANDVIEW, CITY OF	38	30	0	8	484,129.15
	GREENWOOD, CITY OF	1	1	0	0	55,303.51
	JACKSON COUNTY *	47	39	0	8	536,931.45
	LAKE LOTAWANA, CITY OF	4	3	0	1	40,511.96
	LEETON, CITY OF	1	1	0	0	34,366.93
	LEVASY, CITY OF	28	21	1	6	338,483.67
	OAK GROVE, CITY OF	10	7	0	3	5,116.06
	RAYTOWN, CITY OF	120	95	0	25	570,777.20
JASPER COUNTY	AIRPORT DRIVE, VILLAGE OF	1	1	0	0	4,074.02
	CARL JUNCTION, CITY OF	6	6	0	0	100,899.28
	CARTHAGE, CITY OF	34	25	0	9	389,352.42
	DUQUESNE, CITY OF	5	3	0	2	54,969.12
	JASPER COUNTY*	35	32	0	3	1,032,719.06
	JOPLIN, CITY OF	64	42	0	22	625,393.23
	ORONOGO, CITY OF	3	2	0	1	7,338.83
	SARCOXIE, CITY OF	6	6	0	0	43,309.71
	WEBB CITY, CITY OF	10	7	0	3	104,790.87
JEFFERSON COUNTY	ARNOLD, CITY OF	1,156	1,008	4	144	13,789,158.16
	BYRNES MILL, CITY OF	8	6	0	2	304,498.66
	CRYSTAL CITY, CITY OF	324	284	0	40	4,612,077.43
	DE SOTO, CITY OF	87	68	0	19	1,430,875.77
	FESTUS, CITY OF	96	86	0	10	1,085,451.39
	HERCULANEUM, CITY OF	57	43	0	14	1,202,406.59
	HILLSBORO, CITY OF	1	1	0	0	34,311.08
	JEFFERSON COUNTY*	2,861	2,456	4	401	41,963,890.81
	KIMMSWICK, CITY OF	23	18	0	5	253,217.91
	PEVELY, CITY OF	3	3	0	0	25,155.53
	SCOTSDALE, TOWN OF	2	2	0	0	123,078.47
JOHNSON COUNTY	HOLDEN, CITY OF	2	1	0	1	2,878.89
	JOHNSON COUNTY *	11	7	0	4	49,347.56
	KNOB NOSTER, CITY OF	11	9	0	2	169,237.19
	WARRENSBURG, CITY OF	8	2	0	6	4,526.23
KNOX COUNTY	EDINA, CITY OF	4	4	0	0	1,062,027.58
LACLEDE COUNTY	LACLEDE COUNTY *	11	10	0	1	531,752.22
	LEBANON, CITY OF	12	9	0	3	118,702.51
LAFAYETTE COUNTY	HIGGINSVILLE, CITY OF	1	1	0	0	822.80
	LAFAYETTE COUNTY *	16	15	0	1	280,983.65
LAWRENCE COUNTY	AURORA, CITY OF	1	1	0	0	25,090.85
	LAWRENCE COUNTY*	1	1	0	0	40,000.00

City of Pacific Estimated Flood Damages

NFIP Flood Insurance Stats. 1978 to Present	
Total Amount of Claims	\$15,403,637.90
Total Number of Claims	464
Average per Claim	\$33,197.50
Average per claim adjusted to 1982	\$12,926.21

2017 Flood Policies in Pacific	164
Total Buildings Damaged	180
Estimated % of policy holders made claim	90%
Estimated Claims 2017	147
Estimated NFIP Claims 2017	\$4,880,031.83
Estimated # Damaged Uninsured	33
Estimated non insured building damage	\$1,759,467.26
Public Assistance	\$275,000.00
Estimated Total Damages 2017	\$6,914,499.09

2015 Flood Policies in Pacific	164
Total Buildings Damaged	200
Estimated % claim	90%
Estimated Claims 2015	147
Estimated NFIP Claims 2015	\$4,880,032.00
Estimated # Damaged Uninsured	53
Estimated non insured building damage	\$1,759,467.26
Public Assistance	\$1,300,000.00
Estimated Total Damages 2015	\$7,939,499.26

Flood Damages 2008	
Estimated Total Buildings Damaged	100
Estimated % covered properties	75%
Estimated % of policy holders with claim	90%
Estimated Claims 2008	67.5
Estimated NFIP Claims in 2008	\$2,240,830.94
Estimated # Damaged Uninsured	32.5
Estimated non insured building damage	\$1,078,918.60
Estimated Total Damages 2008	\$3,319,749.55

Flood Damages 1994	
Estimated Total Buildings Damaged	100
Estimated % covered properties	60%
Estimated % of policy holders with claim	75%
Estimated Claims 1994	45
Estimated NFIP Claims in 1994	\$1,493,887.30
Estimated # Damaged Uninsured	55
Estimated NFIP Claims 1994	\$1,120,416.00
Estimated Total Damages 1994	\$2,614,303.30

Flood Damages 1982	
Estimated Total Buildings Damaged	150
Estimated % covered properties	50%
Estimated % of policy holders with claim	75%
Estimated Claims 1982	57
Estimated NFIP Claims in 1982	\$1,892,257.24
Estimated # Damaged Uninsured	93
Estimated non insured building damage	\$1,202,137.53
Estimated Total Damages 1982	\$3,094,394.77

Sum Total All Damages	\$23,882,445.97
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Source: <https://www.fema.gov/policy-claim-statistics-flood-insurance>

Individual Property Information Phase 1

HMGP Property Site Inventory Form (PSI)

Use one page for each property

Owner Information:

First Name: Harvey Last Name: Husereau Co-Owner: _____
Property Address: 114 East Congress

City: Pacific State: MO Zip Code: 63069 County: Franklin

Title Holder Post Mitigation (community undertaking project): City of Pacific

Mitigation Property Site Action: Acquisition / Demolition **Mitigation Property Site Comments:** SF Res.

Property Information:

Age of Structure (year built):	<u>1940</u>	Total Square Feet of Living Space:	<u>1102</u>
Pre-Event Fair Market Value:	<u>\$40,824.00</u>	Type of Residence:	<u>Owner Occupied - Secondary Residence</u>
Parcel Number:	<u>19-1-12.0-</u>	Structure Type:	<u>1 story, w/o basement</u>
<u>4-003-205.000</u>		Foundation Type:	<u>Crawl Space</u>
Property Tax Id:	<u>19-1-</u>	Basement:	<u>No</u>
<u>12.0-4-003-205.000</u>		Base Flood Elevation:	<u>463.3</u>
Latitude:	<u>38.479045</u>	First Floor Elevation:	_____
Longitude:	<u>-90.740622</u>	Number of feet the lowest floor elevation of the structure is being raised above Base Flood Elevation (Only applicable when Property Action is Elevation):	<u>n/a</u>
SHPO Cleared: ☉	<u>Yes</u>	Damage Category:	<u>50-100% Damaged</u>
SHPO Cleared Date: ☉	<u>2/20/2018</u>	Post Mitigation Property Use:	<u>open space</u>
Benefit Cost Analysis:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If commercial property what is the primary usage, explain below in comments.	
Performed: By Whom:	<u>Dan Rahn</u>		
Benefit Cost Ratio:	<u>4.54</u>		

Average cost per square foot for residential & commercial construction in the community: \$120

National Flood Insurance Program Information:

Flood Source: Riverine Flooding Structure Located in: Floodplain

Note: An NFIP repetitive loss structure is defined as building with 2 or more insured losses greater than \$1,000 within a 10-year period.

Repetitive Loss Structure: Unknown 2-3 insured Losses cumulatively <= building fair market value
Repetitive Loss Number: _____ 2-3 insured Losses cumulatively > building fair market value
 4 or more insured losses since 1978
 Not Applicable

NFIP Policy Number: ☉ _____ Insurance Policy Provider: ☉ _____

Is there a Flood Insurance Rate Map (FIRM) available? Yes No

Is the property site marked on the map? Yes, map attached

Flood Zone Designation:

VE or V 1-30 C or X (unshaded) AE or A 1-30 AO or AH
 B or X (shaded) Floodway A (no base flood elevation given)

FIRM Community Information:

Community: City of Pacific

Map Specific Information for Selected Community:

Panel Number: 290170355D Date: 10/18/2011

Legal Description: ☉ Lot 183 of Old Town Franklin

Comments: Substantially Damaged Property

Assessor Records

PIN: 19-1-12.0-4-003-205.000
 ENS:
 Master Tax Dist 111
Subd: O T OF FRANKLIN
Deedholders
 Acres:
 Section
 Township
 Range
 HUSEREAU,TERRI&HARVEY A
 0.0000
 12

Situs Address:
 Mailing Address:
 Legal Description:

114 E CONGRESS ST
 HUSEREAU,TERRI&HARVEY A
 LOT:183 O T OF FRANKLIN
 PACIFIC MO 63069-0000
 806 W CONGRESS

Property Market Value			Property Assessed Value				
	Land	Building	Total Value		Land	Building	Total Value
Agricultural:	\$0	\$0	\$0	Agricultural:	\$0	\$0	\$0
Residential:	\$18,900	\$0	\$18,900	Residential:	\$3,591	\$0	\$3,591
Commercial:	\$0	\$0	\$0	Commercial:	\$0	\$0	\$0
Exempt:	0.0000	\$0	\$0	Exempt:	\$0	\$0	\$0
		Total Value:	\$18,900 *		Total Value:		\$3,591

Values are **2015 Certified**

* There is a value discrepancy between the *Voluntary Participation Form* and the Franklin County Assessor value because the Assessors office recently removed the building value. The offer amount on the form includes the structure value.

114 East Congress



National Flood Hazard Layer FIRMette



FEMA

Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS		Without Base Flood Elevation (BFE) Zone A, V, A99
		With BFE or Depth Regulatory Floodway Zone AE, AO, AH, VE, AR
OTHER AREAS OF FLOOD HAZARD		0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
		Future Conditions 1% Annual Chance Flood Hazard Zone X
		Area with Reduced Flood Risk due to Levee. See Notes. Zone X
		Area with Flood Risk due to Levee Zone D
OTHER AREAS		Area of Minimal Flood Hazard Zone X
		Effective LOMRs
GENERAL STRUCTURES		Area of Undetermined Flood Hazard Zone D
		Channel, Culvert, or Storm Sewer
OTHER FEATURES		Levee, Dike, or Floodwall
		Cross Sections with 1% Annual Chance Water Surface Elevation
		Coastal Transect
		Base Flood Elevation Line (BFE)
		Limit of Study
		Jurisdiction Boundary
		Coastal Transect Baseline
MAP PANELS		Profile Baseline
		Hydrographic Feature
		Digital Data Available
		No Digital Data Available
		Unmapped

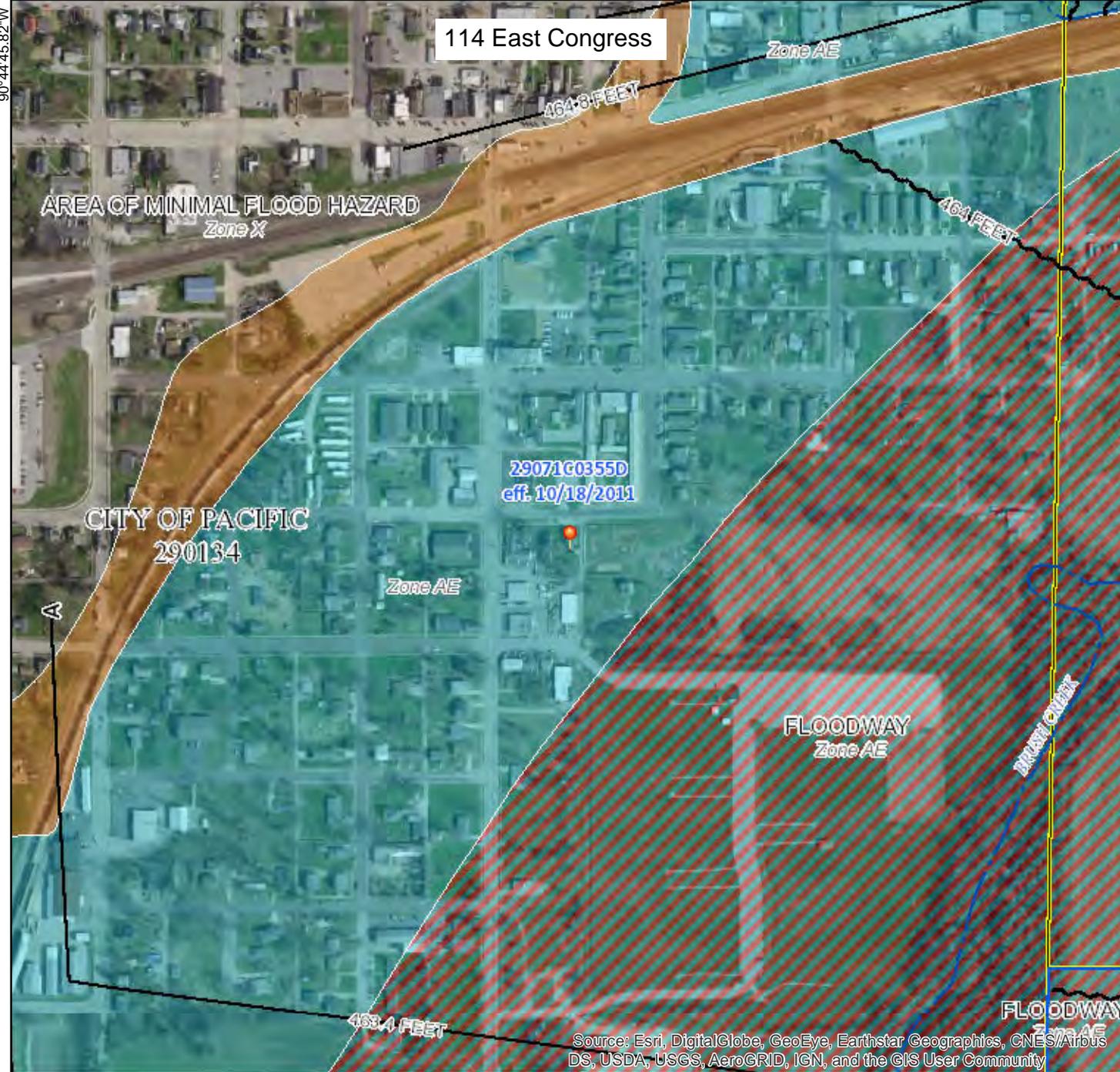
This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The base map shown complies with FEMA's base map accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on **2/8/2018 at 11:27:35 AM** and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: base map imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

38°28'59.11"N

90°44'45.82"W



Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community

0 250 500 1,000 1,500 2,000 Feet

1:6,241.13

38°28'29.82"N

90°44'6.86"W



DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
**Statement of Voluntary Participation for
Acquisition of Property for Purpose of Open Space
FEMA's Hazard Mitigation Assistance Programs**

O.M.B. No. 1660-0103
Expires August 31, 2011

X THIS AGREEMENT is made and entered into this on (date) 1/17/18, by and between (name of Subgrantee) _____, hereinafter referred to as "Subgrantee," and (property owner) Guy Harvey Huseman, hereinafter referred to as "Seller." The parties agree as follows:

1. Seller affirms that I/we own the property located at (legal address) 114 East Congress 63069 hereinafter referred to as "property."
2. Subgrantee has notified Seller that the Subgrantee may wish to purchase the referenced property, and, if Seller agrees to sell, Seller must permanently relocate from property.
3. Subgrantee has identified that the purchase offer valuation of the property as of (date) 1/17/2018 is \$ 40,824, as determined by appropriate valuation procedures implemented by Subgrantee and based on FEMA acquisition requirements provided in 44 C.F.R. Part 80, and relevant program guidance as documented below (e.g., *Pre-Disaster Mitigation, Hazard Mitigation Grant Program, Flood Mitigation Assistance*). _____
- X _____
4. Subgrantee has notified the Seller that **neither the State nor the Local Government will use its eminent domain authority to acquire the property for open-space purpose if the Seller chooses not to participate, or if negotiations fail.**
5. Subgrantee has notified Seller that if the Seller agrees to sell the property to the Subgrantee the transaction is voluntary and the Seller is not entitled to relocation benefits provided by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, which are available to property owners who must sell their properties involuntarily.
6. Subgrantee affirms that it has provided the notifications and explained the information described in the preceding paragraphs to the seller, and property identified above is not a part of an intended, planned, or designated project area where all or substantially all of the property within the area is to be acquired within specific time limits.
7. This Agreement shall expire on (date of closing) _____, unless Seller has voluntarily sold Property to the Subgrantee by that date.

Nancy Huseman
Property Owner Signature

1/17/18
Date

Property Owner Signature

Date

[Signature]
Subgrantee's Authorized Agent Signature

1-17-18
Date

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1 hour per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is voluntary. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington VA 20598-3005, Paperwork Reduction Project (1660-0103). **NOTE: DO NOT SEND YOUR COMPLETED FORM TO THIS ADDRESS.**

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
DECLARATION AND RELEASE

O.M.B. No. 1660-0002
Expires July 31, 2017

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 2 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0002)
NOTE: Do not send your completed form to this address.

PRIVACY ACT STATEMENT

AUTHORITY: The Robert T. Stafford Disaster Relief and Emergency Assistance Act as amended, 42 U.S.C. § 5121 -5207 and Reorganization Plan No. 3 of 1978; 4 U.S.C. §§ 2904 and 2906; 4 C.F.R. § 206.2(a)(27); the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. 104-193) and Executive Order 13411. DHS asks for your SSN pursuant to the Debt Collection Improvement Act of 1996, 31 U.S.C. § 3325(d) and § 7701(c) (1).
PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of determining eligibility and administering financial assistance under a Presidentially-declared disaster. Additionally, information may be reviewed within FEMA for quality assurance purposes and used to assess FEMA's customer service to disaster assistance applicants.
ROUTINE USE(S): The information on this form may be shared outside of FEMA as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes sharing this information with state, tribal, local, and voluntary organizations to enable you to receive additional disaster assistance and as necessary and authorized by other routine uses published in DHS/FEMA-008 Disaster Recovery Assistance Files System of Records, 78 Fed. Reg. 25,282 (April 30, 2013), and upon written request, by agreement, or as required by law.
DISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving disaster assistance.

DECLARATION AND RELEASE

In order to be eligible to receive FEMA Disaster Assistance, a member of the household must be a citizen, non-citizen national or qualified alien of the United States. **Please read the form carefully, sign the sheet and return it to the Inspector, and show him/her a current form of photo identification.** Please feel free to consult with an attorney or other immigration expert if you have any questions.

I hereby declare, under penalty of perjury that (check one):

- I am a citizen or non-citizen national of the United States.
 I am a qualified alien of the United States.
 I am the parent or guardian of a minor child who resides with me and who is a citizen, non-citizen national or qualified alien of the United States. Print full name and age of minor child: _____

By my signature I certify that:

- * Only one application has been submitted for my household.
- * All information I have provided regarding my application for FEMA disaster assistance is true and correct to the best of my knowledge.
- * I will return any disaster aid money I received from FEMA or the State if I receive insurance or other money for the same loss, or if I do not use FEMA disaster aid money for the purpose for which it was intended.

I understand that, if I intentionally make false statements or conceal any information in an attempt to obtain disaster aid, it is a violation of federal and State laws, which carry severe criminal and civil penalties, including a fine up to \$250,000, imprisonment, or both (18 U.S.C. §§ 287, 1001, and 3571).

I understand that the information provided regarding my application for FEMA disaster assistance may be subject to sharing within the Department of Homeland Security (DHS) including, but not limited to, the Bureau of Immigration and Customs Enforcement.

I authorize FEMA to verify all information given by me about my property/place of residence, income, employment and dependents in order to determine my eligibility for disaster assistance; and

I authorize all custodians of records of my insurance, employer, any public or private entity, bank financial or credit data service to release information to FEMA and/or the State upon request.

NAME (print) Harvey Husekrau	SIGNATURE Harvey Husekrau	DATE OF BIRTH 4/16/65	DATE SIGNED 4/17/18
INSPECTOR ID #	FEMA APPLICATION #	DISASTER #	
ADDRESS OF DAMAGED PROPERTY 114 East Congress St.	CITY Pacific	STATE MO	ZIP CODE 63069

HMGP Property Site Inventory Form (PSI)

Use one page for each property

Owner Information:

First Name: Emily Last Name: Crosby Co-Owner: _____
Property Address: 206 South Columbus

City: Pacific State: MO Zip Code: 63069 County: Franklin

Title Holder Post Mitigation (community undertaking project): City of Pacific

Mitigation Property Site Action: Acquisition / Demolition **Mitigation Property Site Comments:** SF Res.

Property Information:

Age of Structure (year built):	<u>1940</u>	Total Square Feet of Living Space:	_____
Pre-Event Fair Market Value:	<u>\$10,572</u>	Type of Residence:	<u>Other (Specify in Comments)</u>
Parcel Number:	<u>19-1-12.0-</u>	Structure Type:	<u>1 story, w/o basement</u>
<u>4-004-136.000</u>		Foundation Type:	<u>Slab on Grade</u>
Property Tax Id:	<u>19-1-</u>	Basement:	<u>No</u>
<u>12.0-4-004-136.000</u>		Base Flood Elevation:	<u>463.3</u>
Latitude:	<u>38.480924</u>	First Floor Elevation:	_____
Longitude:	<u>-90.739611</u>	Number of feet the lowest floor elevation of the structure is being raised above Base Flood Elevation (Only applicable when Property Action is Elevation):	<u>n/a</u>
SHPO Cleared: ☉	<u>Yes</u>	Damage Category:	<u>Select...</u>
SHPO Cleared Date: ☉	<u>2/22/2018</u>	Post Mitigation Property Use:	<u>open space</u>
Benefit Cost Analysis:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If commercial property what is the primary usage, explain below in comments.	
Performed: By Whom:	<u>Dan Rahn</u>		
Benefit Cost Ratio:	<u>9.03</u>		

Average cost per square foot for residential & commercial construction in the community: \$120

National Flood Insurance Program Information:

Flood Source: Riverine Flooding Structure Located in: Floodplain

Note: An NFIP repetitive loss structure is defined as building with 2 or more insured losses greater than \$1,000 within a 10-year period.

Repetitive Loss Structure: Unknown 2-3 insured Losses cumulatively <= building fair market value
Repetitive Loss Number: _____ 2-3 insured Losses cumulatively > building fair market value
 4 or more insured losses since 1978
 Not Applicable

NFIP Policy Number: ☉ _____ Insurance Policy Provider: ☉ _____

Is there a Flood Insurance Rate Map (FIRM) available? Yes No

Is the property site marked on the map? Yes, map attached

Flood Zone Designation:

VE or V 1-30 C or X (unshaded) AE or A 1-30 AO or AH
 B or X (shaded) Floodway A (no base flood elevation given)

FIRM Community Information:

Community: City of Pacific

Map Specific Information for Selected Community:

Panel Number: 290170355D Date: 10/18/2011

Legal Description: ☉ S 33' LOT 17 INKS ADDN

Comments: Property is not occupied because of substantial damage

Assessor Records

[Search GIS](#)

[Search Assessor](#)

[Search Collector](#)

[General](#)

[Land/Yard Imps](#)

[Residential](#)

[Ag Buildings](#)

[Commercial](#)

[Sales](#)

[Photos](#)

[Sketches](#)

PIN: 19-1-12.0-4-004-136.000
 ENS:
 Master Tax Dist 111
Subd: INKS
Deedholders
 Acres: 0.0000
 Section 12
 Township
 Range
 CROSBY,EMILY
 DBA:

Situs Address:

Mailing Address:

Legal Description:

206 S COLUMBUS ST
PACIFIC MO 63069

CROSBY,EMILY
206 S COLUMBUS ST
PACIFIC MO 63069-0000

S 33' LOT 17 INKS ADDN

Property Market Value

	Land	Building	Total Value
Agricultural:	\$0	\$0	\$0
Residential:	\$8,810	\$0	\$8,810
Commercial:	\$0	\$0	\$0
Exempt:	0.0000	\$0	\$0
	Total Value:		\$8,810

Property Assessed Value

	Land	Building	Total Value
Agricultural:	\$0	\$0	\$0
Residential:	\$1,674	\$0	\$1,674
Commercial:	\$0	\$0	\$0
Exempt:	\$0	\$0	\$0
	Total Value:		\$1,674

Values are **2015 Certified**

206 South Columbus



National Flood Hazard Layer FIRMette



Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

- | | | |
|------------------------------------|--|---|
| SPECIAL FLOOD HAZARD AREAS | | Without Base Flood Elevation (BFE)
Zone A, V, A99 |
| | | With BFE or Depth |
| | | Regulatory Floodway Zone AE, AO, AH, VE, AR |
| OTHER AREAS OF FLOOD HAZARD | | 0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X |
| | | Future Conditions 1% Annual Chance Flood Hazard Zone X |
| | | Area with Reduced Flood Risk due to Levee. See Notes. Zone X |
| | | Area with Flood Risk due to Levee Zone D |
| OTHER AREAS | | Area of Minimal Flood Hazard Zone X |
| | | Effective LOMRs |
| | | Area of Undetermined Flood Hazard Zone D |
| GENERAL STRUCTURES | | Channel, Culvert, or Storm Sewer |
| | | Levee, Dike, or Floodwall |
| OTHER FEATURES | | 20.2 Cross Sections with 1% Annual Chance Water Surface Elevation |
| | | 17.5 Coastal Transect |
| | | Base Flood Elevation Line (BFE) |
| | | Limit of Study |
| | | Jurisdiction Boundary |
| | | Coastal Transect Baseline |
| | | Profile Baseline |
| | | Hydrographic Feature |
| MAP PANELS | | Digital Data Available |
| | | No Digital Data Available |
| | | Unmapped |

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The base map shown complies with FEMA's base map accuracy standards

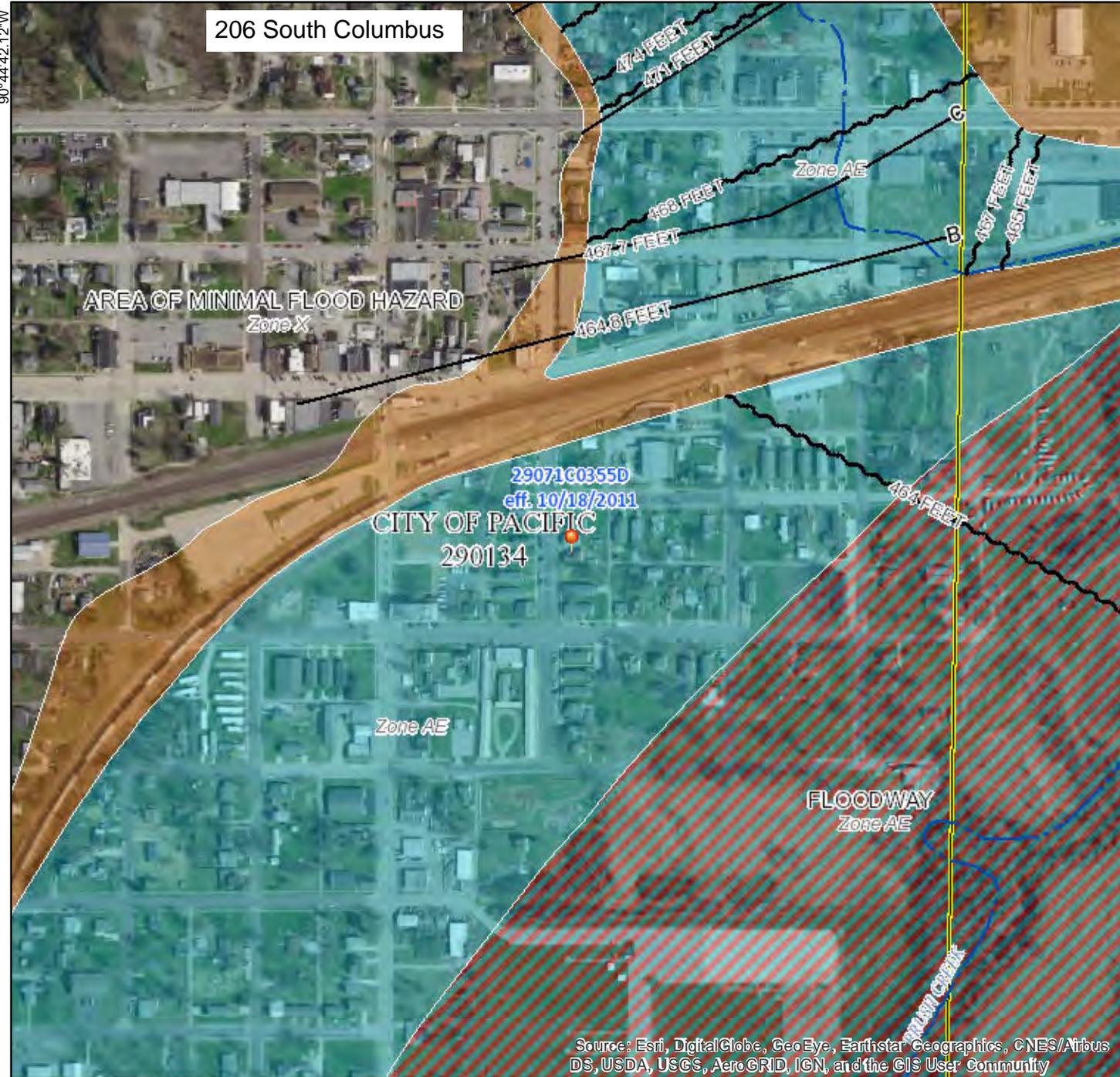
The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on **2/14/2018 at 11:33:44 AM** and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: base map imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

38°29'5.97"N

90°44'42.12"W

206 South Columbus



Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community

1:6,241.13

38°28'36.67"N

90°44'3.16"W

0 250 500 1,000 1,500 2,000 Feet



DEPARTMENT OF HOMELAND SECURITY
 FEDERAL EMERGENCY MANAGEMENT AGENCY
**Statement of Voluntary Participation for
 Acquisition of Property for Purpose of Open Space
 FEMA's Hazard Mitigation Assistance Programs**

O.M.B. No. 1660-0103
 Expires August 31, 2011

THIS AGREEMENT is made and entered into this on (date) Jan 30, 2018, by and between (name of Subgrantee) City of Pacific, Missouri, hereinafter referred to as "Subgrantee," and (property owner) Emily Crosby, hereinafter referred to as "Seller." The parties agree as follows:

1. Seller affirms that I/we own the property located at (legal address) 206 S. Columbus St., hereinafter referred to as "property."
2. Subgrantee has notified Seller that the Subgrantee may wish to purchase the referenced property, and, if Seller agrees to sell, Seller must permanently relocate from property.
3. Subgrantee has identified that the purchase offer valuation of the property as of (date) 1-19-2018 is \$ 10,572, as determined by appropriate valuation procedures implemented by Subgrantee and based on FEMA acquisition requirements provided in 44 C.F.R. Part 80, and relevant program guidance as documented below (e.g., *Pre-Disaster Mitigation, Hazard Mitigation Grant Program, Flood Mitigation Assistance*).
4. Subgrantee has notified the Seller that **neither the State nor the Local Government will use its eminent domain authority to acquire the property for open-space purpose if the Seller chooses not to participate, or if negotiations fail.**
5. Subgrantee has notified Seller that if the Seller agrees to sell the property to the Subgrantee the transaction is voluntary and the Seller is not entitled to relocation benefits provided by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, which are available to property owners who must sell their properties involuntarily.
6. Subgrantee affirms that it has provided the notifications and explained the information described in the preceding paragraphs to the seller, and property identified above is not a part of an intended, planned, or designated project area where all or substantially all of the property within the area is to be acquired within specific time limits.
7. This Agreement shall expire on (date of closing) _____, unless Seller has voluntarily sold Property to the Subgrantee by that date.

Emily Crosby
 Property Owner Signature

[Signature]
 Property Owner Signature

[Signature]
 Subgrantee's Authorized Agent Signature

Jan 30, 2018
Date
Date
Jan 30, 2018
Date

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1 hour per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is voluntary. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington VA 20598-3005, Paperwork Reduction Project (1660-0103). **NOTE: DO NOT SEND YOUR COMPLETED FORM TO THIS ADDRESS.**

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
DECLARATION AND RELEASE

O.M.B. No. 1660-0002
Expires July 31, 2017

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 2 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0002)
NOTE: Do not send your completed form to this address.

PRIVACY ACT STATEMENT

AUTHORITY: The Robert T. Stafford Disaster Relief and Emergency Assistance Act as amended, 42 U.S.C. § 5121 -5207 and Reorganization Plan No. 3 of 1978; 4 U.S.C. §§ 2904 and 2906; 4 C.F.R. § 206.2(a)(27); the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. 104-193) and Executive Order 13411. DHS asks for your SSN pursuant to the Debt Collection Improvement Act of 1996, 31 U.S.C. § 3325(d) and § 7701(c) (1).

PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of determining eligibility and administering financial assistance under a Presidentially-declared disaster. Additionally, information may be reviewed within FEMA for quality assurance purposes and used to assess FEMA's customer service to disaster assistance applicants.

ROUTINE USE(S): The information on this form may be shared outside of FEMA as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes sharing this information with state, tribal, local, and voluntary organizations to enable you to receive additional disaster assistance and as necessary and authorized by other routine uses published in DHS/FEMA-008 Disaster Recovery Assistance Files System of Records, 78 Fed. Reg. 25,282 (April 30, 2013), and upon written request, by agreement, or as required by law.

DISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving disaster assistance.

DECLARATION AND RELEASE

In order to be eligible to receive FEMA Disaster Assistance, a member of the household must be a citizen, non-citizen national or qualified alien of the United States. **Please read the form carefully, sign the sheet and return it to the Inspector, and show him/her a current form of photo identification.** Please feel free to consult with an attorney or other immigration expert if you have any questions.

I hereby declare, under penalty of perjury that (check one):

- I am a citizen or non-citizen national of the United States.
- I am a qualified alien of the United States.
- I am the parent or guardian of a minor child who resides with me and who is a citizen, non-citizen national or qualified alien of the United States. Print full name and age of minor child: _____

By my signature I certify that:

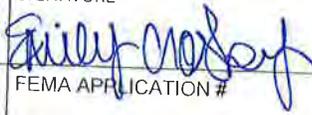
- * Only one application has been submitted for my household.
- * All information I have provided regarding my application for FEMA disaster assistance is true and correct to the best of my knowledge.
- * I will return any disaster aid money I received from FEMA or the State if I receive insurance or other money for the same loss, or if I do not use FEMA disaster aid money for the purpose for which it was intended.

I understand that, if I intentionally make false statements or conceal any information in an attempt to obtain disaster aid, it is a violation of federal and State laws, which carry severe criminal and civil penalties, including a fine up to \$250,000, imprisonment, or both (18 U.S.C. §§ 287, 1001, and 3571).

I understand that the information provided regarding my application for FEMA disaster assistance may be subject to sharing within the Department of Homeland Security (DHS) including, but not limited to, the Bureau of Immigration and Customs Enforcement.

I authorize FEMA to verify all information given by me about my property/place of residence, income, employment and dependents in order to determine my eligibility for disaster assistance; and

I authorize all custodians of records of my insurance, employer, any public or private entity, bank financial or credit data service to release information to FEMA and/or the State upon request.

NAME (print) Emily Crosby		SIGNATURE 		DATE OF BIRTH 05/04/1990	DATE SIGNED 01/30/2018
INSPECTOR ID #		FEMA APPLICATION #		DISASTER # DR 4317	
ADDRESS OF DAMAGED PROPERTY 206 S. Columbus St.		CITY Pacific	STATE MO	ZIP CODE 63069	

HMGP Property Site Inventory Form (PSI)

Use one page for each property

Owner Information:

First Name: Bill Last Name: Brown Co-Owner: Julie Bienek
Property Address: 210 South Elm

City: Pacific State: MO Zip Code: 63069 County: Franklin

Title Holder Post Mitigation (community undertaking project): City of Pacific

Mitigation Property Site Action: Acquisition / Demolition **Mitigation Property Site Comments:** SF Res.

Property Information:

Age of Structure (year built): 1900 Total Square Feet of Living Space: 1310
Pre-Event Fair Market Value: \$15,396.00 Type of Residence: Other (Specify in Comments)
Parcel Number: 19-1-12.0- Structure Type: 1 or 2 story, with basement
4-004-124.000 Foundation Type: Basement
Property Tax Id: 19-1- Basement: Yes
12.0-4-004-124.000 Base Flood Elevation: 463.3
Latitude: 38.480826 First Floor Elevation:
Longitude: -90.736594 Number of feet the lowest floor elevation of the structure is
SHPO Cleared: ☉ Yes being raised above Base Flood Elevation (Only applicable
SHPO Cleared Date: ☉ 2/20/2018 when Property Action is Elevation): n/a
Benefit Cost Analysis: Yes No Damage Category: 50-100% Damaged
Performed: By Whom: DPR Post Mitigation Property Use: open space
Benefit Cost Ratio: 7.8 If commercial property what is the primary usage, explain
Average cost per square foot for residential & commercial construction in the community: \$120
below in comments.

National Flood Insurance Program Information:

Flood Source: Riverine Flooding Structure Located in: Floodplain

Note: An NFIP repetitive loss structure is defined as building with 2 or more insured losses greater than \$1,000 within a 10-year period.

Repetitive Loss Structure: Unknown 2-3 insured Losses cumulatively <= building fair market value
Repetitive Loss Number: 2-3 insured Losses cumulatively > building fair market value
 4 or more insured losses since 1978
 Not Applicable

NFIP Policy Number: ☉ Insurance Policy Provider: ☉

Is there a Flood Insurance Rate Map (FIRM) available? Yes No

Is the property site marked on the map? Yes, map attached

Flood Zone Designation:

VE or V 1-30 C or X (unshaded) AE or A 1-30 AO or AH
 B or X (shaded) Floodway A (no base flood elevation given)

FIRM Community Information:

Community: City of Pacific

Map Specific Information for Selected Community:

Panel Number: 290170355D Date: 10/18/2011

Legal Description: ☉ Lot 2 and Part Lot 1 of Inks Addition

Comments: Property is not occupied because of substantial damage

☉ (This information is not required until the project is approved, but would be helpful if you can provide it at the time of application.)

Assessor Records

[Search GIS](#)

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[Search Collector](#)

[General](#)
[Land/Yard Imps](#)
[Residential](#)
[Ag Buildings](#)
[Commercial](#)
[Sales](#)
[Photos](#)
[Sketches](#)

PIN: 19-1-12.0-4-004-124.000
 ENS:
 Master Tax Dist 111
Subd: INKS
Deedholders
 Acres: 0.0000
 Section 12
 Township
 Range
 BROWN,BILL L JR&BIENIEK,JULIE A
 DBA:

Situs Address:

Mailing Address:

Legal Description:

210 S ELM ST
PACIFIC MO 63069

BROWN,BILL L JR&BIENIEK,JULIE A
4305 NW POINT DR
HOUSE SPRINGS MO 63051-4309

LOT: PT1 & 2 INKS ADDN

Property Market Value

	Land	Building	Total Value
Agricultural:	\$0	\$0	\$0
Residential:	\$12,830	\$0	\$12,830
Commercial:	\$0	\$0	\$0
Exempt:	0.0000	\$0	\$0
Total Value:			\$12,830

Property Assessed Value

	Land	Building	Total Value
Agricultural:	\$0	\$0	\$0
Residential:	\$2,438	\$0	\$2,438
Commercial:	\$0	\$0	\$0
Exempt:	\$0	\$0	\$0
Total Value:			\$2,438

Values are **2015 Certified**

210 South Elm



National Flood Hazard Layer FIRMette

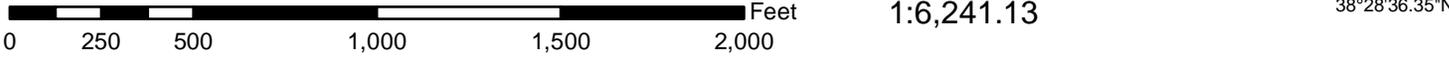
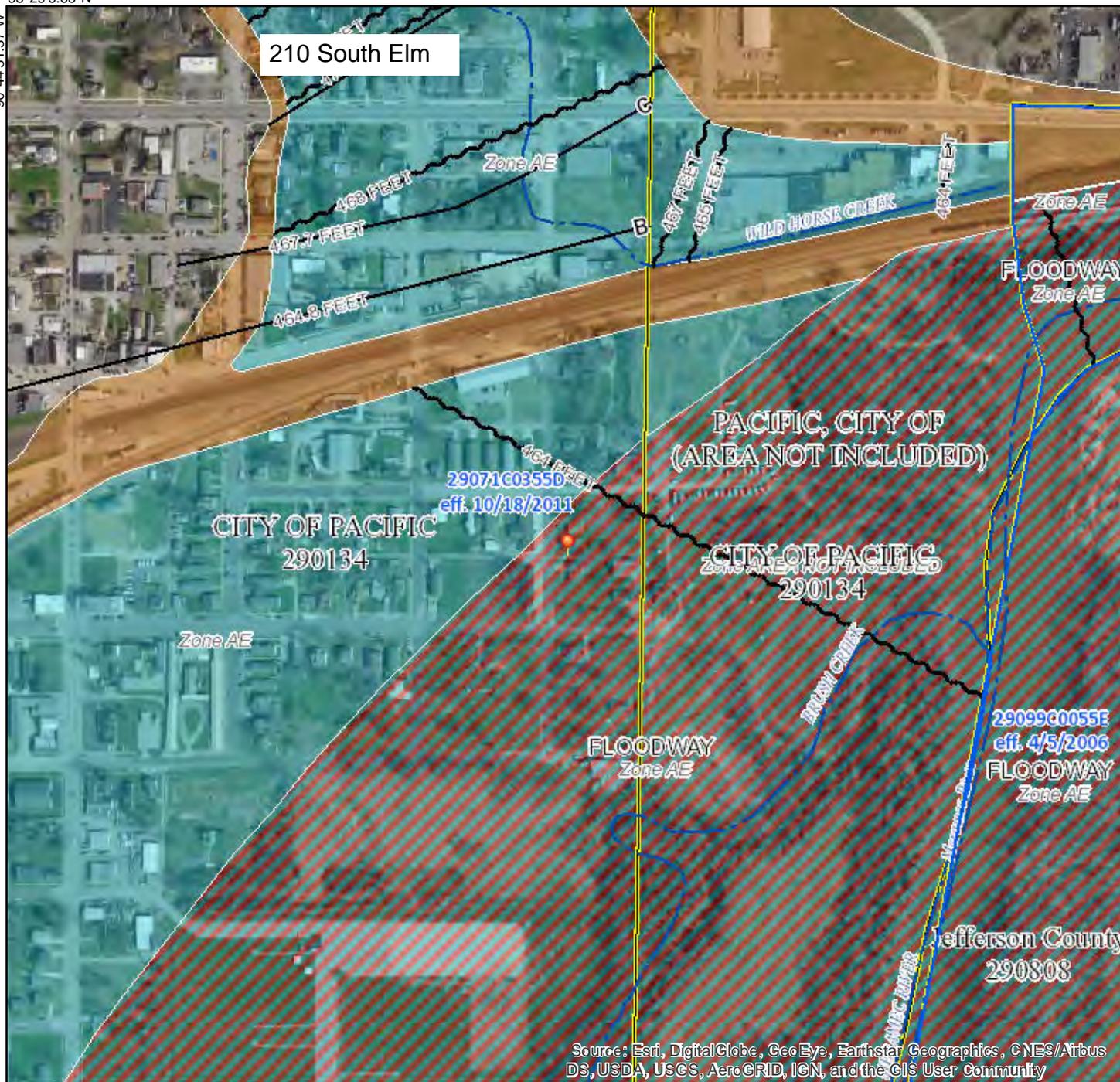


Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS		Without Base Flood Elevation (BFE) Zone A, V, A99
		With BFE or Depth
OTHER AREAS OF FLOOD HAZARD		Regulatory Floodway Zone AE, AO, AH, VE, AR
		0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
OTHER AREAS OF FLOOD HAZARD		Future Conditions 1% Annual Chance Flood Hazard Zone X
		Area with Reduced Flood Risk due to Levee. See Notes. Zone X
		Area with Flood Risk due to Levee Zone D
OTHER AREAS		Area of Minimal Flood Hazard Zone X
		Effective LOMRs
GENERAL STRUCTURES		Area of Undetermined Flood Hazard Zone D
		Channel, Culvert, or Storm Sewer
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		Cross Sections with 1% Annual Chance Water Surface Elevation
OTHER FEATURES		Coastal Transect
		Base Flood Elevation Line (BFE)
OTHER FEATURES		Limit of Study
		Jurisdiction Boundary
OTHER FEATURES		Coastal Transect Baseline
		Profile Baseline
OTHER FEATURES		Hydrographic Feature
		Digital Data Available
MAP PANELS		No Digital Data Available
		Unmapped

90°44'31.37"W



Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The base map shown complies with FEMA's base map accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 2/20/2018 at 9:20:17 AM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

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90°43'52.41"W

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
DECLARATION AND RELEASE

O.M.B. No. 1660-0002
Expires July 31, 2017

PAPERWORK BURDEN DISCLOSURE NOTICE

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NOTE: Do not send your completed form to this address.

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AUTHORITY: The Robert T. Stafford Disaster Relief and Emergency Assistance Act as amended, 42 U.S.C. § 5121 -5207 and Reorganization Plan No. 3 of 1978; 4 U.S.C. §§ 2904 and 2906; 4 C.F.R. § 206.2(a)(27); the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. 104-193) and Executive Order 13411. DHS asks for your SSN pursuant to the Debt Collection Improvement Act of 1996, 31 U.S.C. § 3325(d) and § 7701(c) (1).
PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of determining eligibility and administering financial assistance under a Presidentially-declared disaster. Additionally, information may be reviewed within FEMA for quality assurance purposes and used to assess FEMA's customer service to disaster assistance applicants.
ROUTINE USE(S): The information on this form may be shared outside of FEMA as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes sharing this information with state, tribal, local, and voluntary organizations to enable you to receive additional disaster assistance and as necessary and authorized by other routine uses published in DHS/FEMA-008 Disaster Recovery Assistance Files System of Records, 78 Fed. Reg. 25,282 (April 30, 2013), and upon written request, by agreement, or as required by law.
DISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving disaster assistance.

DECLARATION AND RELEASE

In order to be eligible to receive FEMA Disaster Assistance, a member of the household must be a citizen, non-citizen national or qualified alien of the United States. **Please read the form carefully, sign the sheet and return it to the Inspector, and show him/her a current form of photo identification.** Please feel free to consult with an attorney or other immigration expert if you have any questions.

I hereby declare, under penalty of perjury that (check one):

- I am a citizen or non-citizen national of the United States.
 I am a qualified alien of the United States.
 I am the parent or guardian of a minor child who resides with me and who is a citizen, non-citizen national or qualified alien of the United States. Print full name and age of minor child: _____

By my signature I certify that:

- * Only one application has been submitted for my household.
- * All information I have provided regarding my application for FEMA disaster assistance is true and correct to the best of my knowledge.
- * I will return any disaster aid money I received from FEMA or the State if I receive insurance or other money for the same loss, or if I do not use FEMA disaster aid money for the purpose for which it was intended.

I understand that, if I intentionally make false statements or conceal any information in an attempt to obtain disaster aid, it is a violation of federal and State laws, which carry severe criminal and civil penalties, including a fine up to \$250,000, imprisonment, or both (18 U.S.C. §§ 287, 1001, and 3571).

I understand that the information provided regarding my application for FEMA disaster assistance may be subject to sharing within the Department of Homeland Security (DHS) including, but not limited to, the Bureau of Immigration and Customs Enforcement.

I authorize FEMA to verify all information given by me about my property/place of residence, income, employment and dependents in order to determine my eligibility for disaster assistance; and

I authorize all custodians of records of my insurance, employer, any public or private entity, bank financial or credit data service to release information to FEMA and/or the State upon request.

NAME (print) Julie Bieniek Brown	SIGNATURE <i>Julie Bieniek Brown</i>	DATE OF BIRTH 04/14/1982	DATE SIGNED 02/14/2018
INSPECTOR ID #	FEMA APPLICATION #	DISASTER # DR 4317	
ADDRESS OF DAMAGED PROPERTY 210 S. Elm	CITY Pacific	STATE MO	ZIP CODE 63069

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
**Statement of Voluntary Participation for
Acquisition of Property for Purpose of Open Space
FEMA's Hazard Mitigation Assistance Programs**

O.M.B. No. 1660-0103
Expires August 31, 2011

THIS AGREEMENT is made and entered into this on (date) Feb 14, 2018, by and between (name of Subgrantee) City of Pacific, Missouri, hereinafter referred to as "Subgrantee," and (property owner) Bill L. Brown, Jr and Julie A. Bicnick, hereinafter referred to as "Seller." The parties agree as follows:

1. Seller affirms that I/we own the property located at (legal address) 210 S. Elm Street, hereinafter referred to as "property."
2. Subgrantee has notified Seller that the Subgrantee may wish to purchase the referenced property, and, if Seller agrees to sell, Seller must permanently relocate from property.
3. Subgrantee has identified that the purchase offer valuation of the property as of (date) 1-19-2018 is \$ 15396, as determined by appropriate valuation procedures implemented by Subgrantee and based on FEMA acquisition requirements provided in 44 C.F.R. Part 80, and relevant program guidance as documented below (e.g., *Pre-Disaster Mitigation, Hazard Mitigation Grant Program, Flood Mitigation Assistance*).
4. Subgrantee has notified the Seller that **neither the State nor the Local Government will use its eminent domain authority to acquire the property for open-space purpose if the Seller chooses not to participate, or if negotiations fail.**
5. Subgrantee has notified Seller that if the Seller agrees to sell the property to the Subgrantee the transaction is voluntary and the Seller is not entitled to relocation benefits provided by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, which are available to property owners who must sell their properties involuntarily.
6. Subgrantee affirms that it has provided the notifications and explained the information described in the preceding paragraphs to the seller, and property identified above is not a part of an intended, planned, or designated project area where all or substantially all of the property within the area is to be acquired within specific time limits.
7. This Agreement shall expire on (date of closing) _____, unless Seller has voluntarily sold Property to the Subgrantee by that date.

Billy Brown
Property Owner Signature

Julie Bicnick Brown
Property Owner Signature

[Signature]
Subgrantee's Authorized Agent Signature

Feb 14, 2018
Date
Feb 14, 2018
Date
Feb 14, 2018
Date

PAPERWORK BURDEN DISCLOSURE NOTICE

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HMGP Property Site Inventory Form (PSI)

Use one page for each property

Owner Information:

First Name: Michael Last Name: Wohlgemuth Co-Owner: Diana Wohlgemuth
Property Address: 213 East Orleans

City: Pacific State: MO Zip Code: 63069 County: Franklin

Title Holder Post Mitigation (community undertaking project): City of Pacific

Mitigation Property Site Action: Acquisition / Demolition **Mitigation Property Site Comments:** SF Res.

Property Information:

Age of Structure (year built):	<u>1935</u>	Total Square Feet of Living Space:	<u>783</u>
Pre-Event Fair Market Value:	<u>\$18,360.00</u>	Type of Residence:	<u>Other (Specify in Comments)</u>
Parcel Number:	<u>19-1-12.0-</u>	Structure Type:	<u>1 story, w/o basement</u>
<u>4-004-140.000</u>		Foundation Type:	<u>Crawl Space</u>
Property Tax Id:	<u>19-1-</u>	Basement:	<u>No</u>
<u>12.0-4-004-140.000</u>		Base Flood Elevation:	<u>463.3</u>
Latitude:	<u>38.480413</u>	First Floor Elevation:	<u> </u>
Longitude:	<u>-90.739125</u>	Number of feet the lowest floor elevation of the structure is being raised above Base Flood Elevation (Only applicable when Property Action is Elevation):	<u>n/a</u>
SHPO Cleared: ☉	<u>Yes</u>	Damage Category:	<u>50-100% Damaged</u>
SHPO Cleared Date: ☉	<u>2/22/2018</u>	Post Mitigation Property Use:	<u>open space</u>
Benefit Cost Analysis:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If commercial property what is the primary usage, explain below in comments.	
Performed: By Whom: <u>Dan</u> <u>Rahn</u>			
Benefit Cost Ratio:	<u>7.19</u>		

Average cost per square foot for residential & commercial construction in the community: \$120

National Flood Insurance Program Information:

Flood Source: Riverine Flooding Structure Located in: Floodplain

Note: An NFIP repetitive loss structure is defined as building with 2 or more insured losses greater than \$1,000 within a 10-year period.

Repetitive Loss Structure: Unknown 2-3 insured Losses cumulatively <= building fair market value
Repetitive Loss Number: 2-3 insured Losses cumulatively > building fair market value
 4 or more insured losses since 1978
 Not Applicable

NFIP Policy Number: ☉ Insurance Policy Provider: ☉

Is there a Flood Insurance Rate Map (FIRM) available? Yes No

Is the property site marked on the map? Yes, map attached

Flood Zone Designation:

VE or V 1-30 C or X (unshaded) AE or A 1-30 AO or AH
 B or X (shaded) Floodway A (no base flood elevation given)

FIRM Community Information:

Community: City of Pacific

Map Specific Information for Selected Community:

Panel Number: 290170355D Date: 10/18/2011

Legal Description: ☉ LOT:12 INKS ADDN

Comments: Property is not occupied because of substantial damage

Assessor Records

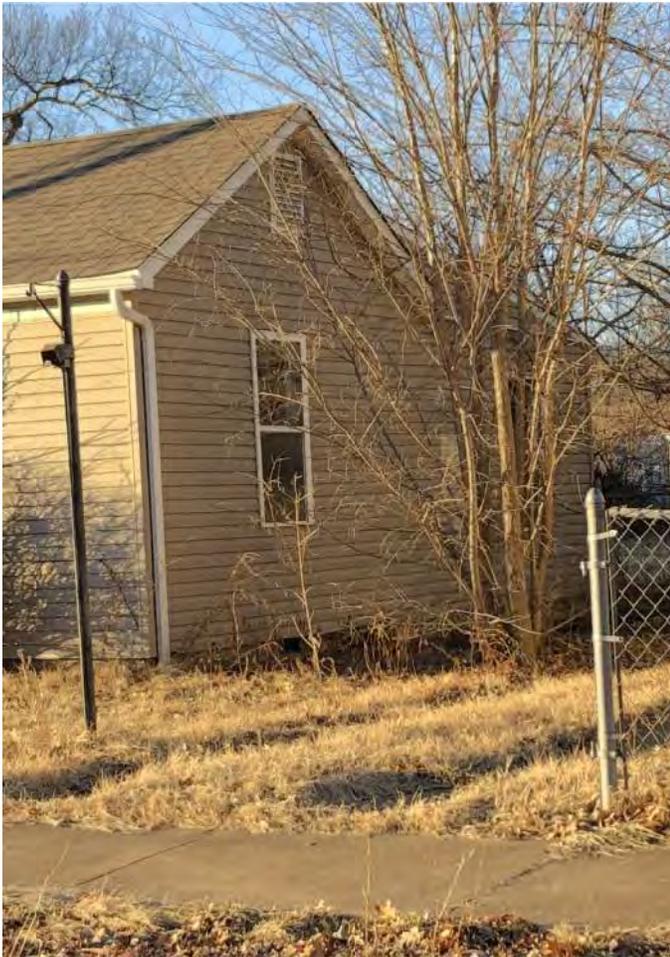
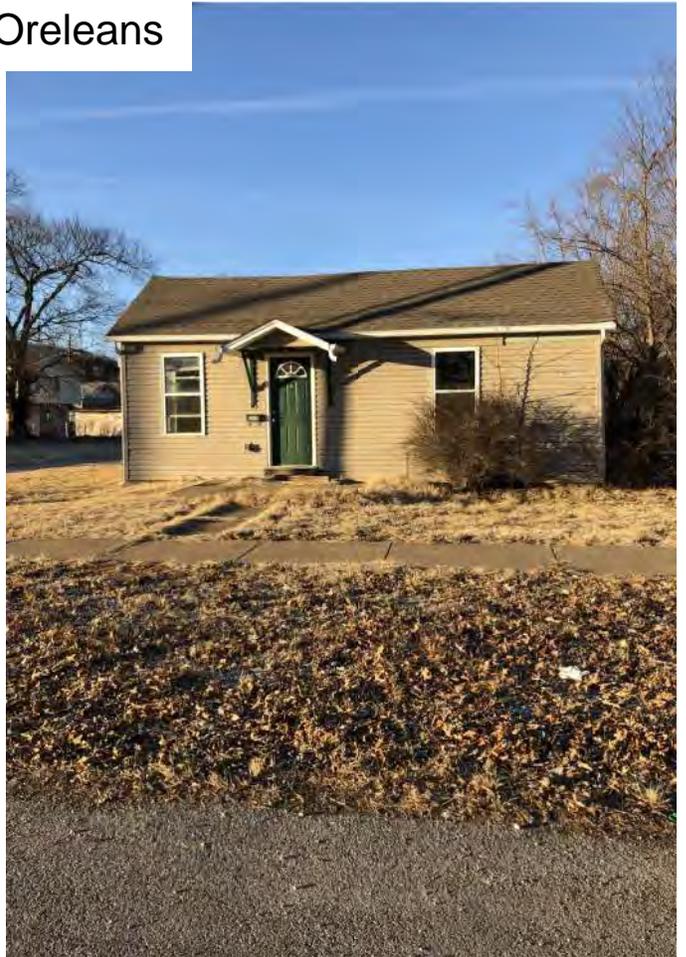
PIN: 19-1-12.0-4-004-140.000
 ENS:
 Master Tax Dist 111
Subd: INKS
Deedholders
 Acres: 0.0000
 Section 12
 Township
 Range
 WOHLGEMUTH,MICHAEL
 DBA:
 DAVID&DIANA

Situs Address:	Mailing Address:	Legal Description:
213 E ORLEANS ST PACIFIC MO 63069	WOHLGEMUTH,MICHAEL DAVID&DIANA 1061 OAK RIDGE RD ROBERTSVILLE MO 63072-0000	LOT:12 INKS ADDN

Property Market Value			Property Assessed Value				
	Land	Building	Total Value		Land	Building	Total Value
Agricultural:	\$0	\$0	\$0	Agricultural:	\$0	\$0	\$0
Residential:	\$15,300	\$0	\$15,300	Residential:	\$2,907	\$0	\$2,907
Commercial:	\$0	\$0	\$0	Commercial:	\$0	\$0	\$0
Exempt:	0.0000	\$0	\$0	Exempt:	\$0	\$0	\$0
		Total Value:	\$15,300			Total Value:	\$2,907

Values are **2015 Certified**

213 East Oreleans



National Flood Hazard Layer FIRMette



Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

- | | | |
|------------------------------------|--|---|
| SPECIAL FLOOD HAZARD AREAS | | Without Base Flood Elevation (BFE)
Zone A, V, A99 |
| | | With BFE or Depth |
| | | Regulatory Floodway Zone AE, AO, AH, VE, AR |
| OTHER AREAS OF FLOOD HAZARD | | 0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X |
| | | Future Conditions 1% Annual Chance Flood Hazard Zone X |
| | | Area with Reduced Flood Risk due to Levee. See Notes. Zone X |
| | | Area with Flood Risk due to Levee Zone D |
| OTHER AREAS | | NO SCREEN Area of Minimal Flood Hazard Zone X |
| | | Effective LOMRs |
| | | Area of Undetermined Flood Hazard Zone D |
| GENERAL STRUCTURES | | Channel, Culvert, or Storm Sewer |
| | | Levee, Dike, or Floodwall |
| OTHER FEATURES | | 20.2 Cross Sections with 1% Annual Chance Water Surface Elevation |
| | | 17.5 |
| | | Coastal Transect |
| | | Base Flood Elevation Line (BFE) |
| | | Limit of Study |
| | | Jurisdiction Boundary |
| | | Coastal Transect Baseline |
| | | Profile Baseline |
| | | Hydrographic Feature |
| MAP PANELS | | Digital Data Available |
| | | No Digital Data Available |
| | | Unmapped |

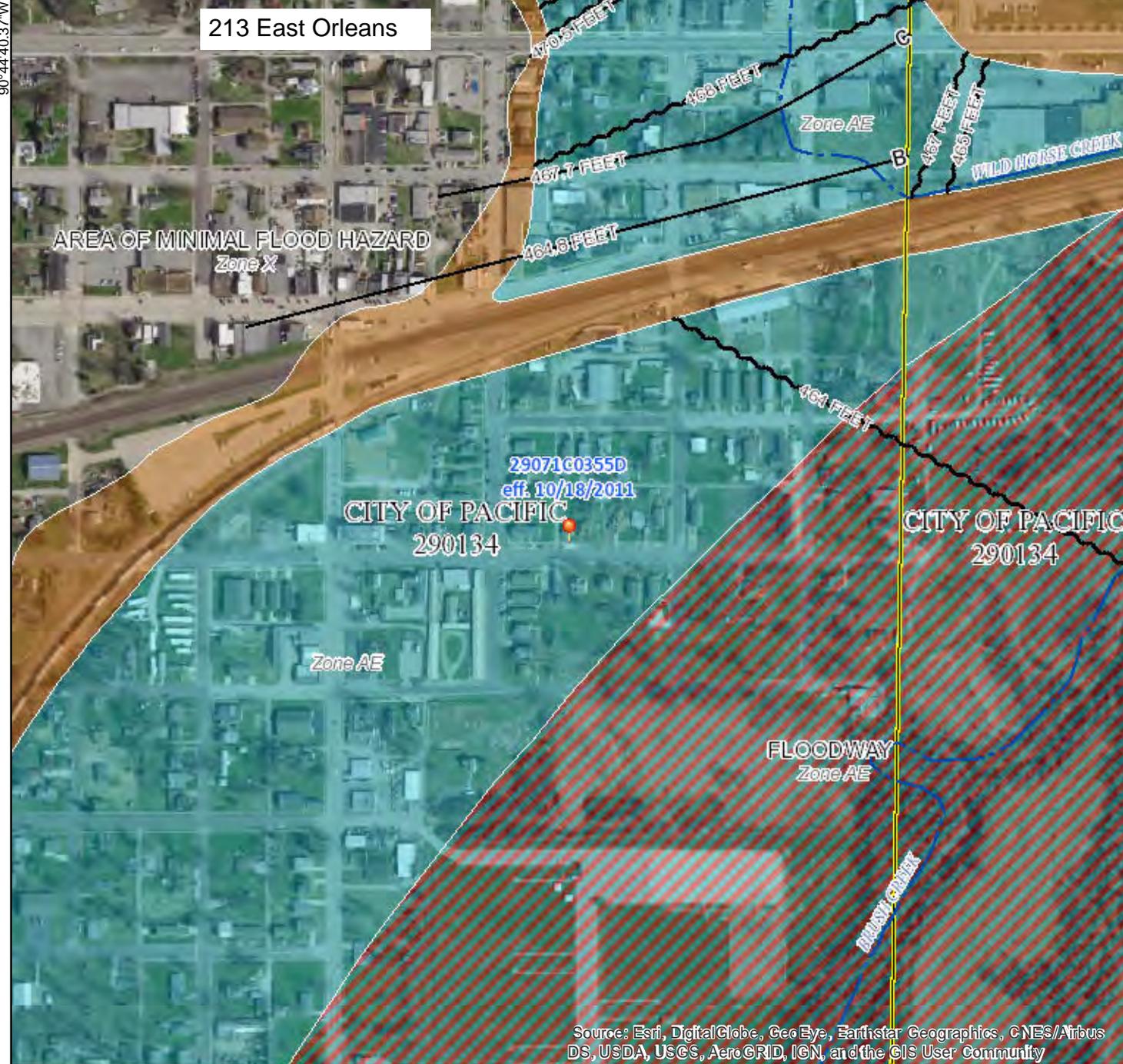


This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The base map shown complies with FEMA's base map accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on **2/14/2018 at 12:22:34 PM** and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: base map imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

38°29'4.14"N



Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community

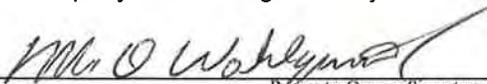
0 250 500 1,000 1,500 2,000 Feet 1:6,241.13 38°28'34.84"N 90°44'1.40"W

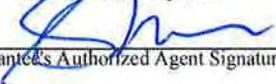
DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
**Statement of Voluntary Participation for
Acquisition of Property for Purpose of Open Space
FEMA's Hazard Mitigation Assistance Programs**

O.M.B. No. 1660-0103
Expires August 31, 2011

THIS AGREEMENT is made and entered into this on (date) Feb 1, 2018, by and between (name of Subgrantee) City of Pacific, Missouri, hereinafter referred to as "Subgrantee," and (property owner) Michael and Diana Wohlgemuth, hereinafter referred to as "Seller." The parties agree as follows:

1. Seller affirms that I/we own the property located at (legal address) 213 E Orleans, hereinafter referred to as "property."
2. Subgrantee has notified Seller that the Subgrantee may wish to purchase the referenced property, and, if Seller agrees to sell, Seller must permanently relocate from property.
3. Subgrantee has identified that the purchase offer valuation of the property as of (date) 1-19-2018 is \$ 18,360, as determined by appropriate valuation procedures implemented by Subgrantee and based on FEMA acquisition requirements provided in 44 C.F.R. Part 80, and relevant program guidance as documented below (e.g., *Pre-Disaster Mitigation, Hazard Mitigation Grant Program, Flood Mitigation Assistance*). _____
4. Subgrantee has notified the Seller that **neither the State nor the Local Government will use its eminent domain authority to acquire the property for open-space purpose if the Seller chooses not to participate, or if negotiations fail.**
5. Subgrantee has notified Seller that if the Seller agrees to sell the property to the Subgrantee the transaction is voluntary and the Seller is not entitled to relocation benefits provided by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, which are available to property owners who must sell their properties involuntarily.
6. Subgrantee affirms that it has provided the notifications and explained the information described in the preceding paragraphs to the seller, and property identified above is not a part of an intended, planned, or designated project area where all or substantially all of the property within the area is to be acquired within specific time limits.
7. This Agreement shall expire on (date of closing) _____, unless Seller has voluntarily sold Property to the Subgrantee by that date.


Property Owner Signature

Property Owner Signature

Subgrantee's Authorized Agent Signature

2-7-2018
Date
2-7-2018
Date
Feb 1, 2018
Date

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1 hour per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is voluntary. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington VA 20598-3005, Paperwork Reduction Project (1660-0103). **NOTE: DO NOT SEND YOUR COMPLETED FORM TO THIS ADDRESS.**

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
DECLARATION AND RELEASE

O.M.B. No. 1660-0002
Expires July 31, 2017

PAPERWORK BURDEN DISCLOSURE NOTICE

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NOTE: Do not send your completed form to this address.

PRIVACY ACT STATEMENT

AUTHORITY: The Robert T. Stafford Disaster Relief and Emergency Assistance Act as amended, 42 U.S.C. § 5121 -5207 and Reorganization Plan No. 3 of 1978; 4 U.S.C. §§ 2904 and 2906; 4 C.F.R. § 206.2(a)(27); the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. 104-193) and Executive Order 13411. DHS asks for your SSN pursuant to the Debt Collection Improvement Act of 1996, 31 U.S.C. § 3325(d) and § 7701(c) (1)

PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of determining eligibility and administering financial assistance under a Presidentially-declared disaster. Additionally, information may be reviewed within FEMA for quality assurance purposes and used to assess FEMA's customer service to disaster assistance applicants.

ROUTINE USE(S): The information on this form may be shared outside of FEMA as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes sharing this information with state, tribal, local, and voluntary organizations to enable you to receive additional disaster assistance and as necessary and authorized by other routine uses published in DHS/FEMA-008 Disaster Recovery Assistance Files System of Records, 78 Fed. Reg. 25,282 (April 30, 2013), and upon written request, by agreement, or as required by law.

DISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving disaster assistance.

DECLARATION AND RELEASE

In order to be eligible to receive FEMA Disaster Assistance, a member of the household must be a citizen, non-citizen national or qualified alien of the United States. **Please read the form carefully, sign the sheet and return it to the Inspector, and show him/her a current form of photo identification.** Please feel free to consult with an attorney or other immigration expert if you have any questions.

I hereby declare, under penalty of perjury that (check one):

- I am a citizen or non-citizen national of the United States.
- I am a qualified alien of the United States.
- I am the parent or guardian of a minor child who resides with me and who is a citizen, non-citizen national or qualified alien of the United States. Print full name and age of minor child: _____

By my signature I certify that:

* Only one application has been submitted for my household.

* All information I have provided regarding my application for FEMA disaster assistance is true and correct to the best of my knowledge.

* I will return any disaster aid money I received from FEMA or the State if I receive insurance or other money for the same loss, or if I do not use FEMA disaster aid money for the purpose for which it was intended.

I understand that, if I intentionally make false statements or conceal any information in an attempt to obtain disaster aid, it is a violation of federal and State laws, which carry severe criminal and civil penalties, including a fine up to \$250,000, imprisonment, or both (18 U.S.C. §§ 287, 1001, and 3571).

I understand that the information provided regarding my application for FEMA disaster assistance may be subject to sharing within the Department of Homeland Security (DHS) including, but not limited to, the Bureau of Immigration and Customs Enforcement.

I authorize FEMA to verify all information given by me about my property/place of residence, income, employment and dependents in order to determine my eligibility for disaster assistance; and

I authorize all custodians of records of my insurance, employer, any public or private entity, bank financial or credit data service to release information to FEMA and/or the State upon request.

NAME (print) <i>Michael D Wohlgemuth</i>	SIGNATURE <i>M D Wohlgemuth</i>	DATE OF BIRTH <i>6-2-71</i>	DATE SIGNED <i>2-7-18</i>
INSPECTOR ID #	FEMA APPLICATION #	DISASTER # DR 4317	
ADDRESS OF DAMAGED PROPERTY 213 E Orleans	CITY Pacific	STATE MO	ZIP CODE 63069

HMGP Property Site Inventory Form (PSI)

Use one page for each property

Owner Information:

First Name: Joseph Last Name: Jacob Co-Owner: Lisa Jacob
Property Address: 217 East Orleans

City: Pacific State: MO Zip Code: 63069 County: Franklin

Title Holder Post Mitigation (community undertaking project): City of Pacific

Mitigation Property Site Action: Acquisition / Demolition **Mitigation Property Site Comments:** SF Res.

Property Information:

Age of Structure (year built): 1935 Total Square Feet of Living Space: 952
Pre-Event Fair Market Value: \$34,152.00 Type of Residence: Other (Specify in Comments)
Parcel Number: 19-1-12.0- Structure Type: 1 story, w/o basement
4-004-141.000 Foundation Type: Crawl Space
Property Tax Id: 19-1- Basement: No
12.0-4-004-141.000 Base Flood Elevation: 463.3
Latitude: 38.480431 First Floor Elevation: _____
Longitude: -90.738956 Number of feet the lowest floor elevation of the structure is
SHPO Cleared: ☉ Yes being raised above Base Flood Elevation (Only applicable
SHPO Cleared Date: ☉ 2/20/2018 when Property Action is Elevation): n/a
Damage Category: 50-100% Damaged
Benefit Cost Analysis: Yes No Post Mitigation Property Use: open space
Performed: By Whom: Dan If commercial property what is the primary usage, explain
Rahn below in comments.
Benefit Cost Ratio: 5.10

Average cost per square foot for residential & commercial construction in the community: \$120

National Flood Insurance Program Information:

Flood Source: Riverine Flooding Structure Located in: Floodplain

Note: An NFIP repetitive loss structure is defined as building with 2 or more insured losses greater than \$1,000 within a 10-year period.

Repetitive Loss Structure: Unknown 2-3 insured Losses cumulatively <= building fair market value
Repetitive Loss Number: _____ 2-3 insured Losses cumulatively > building fair market value
 4 or more insured losses since 1978
 Not Applicable

NFIP Policy Number: ☉ _____ Insurance Policy Provider: ☉ _____

Is there a Flood Insurance Rate Map (FIRM) available? Yes No

Is the property site marked on the map? Yes, map attached

Flood Zone Designation:

VE or V 1-30 C or X (unshaded) AE or A 1-30 AO or AH
 B or X (shaded) Floodway A (no base flood elevation given)

FIRM Community Information:

Community: City of Pacific

Map Specific Information for Selected Community:

Panel Number: 290170355D Date: 10/18/2011

Legal Description: ☉ Part of Lot 11 of Inks Addition

Comments: Property is not occupied because of substantial damage. Property has seen significant flooding three times in nine years.

217 East Orleans



National Flood Hazard Layer FIRMette



Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS		Without Base Flood Elevation (BFE) Zone A, V, A99
		With BFE or Depth
		Regulatory Floodway Zone AE, AO, AH, VE, AR

OTHER AREAS OF FLOOD HAZARD		0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
		Future Conditions 1% Annual Chance Flood Hazard Zone X
		Area with Reduced Flood Risk due to Levee. See Notes. Zone X
		Area with Flood Risk due to Levee Zone D

OTHER AREAS		Area of Minimal Flood Hazard Zone X
		Effective LOMRs
		Area of Undetermined Flood Hazard Zone D

GENERAL STRUCTURES		Channel, Culvert, or Storm Sewer
		Levee, Dike, or Floodwall

OTHER FEATURES		20.2 Cross Sections with 1% Annual Chance
		17.5 Water Surface Elevation
		Coastal Transect
		Base Flood Elevation Line (BFE)
		Limit of Study
		Jurisdiction Boundary
		Coastal Transect Baseline
		Profile Baseline
		Hydrographic Feature

MAP PANELS		Digital Data Available
		No Digital Data Available
		Unmapped

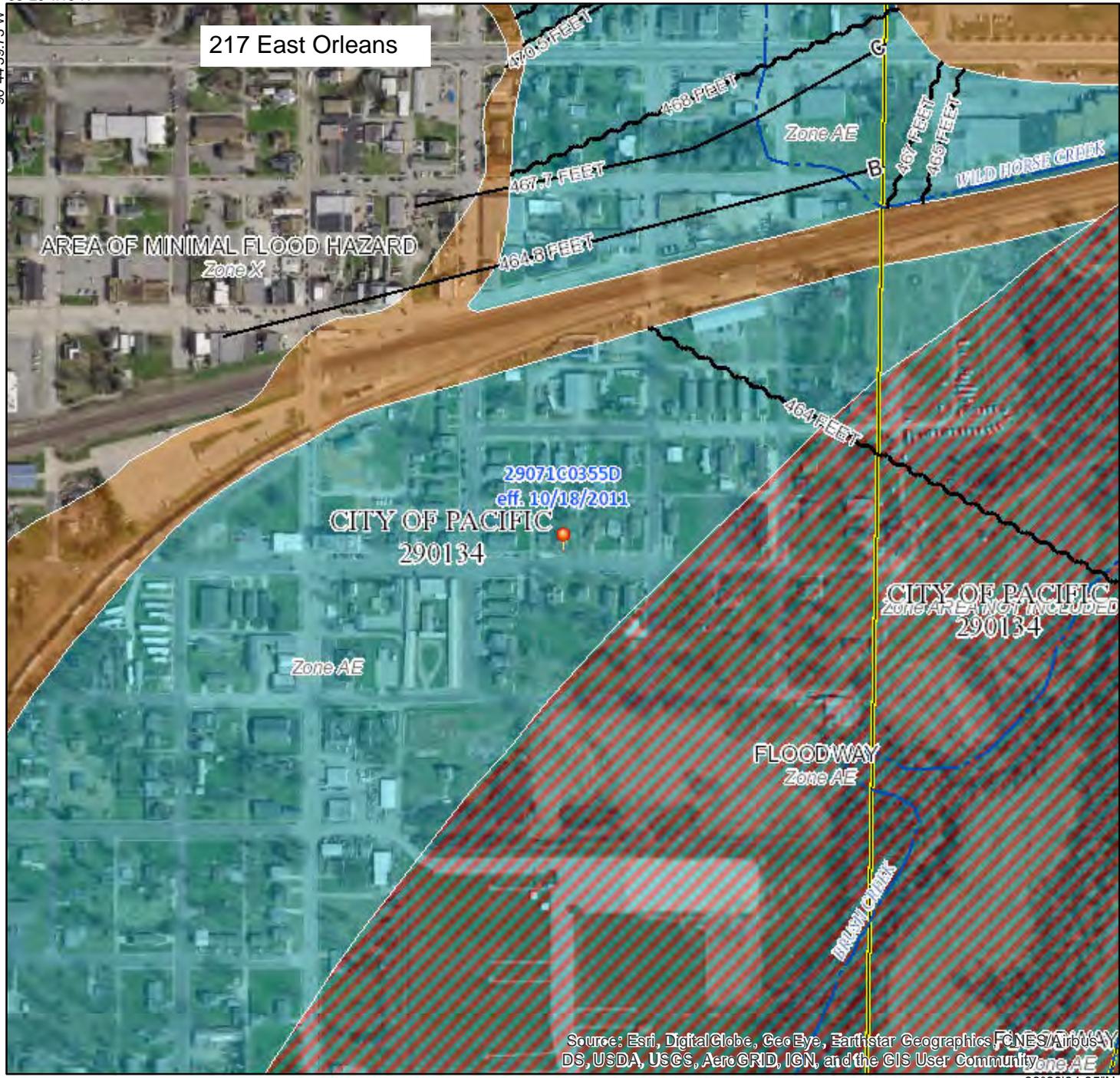


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38°29'4.15"N
90°44'39.73"W



Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community

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FEDERAL EMERGENCY MANAGEMENT AGENCY
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O.M.B. No. 1660-0103
Expires August 31, 2011

THIS AGREEMENT is made and entered into this on (date) January 17, 2018, by and between (name of Subgrantee) _____, hereinafter referred to as "Subgrantee," and (property owner) Joseph & Lisa Jacob, hereinafter referred to as "Seller." The parties agree as follows:

1. Seller affirms that I/we own the property located at (legal address) 217 East Orleans, Pacific, Missouri, hereinafter referred to as "property."
2. Subgrantee has notified Seller that the Subgrantee may wish to purchase the referenced property, and, if Seller agrees to sell, Seller must permanently relocate from property.
3. Subgrantee has identified that the purchase offer valuation of the property as of (date) 1/17/2018 is \$ 34,152, as determined by appropriate valuation procedures implemented by Subgrantee and based on FEMA acquisition requirements provided in 44 C.F.R. Part 80, and relevant program guidance as documented below (e.g., *Pre-Disaster Mitigation, Hazard Mitigation Grant Program, Flood Mitigation Assistance*). _____
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7. This Agreement shall expire on (date of closing) _____, unless Seller has voluntarily sold Property to the Subgrantee by that date.


Property Owner Signature

1-17-2018
Date

Property Owner Signature

Date


Subgrantee's Authorized Agent Signature

1-17-18
Date

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DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
DECLARATION AND RELEASE

O.M.B. No. 1660-0002
Expires July 31, 2017

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DECLARATION AND RELEASE

In order to be eligible to receive FEMA Disaster Assistance, a member of the household must be a citizen, non-citizen national or qualified alien of the United States. **Please read the form carefully, sign the sheet and return it to the Inspector, and show him/her a current form of photo identification.** Please feel free to consult with an attorney or other immigration expert if you have any questions.

I hereby declare, under penalty of perjury that (check one):

- I am a citizen or non-citizen national of the United States.
 I am a qualified alien of the United States.
 I am the parent or guardian of a minor child who resides with me and who is a citizen, non-citizen national or qualified alien of the United States. Print full name and age of minor child: _____

By my signature I certify that:

- * Only one application has been submitted for my household.
- * All information I have provided regarding my application for FEMA disaster assistance is true and correct to the best of my knowledge.
- * I will return any disaster aid money I received from FEMA or the State if I receive insurance or other money for the same loss, or if I do not use FEMA disaster aid money for the purpose for which it was intended.

I understand that, if I intentionally make false statements or conceal any information in an attempt to obtain disaster aid, it is a violation of federal and State laws, which carry severe criminal and civil penalties, including a fine up to \$250,000, imprisonment, or both (18 U.S.C. §§ 287, 1001, and 3571).

I understand that the information provided regarding my application for FEMA disaster assistance may be subject to sharing within the Department of Homeland Security (DHS) including, but not limited to, the Bureau of Immigration and Customs Enforcement.

I authorize FEMA to verify all information given by me about my property/place of residence, income, employment and dependents in order to determine my eligibility for disaster assistance; and

I authorize all custodians of records of my insurance, employer, any public or private entity, bank financial or credit data service to release information to FEMA and/or the State upon request.

NAME (print) Lisa D. Jacob		SIGNATURE Lisa D. Jacob		DATE OF BIRTH 12/11/1961	DATE SIGNED 1/28/2018
INSPECTOR ID #		FEMA APPLICATION #		DISASTER #	
ADDRESS OF DAMAGED PROPERTY			CITY	STATE	ZIP CODE

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
DECLARATION AND RELEASE

O.M.B. No. 1660-0002
Expires July 31, 2017

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I hereby declare, under penalty of perjury that (check one):

- I am a citizen or non-citizen national of the United States.
- I am a qualified alien of the United States.
- I am the parent or guardian of a minor child who resides with me and who is a citizen, non-citizen national or qualified alien of the United States. Print full name and age of minor child: _____

By my signature I certify that:

- * Only one application has been submitted for my household.
- * All information I have provided regarding my application for FEMA disaster assistance is true and correct to the best of my knowledge.
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I authorize all custodians of records of my insurance, employer, any public or private entity, bank financial or credit data service to release information to FEMA and/or the State upon request.

NAME (print) <i>Joseph Jacob</i>		SIGNATURE <i>Joseph Jacob</i>		DATE OF BIRTH <i>7/30/1960</i>	DATE SIGNED <i>1/18/18</i>
INSPECTOR ID #		FEMA APPLICATION #		DISASTER #	
ADDRESS OF DAMAGED PROPERTY			CITY	STATE	ZIP CODE

HMGP Property Site Inventory Form (PSI)

Use one page for each property

Owner Information:

First Name: Titans LLC Last Name: _____ Co-Owner: _____
Property Address: 220 East Central

City: Pacific State: MO Zip Code: 63069 County: Franklin

Title Holder Post Mitigation (community undertaking project): City of Pacific

Mitigation Property Site Action: Acquisition / Demolition **Mitigation Property Site Comments:** SF Res.

Property Information:

Age of Structure (year built):	<u>1940</u>	Total Square Feet of Living Space:	<u>1262</u>
Pre-Event Fair Market Value:	<u>\$18,360.00</u>	Type of Residence:	<u>Other (Specify in Comments)</u>
Parcel Number:	<u>19-1-12.0-</u>	Structure Type:	<u>1 story, w/o basement</u>
<u>4-004-132.000</u>		Foundation Type:	<u>Crawl Space</u>
Property Tax Id:	<u>19-1-</u>	Basement:	<u>No</u>
<u>12.0-4-004-132.000</u>		Base Flood Elevation:	<u>463.3</u>
Latitude:	<u>38.481077</u>	First Floor Elevation:	_____
Longitude:	<u>-90.738760</u>	Number of feet the lowest floor elevation of the structure is being raised above Base Flood Elevation (Only applicable when Property Action is Elevation):	<u>n/a</u>
SHPO Cleared: ☉	<u>Yes</u>	Damage Category:	<u>50-100% Damaged</u>
SHPO Cleared Date: ☉	<u>2/22/2018</u>	Post Mitigation Property Use:	<u>open space</u>
Benefit Cost Analysis:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If commercial property what is the primary usage, explain below in comments.	
Performed: By Whom:	<u>Dan Rahn</u>		
Benefit Cost Ratio:	<u>7.19</u>		

Average cost per square foot for residential & commercial construction in the community: \$120

National Flood Insurance Program Information:

Flood Source: Riverine Flooding Structure Located in: Floodplain

Note: An NFIP repetitive loss structure is defined as building with 2 or more insured losses greater than \$1,000 within a 10-year period.

Repetitive Loss Structure: Unknown 2-3 insured Losses cumulatively <= building fair market value
Repetitive Loss Number: _____ 2-3 insured Losses cumulatively > building fair market value
 4 or more insured losses since 1978
 Not Applicable

NFIP Policy Number: ☉ _____ Insurance Policy Provider: ☉ _____

Is there a Flood Insurance Rate Map (FIRM) available? Yes No

Is the property site marked on the map? Yes, map attached

Flood Zone Designation:

VE or V 1-30 C or X (unshaded) AE or A 1-30 AO or AH
 B or X (shaded) Floodway A (no base flood elevation given)

FIRM Community Information:

Community: City of Pacific

Map Specific Information for Selected Community:

Panel Number: 290170355D Date: 10/18/2011

Legal Description: ☉ LOT:3 INKS ADDN

Comments: Property is not occupied because of substantial damage

Assessor Records

[Search GIS](#)

[Search Assessor](#)

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[General](#)
[Land/Yard Imps](#)
[Residential](#)
[Ag Buildings](#)
[Commercial](#)
[Sales](#)
[Photos](#)
[Sketches](#)

PIN: 19-1-12.0-4-004-132.000
 ENS:
 Master Tax Dist 111
Subd: INKS
Deedholders
 Acres:
 Section
 Township
 Range
 TITANS LLC
 0.0000
 12

Situs Address:

Mailing Address:

Legal Description:

220 E CENTRAL ST
PACIFIC MO 63069

TITANS LLC
PO BOX 1131
FARMINGTON MO 63640-0000

LOT:3 INKS ADDN

Property Market Value

	Land	Building	Total Value
Agricultural:	\$0	\$0	\$0
Residential:	\$15,300	\$0	\$15,300
Commercial:	\$0	\$0	\$0
Exempt:	0.0000	\$0	\$0
	Total Value:		\$15,300

Property Assessed Value

	Land	Building	Total Value
Agricultural:	\$0	\$0	\$0
Residential:	\$2,907	\$0	\$2,907
Commercial:	\$0	\$0	\$0
Exempt:	\$0	\$0	\$0
	Total Value:		\$2,907

Values are **2015 Certified**

220 East Central



National Flood Hazard Layer FIRMette



Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

- | | | |
|------------------------------------|--|---|
| SPECIAL FLOOD HAZARD AREAS | | Without Base Flood Elevation (BFE)
Zone A, V, A99 |
| | | With BFE or Depth |
| | | Regulatory Floodway Zone AE, AO, AH, VE, AR |
| OTHER AREAS OF FLOOD HAZARD | | 0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X |
| | | Future Conditions 1% Annual Chance Flood Hazard Zone X |
| | | Area with Reduced Flood Risk due to Levee. See Notes. Zone X |
| | | Area with Flood Risk due to Levee Zone D |
| OTHER AREAS | | NO SCREEN Area of Minimal Flood Hazard Zone X |
| | | Effective LOMRs |
| | | Area of Undetermined Flood Hazard Zone D |
| GENERAL STRUCTURES | | Channel, Culvert, or Storm Sewer |
| | | Levee, Dike, or Floodwall |
| OTHER FEATURES | | 20.2 Cross Sections with 1% Annual Chance Water Surface Elevation |
| | | 17.5 Coastal Transect |
| | | Coastal Transect |
| | | Base Flood Elevation Line (BFE) |
| | | Limit of Study |
| | | Jurisdiction Boundary |
| | | Coastal Transect Baseline |
| | | Profile Baseline |
| | | Hydrographic Feature |
| MAP PANELS | | Digital Data Available |
| | | No Digital Data Available |
| | | Unmapped |



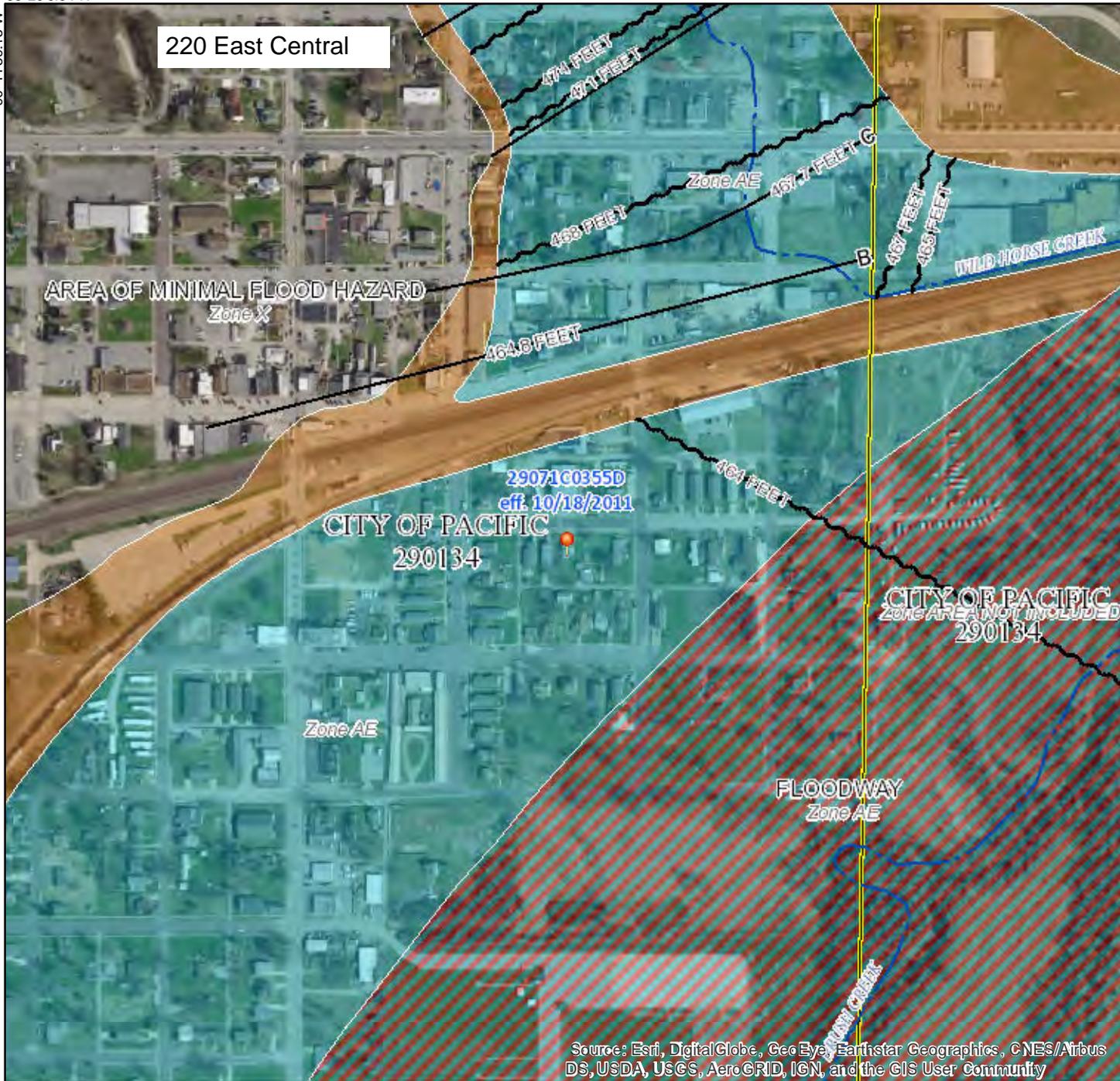
This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The base map shown complies with FEMA's base map accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on **2/14/2018 at 1:48:06 PM** and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

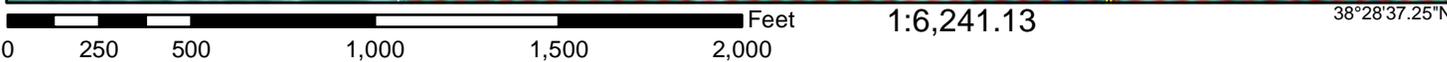
This map image is void if the one or more of the following map elements do not appear: base map imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

38°29'6.54"N

90°44'39.15"W



Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community

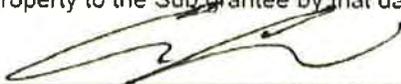


DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
**Statement of Voluntary Participation for
Acquisition of Property for Purpose of Open Space
FEMA's Hazard Mitigation Assistance Programs**

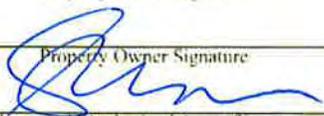
O.M.B. No. 1660-0103
Expires August 31, 2011

THIS AGREEMENT is made and entered into this on (date) Feb 5, 2018, by and between (name of Subgrantee) City of Pacific, Missouri, hereinafter referred to as "Subgrantee," and (property owner) Titans LLC, hereinafter referred to as "Seller." The parties agree as follows:

1. Seller affirms that I/we own the property located at (legal address) 220 E. Central Street, hereinafter referred to as "property."
2. Subgrantee has notified Seller that the Subgrantee may wish to purchase the referenced property, and, if Seller agrees to sell, Seller must permanently relocate from property.
3. Subgrantee has identified that the purchase offer valuation of the property as of (date) 1-19-2018 is \$ 18360, as determined by appropriate valuation procedures implemented by Subgrantee and based on FEMA acquisition requirements provided in 44 C.F.R. Part 80, and relevant program guidance as documented below (e.g., *Pre-Disaster Mitigation, Hazard Mitigation Grant Program, Flood Mitigation Assistance*): _____
4. Subgrantee has notified the Seller that **neither the State nor the Local Government will use its eminent domain authority to acquire the property for open-space purpose if the Seller chooses not to participate, or if negotiations fail.**
5. Subgrantee has notified Seller that if the Seller agrees to sell the property to the Subgrantee the transaction is voluntary and the Seller is not entitled to relocation benefits provided by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, which are available to property owners who must sell their properties involuntarily.
6. Subgrantee affirms that it has provided the notifications and explained the information described in the preceding paragraphs to the seller, and property identified above is not a part of an intended, planned, or designated project area where all or substantially all of the property within the area is to be acquired within specific time limits.
7. This Agreement shall expire on (date of closing) _____, unless Seller has voluntarily sold Property to the Subgrantee by that date.



Property Owner Signature



Subgrantee's Authorized Agent Signature

2-5-18
Date

Date

Feb 5, 2018
Date

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1 hour per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is voluntary. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington VA 20598-3005, Paperwork Reduction Project (1660-0103). **NOTE: DO NOT SEND YOUR COMPLETED FORM TO THIS ADDRESS.**

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
DECLARATION AND RELEASE

O.M.B. No. 1660-0002
Expires July 31, 2017

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 2 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0002)
NOTE: Do not send your completed form to this address.

PRIVACY ACT STATEMENT

AUTHORITY: The Robert T. Stafford Disaster Relief and Emergency Assistance Act as amended, 42 U.S.C. § 5121 -5207 and Reorganization Plan No. 3 of 1978; 4 U.S.C. §§ 2904 and 2906; 4 C.F.R. § 206.2(a)(27); the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. 104-193) and Executive Order 13411. DHS asks for your SSN pursuant to the Debt Collection Improvement Act of 1996, 31 U.S.C. § 3325(d) and § 7701(c) (1).

PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of determining eligibility and administering financial assistance under a Presidentially-declared disaster. Additionally, information may be reviewed within FEMA for quality assurance purposes and used to assess FEMA's customer service to disaster assistance applicants.

ROUTINE USE(S): The information on this form may be shared outside of FEMA as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes sharing this information with state, tribal, local, and voluntary organizations to enable you to receive additional disaster assistance and as necessary and authorized by other routine uses published in DHS/FEMA-008 Disaster Recovery Assistance Files System of Records, 78 Fed. Reg. 25,282 (April 30, 2013), and upon written request, by agreement, or as required by law.

DISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving disaster assistance.

DECLARATION AND RELEASE

In order to be eligible to receive FEMA Disaster Assistance, a member of the household must be a citizen, non-citizen national or qualified alien of the United States. **Please read the form carefully, sign the sheet and return it to the Inspector, and show him/her a current form of photo identification.** Please feel free to consult with an attorney or other immigration expert if you have any questions.

I hereby declare, under penalty of perjury that (check one):

- I am a citizen or non-citizen national of the United States.
- I am a qualified alien of the United States.
- I am the parent or guardian of a minor child who resides with me and who is a citizen, non-citizen national or qualified alien of the United States. Print full name and age of minor child: _____

By my signature I certify that:

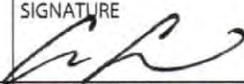
- * Only one application has been submitted for my household.
- * All information I have provided regarding my application for FEMA disaster assistance is true and correct to the best of my knowledge.
- * I will return any disaster aid money I received from FEMA or the State if I receive insurance or other money for the same loss, or if I do not use FEMA disaster aid money for the purpose for which it was intended.

I understand that, if I intentionally make false statements or conceal any information in an attempt to obtain disaster aid, it is a violation of federal and State laws, which carry severe criminal and civil penalties, including a fine up to \$250,000, imprisonment, or both (18 U.S.C. §§ 287, 1001, and 3571).

I understand that the information provided regarding my application for FEMA disaster assistance may be subject to sharing within the Department of Homeland Security (DHS) including, but not limited to, the Bureau of Immigration and Customs Enforcement.

I authorize FEMA to verify all information given by me about my property/place of residence, income, employment and dependents in order to determine my eligibility for disaster assistance; and

I authorize all custodians of records of my insurance, employer, any public or private entity, bank financial or credit data service to release information to FEMA and/or the State upon request.

NAME (print) Clayton Cox	SIGNATURE 	DATE OF BIRTH 3-30-81	DATE SIGNED 2-5-18
INSPECTOR ID #	FEMA APPLICATION #	DISASTER # DR 4317	
ADDRESS OF DAMAGED PROPERTY 220 E. Central Street	CITY Pacific	STATE MO	ZIP CODE 63069

HMGP Property Site Inventory Form (PSI)

Use one page for each property

Owner Information:

First Name: Pacific Mo Properties LLC Last Name: _____ Co-Owner: _____
Property Address: 225 East Orleans

City: Pacific State: MO Zip Code: 63069 County: Franklin

Title Holder Post Mitigation (community undertaking project): City of Pacific

Mitigation Property Site Action: Acquisition / Demolition **Mitigation Property Site Comments:** SF Res.

Property Information:

Age of Structure (year built):	<u>1960</u>	Total Square Feet of Living Space:	<u>1506</u>
Pre-Event Fair Market Value:	<u>\$84,084.00</u>	Type of Residence:	<u>Rental</u>
Parcel Number:	<u>19-1-12.0-</u>	Structure Type:	<u>1 or 2 story, with basement</u>
<u>4-004-143.000</u>		Foundation Type:	<u>Basement</u>
Property Tax Id:	<u>19-1-</u>	Basement:	<u>Yes</u>
<u>12.0-4-004-143.000</u>		Base Flood Elevation:	<u>463.3</u>
Latitude:	<u>38.480494</u>	First Floor Elevation:	_____
Longitude:	<u>-90.738622</u>	Number of feet the lowest floor elevation of the structure is being raised above Base Flood Elevation (Only applicable when Property Action is Elevation):	<u>n/a</u>
SHPO Cleared: ☉	<u>Yes</u>	Damage Category:	<u>0-49% Damaged</u>
SHPO Cleared Date: ☉	<u>2/20/2018</u>	Post Mitigation Property Use:	<u>open space</u>
Benefit Cost Analysis:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If commercial property what is the primary usage, explain below in comments.	
Performed: By Whom: <u>Dan Rahn</u>			
Benefit Cost Ratio:	<u>2.65</u>		

Average cost per square foot for residential & commercial construction in the community: \$120

National Flood Insurance Program Information:

Flood Source: Riverine Flooding Structure Located in: Floodplain

Note: An NFIP repetitive loss structure is defined as building with 2 or more insured losses greater than \$1,000 within a 10-year period.

Repetitive Loss Structure: Unknown 2-3 insured Losses cumulatively <= building fair market value
Repetitive Loss Number: _____ 2-3 insured Losses cumulatively > building fair market value
 4 or more insured losses since 1978
 Not Applicable

NFIP Policy Number: ☉ _____ Insurance Policy Provider: ☉ _____

Is there a Flood Insurance Rate Map (FIRM) available? Yes No

Is the property site marked on the map? Yes, map attached

Flood Zone Designation:

VE or V 1-30 C or X (unshaded) AE or A 1-30 AO or AH
 B or X (shaded) Floodway A (no base flood elevation given)

FIRM Community Information:

Community: City of Pacific

Map Specific Information for Selected Community:

Panel Number: 290170355D Date: 10/18/2011

Legal Description: ☉ Lot 9 of Inks Addition

Comments: Property should be included in Rep Loss. Two large claims in two years; 2015 and 2017

Assessor Records

[Search GIS](#)

[Search Assessor](#)

[Search Collector](#)

[General](#)
[Land/Yard Imps](#)
[Residential](#)
[Ag Buildings](#)
[Commercial](#)
[Sales](#)
[Photos](#)
[Sketches](#)

PIN: 19-1-12.0-4-004-143.000
 ENS:
 Master Tax Dist 111
Subd: INKS
Deedholders
 Acres:
 Section
 Township
 Range
 PACIFIC MO PROPERTIES LLC
 0.0000
 12

Situs Address:

Mailing Address:

Legal Description:

225 E ORLEANS ST
PACIFIC MO 63069

PACIFIC MO PROPERTIES LLC
3687 CEDAR HEIGHTS LN
PACIFIC MO 63069-0000

LOT:9 INKS ADDN

Property Market Value

	Land	Building	Total Value
Agricultural:	\$0	\$0	\$0
Residential:	\$15,300	\$54,770	\$70,070
Commercial:	\$0	\$0	\$0
Exempt:	0.0000	\$0	\$0
	Total Value:		\$70,070

Property Assessed Value

	Land	Building	Total Value
Agricultural:	\$0	\$0	\$0
Residential:	\$2,907	\$10,406	\$13,313
Commercial:	\$0	\$0	\$0
Exempt:	\$0	\$0	\$0
	Total Value:		\$13,313

Values are **2015 Certified**

225 East Orleans



National Flood Hazard Layer FIRMette



Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS		Without Base Flood Elevation (BFE) Zone A, V, A99
		With BFE or Depth
		Regulatory Floodway Zone AE, AO, AH, VE, AR

OTHER AREAS OF FLOOD HAZARD		0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
		Future Conditions 1% Annual Chance Flood Hazard Zone X
		Area with Reduced Flood Risk due to Levee. See Notes. Zone X
		Area with Flood Risk due to Levee Zone D

OTHER AREAS		NO SCREEN Area of Minimal Flood Hazard Zone X
		Effective LOMRs
GENERAL STRUCTURES		Area of Undetermined Flood Hazard Zone D
		Channel, Culvert, or Storm Sewer
		Levee, Dike, or Floodwall

OTHER FEATURES		20.2 Cross Sections with 1% Annual Chance 17.5 Water Surface Elevation
		Coastal Transect
		Base Flood Elevation Line (BFE)
		Limit of Study
		Jurisdiction Boundary
		Coastal Transect Baseline
		Profile Baseline
		Hydrographic Feature

MAP PANELS		Digital Data Available
		No Digital Data Available
		Unmapped

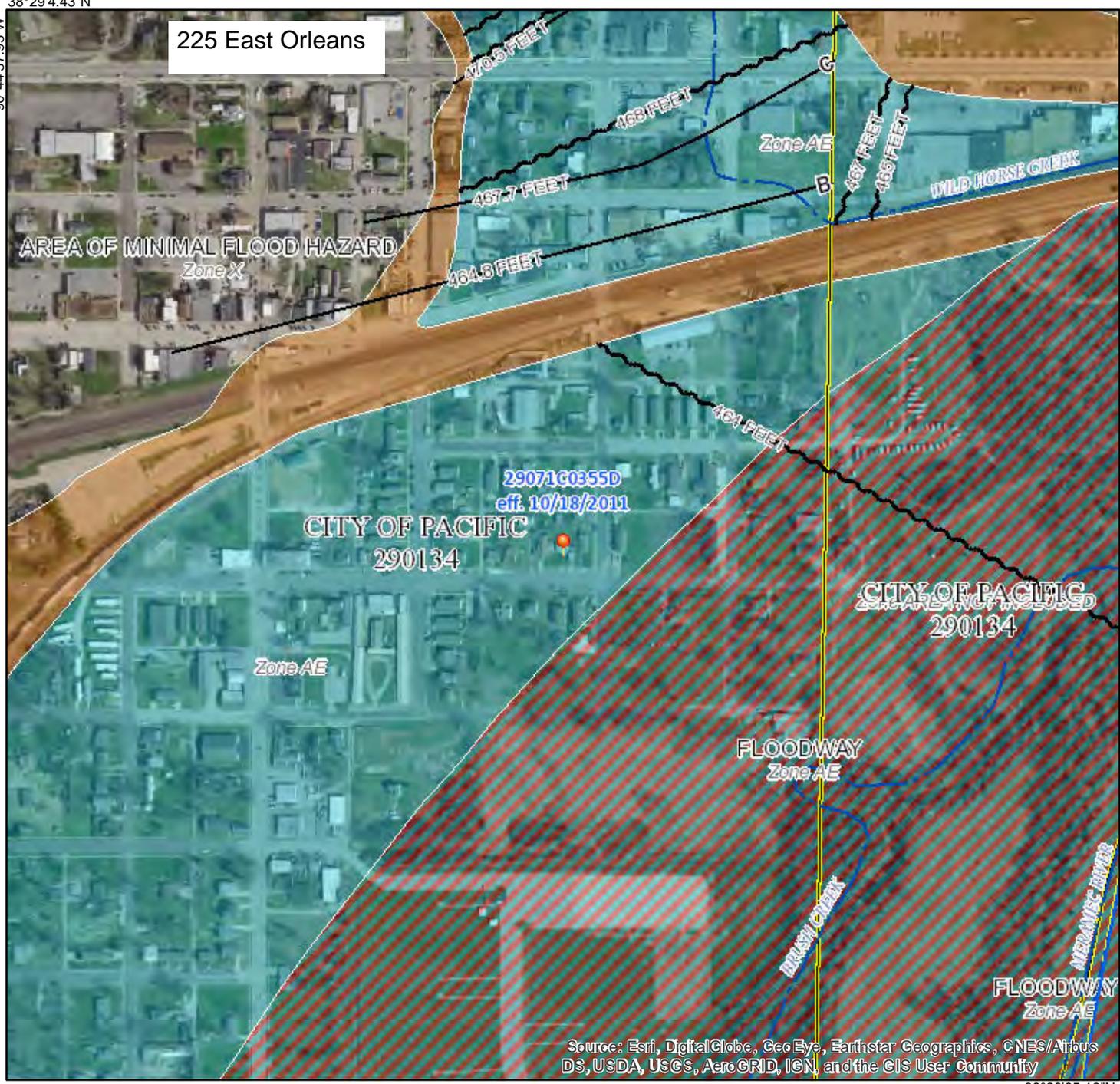


This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The base map shown complies with FEMA's base map accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 2/14/2018 at 2:45:22 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: base map imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

38°29'4.43"N
90°44'37.93"W



Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community



90°43'58.97"W

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
DECLARATION AND RELEASE

O.M.B. No. 1660-0002
Expires July 31, 2017

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 2 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0002)
NOTE: Do not send your completed form to this address.

PRIVACY ACT STATEMENT

AUTHORITY: The Robert T. Stafford Disaster Relief and Emergency Assistance Act as amended, 42 U.S.C. § 5121 -5207 and Reorganization Plan No. 3 of 1978; 4 U.S.C. §§ 2904 and 2906; 4 C.F.R. § 206.2(a)(27); the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. 104-193) and Executive Order 13411. DHS asks for your SSN pursuant to the Debt Collection Improvement Act of 1996, 31 U.S.C. § 3325(d) and § 7701(c) (1).
PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of determining eligibility and administering financial assistance under a Presidentially-declared disaster. Additionally, information may be reviewed within FEMA for quality assurance purposes and used to assess FEMA's customer service to disaster assistance applicants.
ROUTINE USE(S): The information on this form may be shared outside of FEMA as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes sharing this information with state, tribal, local, and voluntary organizations to enable you to receive additional disaster assistance and as necessary and authorized by other routine uses published in DHS/FEMA-008 Disaster Recovery Assistance Files System of Records, 78 Fed. Reg. 25,282 (April 30, 2013), and upon written request, by agreement, or as required by law.
DISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving disaster assistance.

DECLARATION AND RELEASE

In order to be eligible to receive FEMA Disaster Assistance, a member of the household must be a citizen, non-citizen national or qualified alien of the United States. **Please read the form carefully, sign the sheet and return it to the Inspector, and show him/her a current form of photo identification.** Please feel free to consult with an attorney or other immigration expert if you have any questions.

I hereby declare, under penalty of perjury that (check one):

- I am a citizen or non-citizen national of the United States.
- I am a qualified alien of the United States.
- I am the parent or guardian of a minor child who resides with me and who is a citizen, non-citizen national or qualified alien of the United States. Print full name and age of minor child: _____

By my signature I certify that:

- * Only one application has been submitted for my household.
- * All information I have provided regarding my application for FEMA disaster assistance is true and correct to the best of my knowledge.
- * I will return any disaster aid money I received from FEMA or the State if I receive insurance or other money for the same loss, or if I do not use FEMA disaster aid money for the purpose for which it was intended.

I understand that, if I intentionally make false statements or conceal any information in an attempt to obtain disaster aid, it is a violation of federal and State laws, which carry severe criminal and civil penalties, including a fine up to \$250,000, imprisonment, or both (18 U.S.C. §§ 287, 1001, and 3571).

I understand that the information provided regarding my application for FEMA disaster assistance may be subject to sharing within the Department of Homeland Security (DHS) including, but not limited to, the Bureau of Immigration and Customs Enforcement.

I authorize FEMA to verify all information given by me about my property/place of residence, income, employment and dependents in order to determine my eligibility for disaster assistance; and

I authorize all custodians of records of my insurance, employer, any public or private entity, bank financial or credit data service to release information to FEMA and/or the State upon request.

NAME (print) <i>Pacific MO. Properties LLC</i>	SIGNATURE <i>[Signature]</i> <i>Pacific MO. Properties</i>	DATE OF BIRTH	DATE SIGNED <i>02-08-2018</i>
INSPECTOR ID #	FEMA APPLICATION #	DISASTER # DR 4317	
ADDRESS OF DAMAGED PROPERTY 225 E Orleans St	CITY Pacific	STATE MO	ZIP CODE 63069

HMGP Property Site Inventory Form (PSI)

Use one page for each property

Owner Information:

First Name: Parsons Last Name: Tracy Co-Owner: _____
Property Address: 302 South Elm

City: Pacific State: MO Zip Code: 63069 County: Franklin

Title Holder Post Mitigation (community undertaking project): City of Pacific

Mitigation Property Site Action: Acquisition / Demolition **Mitigation Property Site Comments:** SF Res.

Property Information:

Age of Structure (year built):	<u>1941</u>	Total Square Feet of Living Space:	<u>2016</u>
Pre-Event Fair Market Value:	<u>\$49,248.00</u>	Type of Residence:	<u>Other (Specify in Comments)</u>
Parcel Number:	<u>19-1-12.0-</u>	Structure Type:	<u>1 or 2 story, with basement</u>
<u>4-004-152.000</u>		Foundation Type:	<u>Basement</u>
Property Tax Id:	<u>19-1-</u>	Basement:	<u>Yes</u>
<u>12.0-4-004-152.000</u>		Base Flood Elevation:	<u>463.3</u>
Latitude:	<u>38.480019</u>	First Floor Elevation:	_____
Longitude:	<u>-90.736566</u>	Number of feet the lowest floor elevation of the structure is being raised above Base Flood Elevation (Only applicable when Property Action is Elevation):	<u>n/a</u>
SHPO Cleared: ☺	<u>Yes</u>	Damage Category:	<u>50-100% Damaged</u>
SHPO Cleared Date: ☺	<u>2/20/2018</u>	Post Mitigation Property Use:	<u>open space</u>
Benefit Cost Analysis:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If commercial property what is the primary usage, explain below in comments.	
Performed: By Whom:	<u>Dan Rahn</u>		
Benefit Cost Ratio:	<u>3.99</u>		

Average cost per square foot for residential & commercial construction in the community: \$120

National Flood Insurance Program Information:

Flood Source: Riverine Flooding Structure Located in: Floodplain

Note: An NFIP repetitive loss structure is defined as building with 2 or more insured losses greater than \$1,000 within a 10-year period.

Repetitive Loss Structure: Unknown 2-3 insured Losses cumulatively <= building fair market value
Repetitive Loss Number: _____ 2-3 insured Losses cumulatively > building fair market value
 4 or more insured losses since 1978
 Not Applicable

NFIP Policy Number: ☺ _____ Insurance Policy Provider: ☺ _____

Is there a Flood Insurance Rate Map (FIRM) available? Yes No

Is the property site marked on the map? Yes, map attached

Flood Zone Designation:

VE or V 1-30 C or X (unshaded) AE or A 1-30 AO or AH
 B or X (shaded) Floodway A (no base flood elevation given)

FIRM Community Information:

Community: City of Pacific

Map Specific Information for Selected Community:

Panel Number: 290170355D Date: 10/18/2011

Legal Description: ☺ Parts of Lot 1 & 2 of Inks Addition

Comments: Property is not occupied because of substantial damage, severe flooding in 2008, 2015, 2017

Assessor Records

[Search GIS](#)

[Search Assessor](#)

[Search Collector](#)

[General](#)

[Land/Yard Imps](#)

[Residential](#)

[Ag Buildings](#)

[Commercial](#)

[Sales](#)

[Photos](#)

[Sketches](#)

PIN: 19-1-12.0-4-004-152.000
Deedholders: PARSONS,TRACY L
ENS: Subd: INKS
Acres: 0.0000
DBA:
Master Tax Dist: 111
Section: 12
Township:
Range:

Situs Address:

Mailing Address:

Legal Description:

302 S ELM ST
PACIFIC MO 63069

PARSONS,TRACY L
412 E THIRD ST
WASHINGTON MO 63090-0000

LOT:PT1&PT2 INKS ADDN

Property Market Value

	Land	Building	Total Value
Agricultural:	\$0	\$0	\$0
Residential:	\$22,800	\$0	\$22,800
Commercial:	\$0	\$0	\$0
Exempt:	0.0000	\$0	\$0
Total Value:			\$22,800

Property Assessed Value

	Land	Building	Total Value
Agricultural:	\$0	\$0	\$0
Residential:	\$4,332	\$0	\$4,332
Commercial:	\$0	\$0	\$0
Exempt:	\$0	\$0	\$0
Total Value:			\$4,332

Values are **2015 Certified**

302 South Elm



National Flood Hazard Layer FIRMette



FEMA

Legend

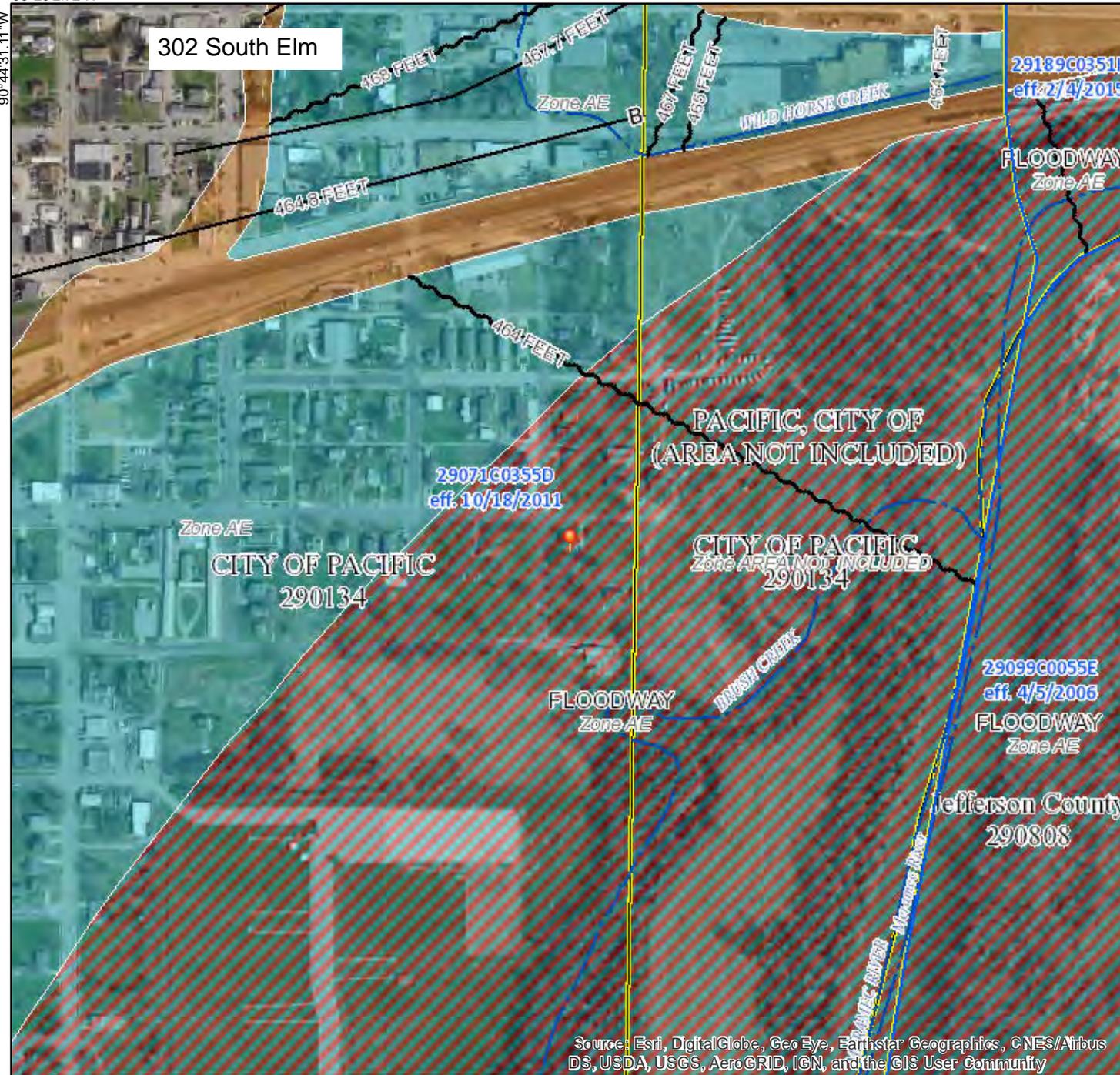
SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

- | | |
|---|--|
| <p>SPECIAL FLOOD HAZARD AREAS</p> | <p>Without Base Flood Elevation (BFE)
Zone A, V, A99</p> <p>With BFE or Depth</p> <p>Regulatory Floodway Zone AE, AO, AH, VE, AR</p> |
| <p>OTHER AREAS OF FLOOD HAZARD</p> | <p>0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X</p> <p>Future Conditions 1% Annual Chance Flood Hazard Zone X</p> <p>Area with Reduced Flood Risk due to Levee. See Notes. Zone X</p> <p>Area with Flood Risk due to Levee Zone D</p> |
| <p>OTHER AREAS</p> | <p>NO SCREEN Area of Minimal Flood Hazard Zone X</p> <p>Effective LOMRs</p> <p>Area of Undetermined Flood Hazard Zone D</p> |
| <p>GENERAL STRUCTURES</p> | <p>Channel, Culvert, or Storm Sewer</p> <p>Levee, Dike, or Floodwall</p> |
| <p>OTHER FEATURES</p> | <p>20.2 Cross Sections with 1% Annual Chance
17.5 Water Surface Elevation</p> <p>Coastal Transect</p> <p>Base Flood Elevation Line (BFE)</p> <p>Limit of Study</p> <p>Jurisdiction Boundary</p> <p>Coastal Transect Baseline</p> <p>Profile Baseline</p> <p>Hydrographic Feature</p> |
| <p>MAP PANELS</p> | <p>Digital Data Available</p> <p>No Digital Data Available</p> <p>Unmapped</p> |



38°29'2.72"N

90°44'31.11"W



Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community

0 250 500 1,000 1,500 2,000 Feet 1:6,241.13 38°28'33.42"N 90°43'52.15"W

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The base map shown complies with FEMA's base map accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 2/14/2018 at 3:12:27 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: base map imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

DEPARTMENT OF HOMELAND SECURITY
 FEDERAL EMERGENCY MANAGEMENT AGENCY
**Statement of Voluntary Participation for
 Acquisition of Property for Purpose of Open Space
 FEMA's Hazard Mitigation Assistance Programs**

O.M.B. No. 1660-0103
 Expires August 31, 2011

THIS AGREEMENT is made and entered into this on (date) 1/17/2018, by and between (name of Subgrantee) _____, hereinafter referred to as "Subgrantee," and (property owner) Tracy L. Parsons, hereinafter referred to as "Seller." The parties agree as follows:

1. Seller affirms that I/we own the property located at (legal address) 302 S. Elm St., hereinafter referred to as "property."
2. Subgrantee has notified Seller that the Subgrantee may wish to purchase the referenced property, and, if Seller agrees to sell, Seller must permanently relocate from property.
3. Subgrantee has identified that the purchase offer valuation of the property as of (date) 1/17/2018 is \$ 49,248, as determined by appropriate valuation procedures implemented by Subgrantee and based on FEMA acquisition requirements provided in 44 C.F.R. Part 80, and relevant program guidance as documented below (e.g., *Pre-Disaster Mitigation, Hazard Mitigation Grant Program, Flood Mitigation Assistance*). _____
4. Subgrantee has notified the Seller that **neither the State nor the Local Government will use its eminent domain authority to acquire the property for open-space purpose if the Seller chooses not to participate, or if negotiations fail.**
5. Subgrantee has notified Seller that if the Seller agrees to sell the property to the Subgrantee the transaction is voluntary and the Seller is not entitled to relocation benefits provided by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, which are available to property owners who must sell their properties involuntarily.
6. Subgrantee affirms that it has provided the notifications and explained the information described in the preceding paragraphs to the seller, and property identified above is not a part of an intended, planned, or designated project area where all or substantially all of the property within the area is to be acquired within specific time limits.
7. This Agreement shall expire on (date of closing) _____, unless Seller has voluntarily sold Property to the Subgrantee by that date.

Tracy L. Parsons
 Property Owner Signature

 Property Owner Signature

[Signature]
 Subgrantee's Authorized Agent Signature

1-17-18
 Date

 Date

1-17-18
 Date

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1 hour per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is voluntary. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington VA 20598-3005, Paperwork Reduction Project (1660-0103). **NOTE: DO NOT SEND YOUR COMPLETED FORM TO THIS ADDRESS.**

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
DECLARATION AND RELEASE

O.M.B. No. 1660-0002
Expires July 31, 2017

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 2 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0002)

NOTE: Do not send your completed form to this address.

PRIVACY ACT STATEMENT

AUTHORITY: The Robert T. Stafford Disaster Relief and Emergency Assistance Act as amended, 42 U.S.C. § 5121 -5207 and Reorganization Plan No. 3 of 1978; 4 U.S.C. §§ 2904 and 2906; 4 C.F.R. § 206.2(a)(27); the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. 104-193) and Executive Order 13411. DHS asks for your SSN pursuant to the Debt Collection Improvement Act of 1996, 31 U.S.C. § 3325(d) and § 7701(c) (1).

PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of determining eligibility and administering financial assistance under a Presidentially-declared disaster. Additionally, information may be reviewed within FEMA for quality assurance purposes and used to assess FEMA's customer service to disaster assistance applicants.

ROUTINE USE(S): The information on this form may be shared outside of FEMA as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes sharing this information with state, tribal, local, and voluntary organizations to enable you to receive additional disaster assistance and as necessary and authorized by other routine uses published in DHS/FEMA-008 Disaster Recovery Assistance Files System of Records, 78 Fed. Reg. 25,282 (April 30, 2013), and upon written request, by agreement, or as required by law.

DISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving disaster assistance.

DECLARATION AND RELEASE

In order to be eligible to receive FEMA Disaster Assistance, a member of the household must be a citizen, non-citizen national or qualified alien of the United States. **Please read the form carefully, sign the sheet and return it to the Inspector, and show him/her a current form of photo identification.** Please feel free to consult with an attorney or other immigration expert if you have any questions.

I hereby declare, under penalty of perjury that (check one):

- I am a citizen or non-citizen national of the United States.
- I am a qualified alien of the United States.
- I am the parent or guardian of a minor child who resides with me and who is a citizen, non-citizen national or qualified alien of the United States. Print full name and age of minor child: _____

By my signature I certify that:

- * Only one application has been submitted for my household.
- * All information I have provided regarding my application for FEMA disaster assistance is true and correct to the best of my knowledge.
- * I will return any disaster aid money I received from FEMA or the State if I receive insurance or other money for the same loss, or if I do not use FEMA disaster aid money for the purpose for which it was intended.

I understand that, if I intentionally make false statements or conceal any information in an attempt to obtain disaster aid, it is a violation of federal and State laws, which carry severe criminal and civil penalties, including a fine up to \$250,000, imprisonment, or both (18 U.S.C. §§ 287, 1001, and 3571).

I understand that the information provided regarding my application for FEMA disaster assistance may be subject to sharing within the Department of Homeland Security (DHS) including, but not limited to, the Bureau of Immigration and Customs Enforcement.

I authorize FEMA to verify all information given by me about my property/place of residence, income, employment and dependents in order to determine my eligibility for disaster assistance; and

I authorize all custodians of records of my insurance, employer, any public or private entity, bank financial or credit data service to release information to FEMA and/or the State upon request.

NAME (print) <i>Tracy L Parsons</i>	SIGNATURE <i>Tracy L Parsons</i>	DATE OF BIRTH <i>11-27-57</i>	DATE SIGNED <i>2-21-2018</i>
INSPECTOR ID #	FEMA APPLICATION #	DISASTER # DR 4317	
ADDRESS OF DAMAGED PROPERTY 302 S. Elm Street	CITY Pacific	STATE MO	ZIP CODE 63069

HMGP Property Site Inventory Form (PSI)

Use one page for each property

Owner Information:

First Name: John Last Name: Moore Co-Owner: Emma Moore
Property Address: 312 E Central

City: Pacific State: MO Zip Code: 63069 County: Franklin

Title Holder Post Mitigation (community undertaking project): City of Pacific

Mitigation Property Site Action: Acquisition / Demolition **Mitigation Property Site Comments:** SF Res.

Property Information:

Age of Structure (year built):	<u>1973</u>	Total Square Feet of Living Space:	<u>2688</u>
Pre-Event Fair Market Value:	<u>\$47,028.00</u>	Type of Residence:	<u>Owner Occupied - Principal Residence</u>
Parcel Number:	<u>19-1-12.0-</u>	Structure Type:	<u>1 or 2 story, with basement</u>
<u>4-004-126.000</u>		Foundation Type:	<u>Basement</u>
Property Tax Id:	<u>19-1-</u>	Basement:	<u>Yes</u>
<u>12.0-4-004-126.000</u>		Base Flood Elevation:	<u>463.3</u>
Latitude:	<u>38.481027</u>	First Floor Elevation:	<u> </u>
Longitude:	<u>-90.737347</u>	Number of feet the lowest floor elevation of the structure is being raised above Base Flood Elevation (Only applicable when Property Action is Elevation):	<u>n/a</u>
SHPO Cleared: ☉	<u>Yes</u>	Damage Category:	<u>0-49% Damaged</u>
SHPO Cleared Date: ☉	<u>2/20/2018</u>	Post Mitigation Property Use:	<u>open space</u>
Benefit Cost Analysis:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If commercial property what is the primary usage, explain below in comments.	
Performed: By Whom: <u>DPR</u>			
Benefit Cost Ratio:	<u>4.12</u>		
Average cost per square foot for residential & commercial construction in the community: <u>\$120</u>			

National Flood Insurance Program Information:

Flood Source: Riverine Flooding Structure Located in: Floodplain

Note: An NFIP repetitive loss structure is defined as building with 2 or more insured losses greater than \$1,000 within a 10-year period.

Repetitive Loss Structure: Unknown 2-3 insured Losses cumulatively <= building fair market value
Repetitive Loss Number: 2-3 insured Losses cumulatively > building fair market value
 4 or more insured losses since 1978
 Not Applicable

NFIP Policy Number: ☉ Insurance Policy Provider: ☉

Is there a Flood Insurance Rate Map (FIRM) available? Yes No

Is the property site marked on the map? Yes, map attached

Flood Zone Designation:

VE or V 1-30 C or X (unshaded) AE or A 1-30 AO or AH
 B or X (shaded) Floodway A (no base flood elevation given)

FIRM Community Information:

Community: City of Pacific

Map Specific Information for Selected Community:

Panel Number: 290170355D Date: 10/18/2011

Legal Description: ☉ Lot 4 of Inks Addition

Comments: Property has had severe flooding in 2008, 2015 and 2017

☉ (This information is not required until the project is approved, but would be helpful if you can provide it at the time of application.)

Assessor Records

[Search GIS](#)

[Search Assessor](#)

[Search Collector](#)

[General](#)
[Land/Yard Imps](#)
[Residential](#)
[Ag Buildings](#)
[Commercial](#)
[Sales](#)
[Photos](#)
[Sketches](#)

PIN: 19-1-12.0-4-004-126.000
 ENS:
 Master Tax Dist 111
Subd: INKS
Deedholders
 Acres: 0.0000
 Section 12
 Township
 Range
 MOORE,JOHN N L&EMMA J
 DBA:

Situs Address:

Mailing Address:

Legal Description:

312 E CENTRAL ST
PACIFIC MO 63069

MOORE,JOHN N L&EMMA J
312 E CENTRAL ST
PACIFIC MO 63069-0000

LOT:4 INKS ADDN

Property Market Value

	Land	Building	Total Value
Agricultural:	\$0	\$0	\$0
Residential:	\$14,540	\$24,650	\$39,190
Commercial:	\$0	\$0	\$0
Exempt:	0.0000	\$0	\$0
	Total Value:		\$39,190

Property Assessed Value

	Land	Building	Total Value
Agricultural:	\$0	\$0	\$0
Residential:	\$2,763	\$4,684	\$7,447
Commercial:	\$0	\$0	\$0
Exempt:	\$0	\$0	\$0
	Total Value:		\$7,447

Values are **2015 Certified**

312 East Central



National Flood Hazard Layer FIRMette



Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS		Without Base Flood Elevation (BFE) Zone A, V, A99
		With BFE or Depth
		Regulatory Floodway Zone AE, AO, AH, VE, AR

OTHER AREAS OF FLOOD HAZARD		0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
		Future Conditions 1% Annual Chance Flood Hazard Zone X
		Area with Reduced Flood Risk due to Levee. See Notes. Zone X
		Area with Flood Risk due to Levee Zone D

OTHER AREAS		Area of Minimal Flood Hazard Zone X
		Area of Undetermined Flood Hazard Zone D

GENERAL STRUCTURES		Channel, Culvert, or Storm Sewer
		Levee, Dike, or Floodwall

OTHER FEATURES		20.2 Cross Sections with 1% Annual Chance
		17.5 Water Surface Elevation
		Coastal Transect
		Base Flood Elevation Line (BFE)
		Limit of Study
		Jurisdiction Boundary
OTHER FEATURES		Coastal Transect Baseline
		Profile Baseline
		Hydrographic Feature

MAP PANELS		Digital Data Available
		No Digital Data Available
		Unmapped

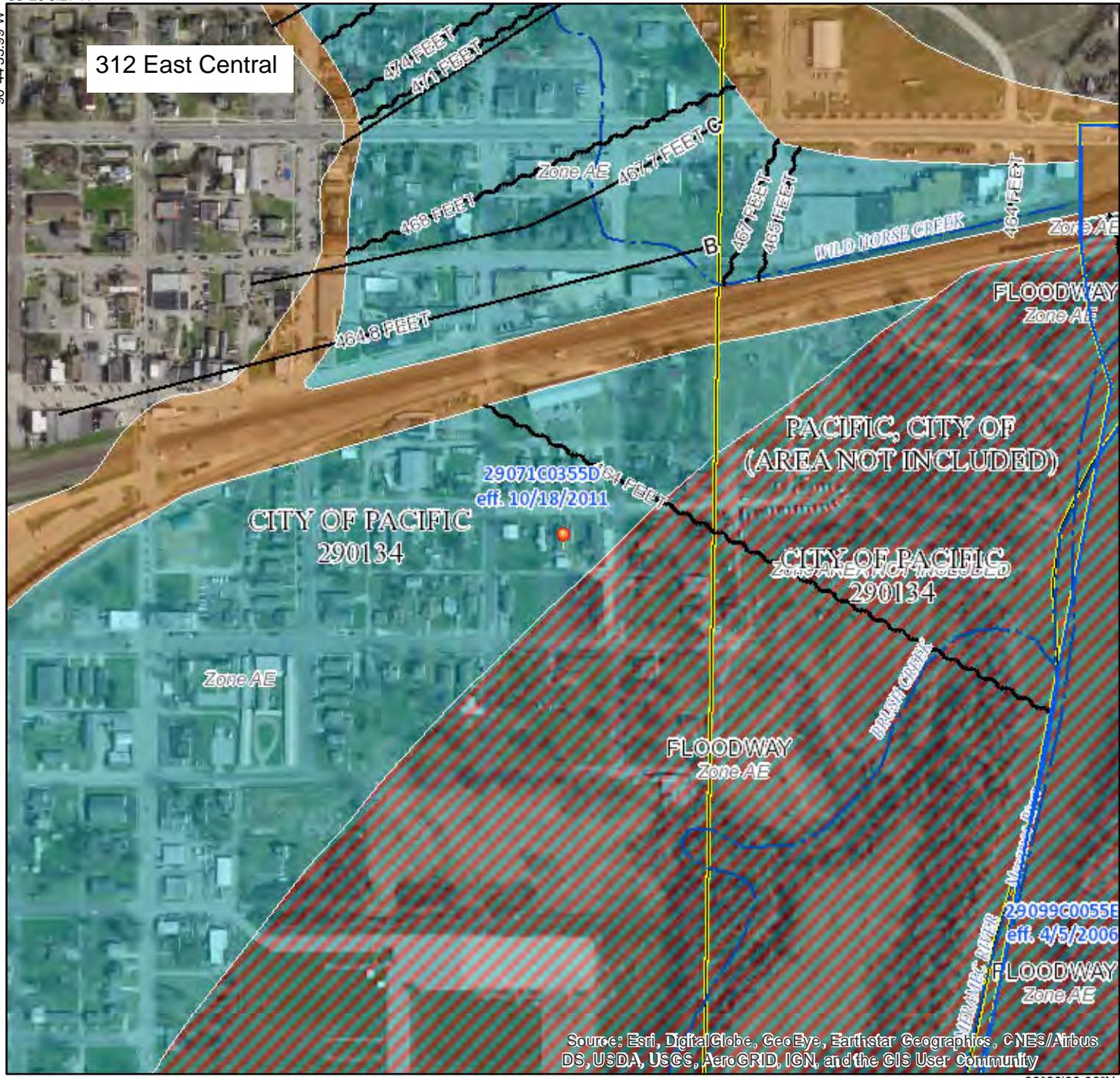


This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The base map shown complies with FEMA's base map accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 2/20/2018 at 10:46:33 AM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: base map imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

38°29'6.27"N
90°44'33.99"W



Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community

90°43'55.03"W

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
**Statement of Voluntary Participation for
Acquisition of Property for Purpose of Open Space
FEMA's Hazard Mitigation Assistance Programs**

O.M.B. No. 1660-0103
Expires August 31, 2011

THIS AGREEMENT is made and entered into this on (date) Feb 14, 2018, by and between (name of Subgrantee) City of Pacific, Missouri, hereinafter referred to as "Subgrantee," and (property owner) John N L and Emma J Moore, hereinafter referred to as "Seller." The parties agree as follows:

1. Seller affirms that I/we own the property located at (legal address) 312 E Central Street, hereinafter referred to as "property."
2. Subgrantee has notified Seller that the Subgrantee may wish to purchase the referenced property, and, if Seller agrees to sell, Seller must permanently relocate from property.
3. Subgrantee has identified that the purchase offer valuation of the property as of (date) 1-19-2018 is \$ 47028, as determined by appropriate valuation procedures implemented by Subgrantee and based on FEMA acquisition requirements provided in 44 C.F.R. Part 80, and relevant program guidance as documented below (e.g., *Pre-Disaster Mitigation, Hazard Mitigation Grant Program, Flood Mitigation Assistance*). _____
4. Subgrantee has notified the Seller that **neither the State nor the Local Government will use its eminent domain authority to acquire the property for open-space purpose if the Seller chooses not to participate, or if negotiations fail.**
5. Subgrantee has notified Seller that if the Seller agrees to sell the property to the Subgrantee the transaction is voluntary and the Seller is not entitled to relocation benefits provided by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, which are available to property owners who must sell their properties involuntarily.
6. Subgrantee affirms that it has provided the notifications and explained the information described in the preceding paragraphs to the seller, and property identified above is not a part of an intended, planned, or designated project area where all or substantially all of the property within the area is to be acquired within specific time limits.
7. This Agreement shall expire on (date of closing) _____, unless Seller has voluntarily sold Property to the Subgrantee by that date.

Emma Moore
Property Owner Signature

John Moore
Property Owner Signature

[Signature]
Subgrantee's Authorized Agent Signature

2-20-18
Date

2-20-18
Date

Feb 14, 2018
Date

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1 hour per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is voluntary. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington VA 20598-3005, Paperwork Reduction Project (1660-0103). **NOTE: DO NOT SEND YOUR COMPLETED FORM TO THIS ADDRESS.**

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
DECLARATION AND RELEASE

O.M.B. No. 1660-0002
Expires July 31, 2017

PAPERWORK BURDEN DISCLOSURE NOTICE

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NOTE: Do not send your completed form to this address.

PRIVACY ACT STATEMENT

AUTHORITY: The Robert T. Stafford Disaster Relief and Emergency Assistance Act as amended, 42 U.S.C. § 5121 -5207 and Reorganization Plan No. 3 of 1978; 4 U.S.C. §§ 2904 and 2906; 4 C.F.R. § 206 2(a)(27); the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. 104-193) and Executive Order 13411. DHS asks for your SSN pursuant to the Debt Collection Improvement Act of 1996, 31 U.S.C. § 3325(d) and § 7701(c) (1).

PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of determining eligibility and administering financial assistance under a **Presidentially-declared** disaster. Additionally, information may be reviewed within FEMA for quality assurance purposes and used to assess FEMA's customer service to disaster assistance applicants.

ROUTINE USE(S): The information on this form may be shared outside of FEMA as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes sharing this information with state, tribal, local, and voluntary organizations to enable you to receive additional disaster assistance and as necessary and authorized by other routine uses published in DHS/FEMA-008 Disaster Recovery Assistance Files System of Records, 78 Fed. Reg. 25,282 (April 30, 2013), and upon written request, by agreement, or as required by law.

DISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving disaster assistance.

DECLARATION AND RELEASE

In order to be eligible to receive FEMA Disaster Assistance, a member of the household must be a citizen, non-citizen national or qualified alien of the United States. **Please read the form carefully, sign the sheet and return it to the Inspector, and show him/her a current form of photo identification.** Please feel free to consult with an attorney or other immigration expert if you have any questions.

I hereby declare, under penalty of perjury that (check one):

- I am a citizen or non-citizen national of the United States.
- I am a qualified alien of the United States.
- I am the parent or guardian of a minor child who resides with me and who is a citizen, non-citizen national or qualified alien of the United States. Print full name and age of minor child: _____

By my signature I certify that:

- * Only one application has been submitted for my household.
- * All information I have provided regarding my application for FEMA disaster assistance is true and correct to the best of my knowledge.
- * I will return any disaster aid money I received from FEMA or the State if I receive insurance or other money for the same loss, or if I do not use FEMA disaster aid money for the purpose for which it was intended.

I understand that, if I intentionally make false statements or conceal any information in an attempt to obtain disaster aid, it is a violation of federal and State laws, which carry severe criminal and civil penalties, including a fine up to \$250,000, imprisonment, or both (18 U.S.C. §§ 287, 1001, and 3571).

I understand that the information provided regarding my application for FEMA disaster assistance may be subject to sharing within the Department of Homeland Security (DHS) including, but not limited to, the Bureau of Immigration and Customs Enforcement.

I authorize FEMA to verify all information given by me about my property/place of residence, income, employment and dependents in order to determine my eligibility for disaster assistance; and

I authorize all custodians of records of my insurance, employer, any public or private entity, bank financial or credit data service to release information to FEMA and/or the State upon request.

NAME (print) <i>Emma Moore</i>	SIGNATURE <i>Emma Moore</i>	DATE OF BIRTH <i>8-31-41</i>	DATE SIGNED <i>2-20-18</i>
<i>X</i> <i>John Moore</i>	<i>X</i> <i>John Moore</i>	<i>5-24-39</i>	
INSPECTOR ID #	FEMA APPLICATION #	DISASTER # DR 4317	
ADDRESS OF DAMAGED PROPERTY 312 E. Central Street	CITY Pacific	STATE MO	ZIP CODE 63069

HMGP Property Site Inventory Form (PSI)

Use one page for each property

Owner Information:

First Name: James Last Name: Hutson Co-Owner: _____

Property Address: 312 East Orleans

City: Pacific State: MO Zip Code: 63069 County: Franklin

Title Holder Post Mitigation (community undertaking project): City of Pacific

Mitigation Property Site Action: Acquisition / Demolition **Mitigation Property Site Comments:** SF Res.

Property Information:

Age of Structure (year built): 1950

Total Square Feet of Living Space: 2569

Pre-Event Fair Market Value: \$24,792.00

Type of Residence: Other (Specify in Comments)

Parcel Number: 19-1-12.0-

Structure Type: 1 or 2 story, with basement

4-004-154.000

Foundation Type: Basement

Property Tax Id: 19-1-

Basement: Yes

12.0-4-004-154.000

Base Flood Elevation: 463.3

Latitude: 38.479956

First Floor Elevation: _____

Longitude: -90.737325

Number of feet the lowest floor elevation of the structure is being raised above Base Flood Elevation (Only applicable when Property Action is Elevation): n/a

SHPO Cleared: ☉ Yes

SHPO Cleared Date: ☉ 2/20/2018

Damage Category: 50-100% Damaged

Benefit Cost Analysis: Yes No

Post Mitigation Property Use: open space

Performed: By Whom: DPR

If commercial property what is the primary usage, explain below in comments.

Benefit Cost Ratio: 6.16

Average cost per square foot for residential & commercial construction in the community: \$120

National Flood Insurance Program Information:

Flood Source: Riverine Flooding Structure Located in: Floodplain

Note: An NFIP repetitive loss structure is defined as building with 2 or more insured losses greater than \$1,000 within a 10-year period.

Repetitive Loss Structure: Yes

2-3 insured Losses cumulatively <= building fair market value

Repetitive Loss Number: 0240467

2-3 insured Losses cumulatively > building fair market value

4 or more insured losses since 1978

Not Applicable

NFIP Policy Number: ☉ _____ Insurance Policy Provider: ☉ _____

Is there a Flood Insurance Rate Map (FIRM) available? Yes No

Is the property site marked on the map? Yes, map attached

Flood Zone Designation:

VE or V 1-30

C or X (unshaded)

AE or A 1-30

AO or AH

B or X (shaded)

Floodway

A (no base flood elevation given)

FIRM Community Information:

Community: City of Pacific

Map Specific Information for Selected Community:

Panel Number: 290170355D Date: 10/18/2011

Legal Description: ☉ Lots 4 & Part of Lot 5 of Inks Addition

Comments: Property is not occupied because of substantial damage. Severe flooding in 2008, 2015, 2017
☉ (This information is not required until the project is approved, but would be helpful if you can provide it at the time of application.)

312 East Orleans



National Flood Hazard Layer FIRMette



Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS		Without Base Flood Elevation (BFE) Zone A, V, A99
		With BFE or Depth
		Regulatory Floodway Zone AE, AO, AH, VE, AR

OTHER AREAS OF FLOOD HAZARD		0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
		Future Conditions 1% Annual Chance Flood Hazard Zone X
		Area with Reduced Flood Risk due to Levee. See Notes. Zone X
		Area with Flood Risk due to Levee Zone D

OTHER AREAS		NO SCREEN Area of Minimal Flood Hazard Zone X
		Effective LOMRs
		Area of Undetermined Flood Hazard Zone D

GENERAL STRUCTURES		Channel, Culvert, or Storm Sewer
		Levee, Dike, or Floodwall

OTHER FEATURES		20.2 Cross Sections with 1% Annual Chance Water Surface Elevation
		17.5 Water Surface Elevation
		Coastal Transect
		Base Flood Elevation Line (BFE)
		Limit of Study
		Jurisdiction Boundary
		Coastal Transect Baseline
		Profile Baseline
		Hydrographic Feature

MAP PANELS		Digital Data Available
		No Digital Data Available
		Unmapped



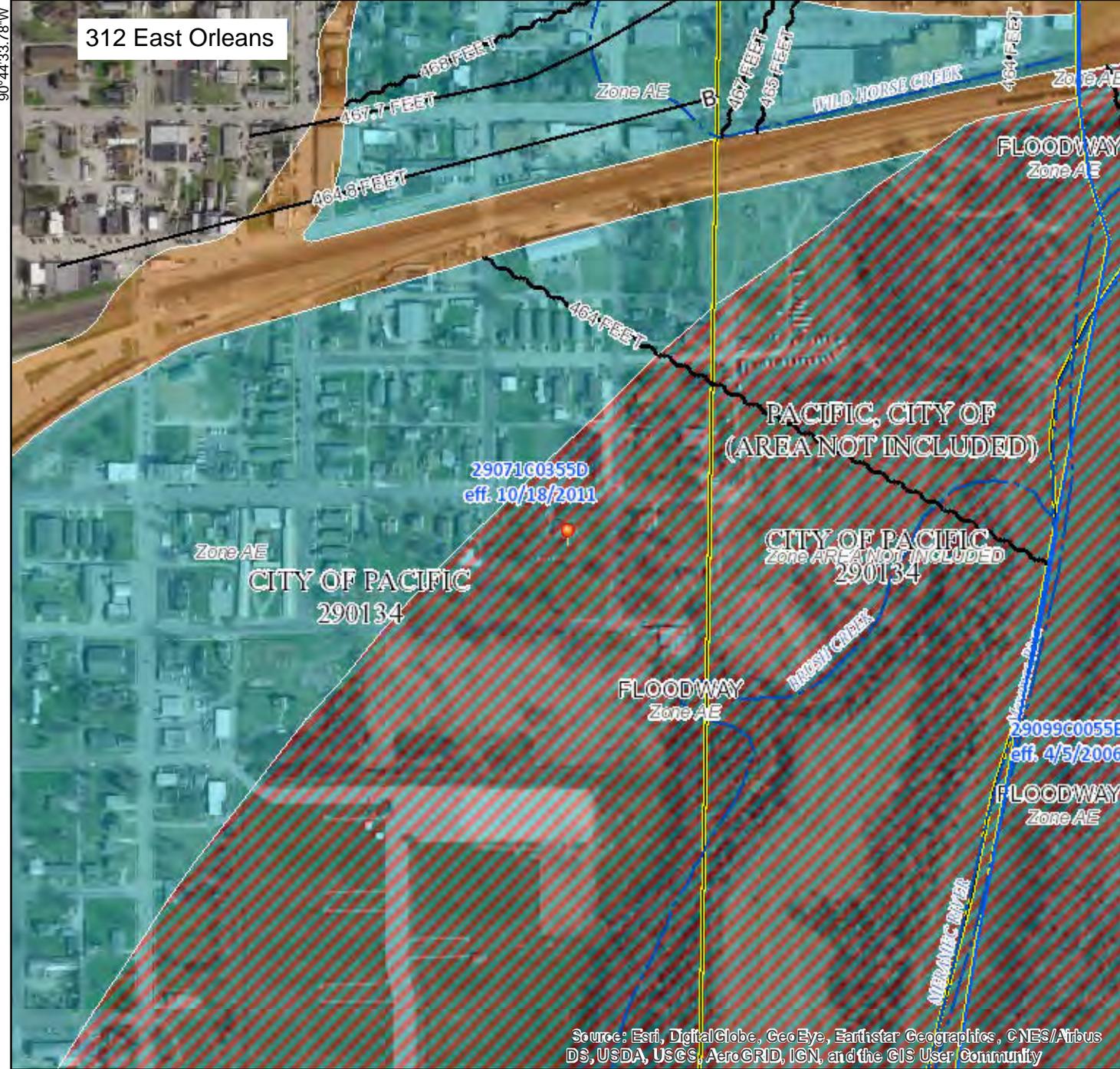
This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The base map shown complies with FEMA's base map accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 2/20/2018 at 9:51:44 AM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: base map imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

38°29'2.34"N

90°44'33.78"W



Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
**Statement of Voluntary Participation for
Acquisition of Property for Purpose of Open Space
FEMA's Hazard Mitigation Assistance Programs**

OMB No. 1660-0103
Expires August 31, 2011

THIS AGREEMENT is made and entered into this on (date) 2-1-18, by and between (name of Subgrantee) City of Pacific, Missouri, hereinafter referred to as "Subgrantee," and (property owner) James Hubson, hereinafter referred to as "Seller." The parties agree as follows:

1. Seller affirms that I/we own the property located at (legal address) 312 E. Orleans St hereinafter referred to as "property."
2. Subgrantee has notified Seller that the Subgrantee may wish to purchase the referenced property, and, if Seller agrees to sell, Seller must permanently relocate from property.
3. Subgrantee has identified that the purchase offer valuation of the property as of (date) 1-19-2018 is \$ 24792, as determined by appropriate valuation procedures implemented by Subgrantee and based on FEMA acquisition requirements provided in 44 C.F.R. Part 80, and relevant program guidance as documented below (e.g., *Pre-Disaster Mitigation, Hazard Mitigation Grant Program, Flood Mitigation Assistance*).
4. Subgrantee has notified the Seller that **neither the State nor the Local Government will use its eminent domain authority to acquire the property for open-space purpose if the Seller chooses not to participate, or if negotiations fail.**
5. Subgrantee has notified Seller that if the Seller agrees to sell the property to the Subgrantee the transaction is voluntary and the Seller is not entitled to relocation benefits provided by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, which are available to property owners who must sell their properties involuntarily.
6. Subgrantee affirms that it has provided the notifications and explained the information described in the preceding paragraphs to the seller, and property identified above is not a part of an intended, planned, or designated project area where all or substantially all of the property within the area is to be acquired within specific time limits.
7. This Agreement shall expire on (date of closing) _____, unless Seller has voluntarily sold Property to the Subgrantee by that date.

[Signature]
Property Owner Signature

[Signature]
Property Owner Signature

[Signature]
Subgrantee's Authorized Agent Signature

01-25-18
Date

Date

2-1-18
Date

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1 hour per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is voluntary. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington VA 20598-3005, Paperwork Reduction Project (1660-0103). **NOTE: DO NOT SEND YOUR COMPLETED FORM TO THIS ADDRESS.**

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
DECLARATION AND RELEASE

O.M.B. No. 1660-0002
Expires July 31, 2017

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 2 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0002)
NOTE: Do not send your completed form to this address.

PRIVACY ACT STATEMENT

AUTHORITY: The Robert T. Stafford Disaster Relief and Emergency Assistance Act as amended, 42 U.S.C. § 5121 -5207 and Reorganization Plan No. 3 of 1978; 4 U.S.C. §§ 2904 and 2906, 4 C.F.R. § 206.2(a)(27); the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. 104-193) and Executive Order 13411. DHS asks for your SSN pursuant to the Debt Collection Improvement Act of 1996, 31 U.S.C. § 3325(d) and § 7701(c) (1).
PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of determining eligibility and administering financial assistance under a Presidentially-declared disaster. Additionally, information may be reviewed within FEMA for quality assurance purposes and used to assess FEMA's customer service to disaster assistance applicants.
ROUTINE USE(S): The information on this form may be shared outside of FEMA as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes sharing this information with state, tribal, local, and voluntary organizations to enable you to receive additional disaster assistance and as necessary and authorized by other routine uses published in DHS/FEMA-008 Disaster Recovery Assistance Files System of Records, 78 Fed. Reg. 25,282 (April 30, 2013), and upon written request, by agreement, or as required by law.
DISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving disaster assistance.

DECLARATION AND RELEASE

In order to be eligible to receive FEMA Disaster Assistance, a member of the household must be a citizen, non-citizen national or qualified alien of the United States. **Please read the form carefully, sign the sheet and return it to the Inspector, and show him/her a current form of photo identification.** Please feel free to consult with an attorney or other immigration expert if you have any questions.

I hereby declare, under penalty of perjury that (check one):

- I am a citizen or non-citizen national of the United States.
- I am a qualified alien of the United States.
- I am the parent or guardian of a minor child who resides with me and who is a citizen, non-citizen national or qualified alien of the United States. Print full name and age of minor child: _____

By my signature I certify that:

- * Only one application has been submitted for my household.
- * All information I have provided regarding my application for FEMA disaster assistance is true and correct to the best of my knowledge.
- * I will return any disaster aid money I received from FEMA or the State if I receive insurance or other money for the same loss, or if I do not use FEMA disaster aid money for the purpose for which it was intended.

I understand that, if I intentionally make false statements or conceal any information in an attempt to obtain disaster aid, it is a violation of federal and State laws, which carry severe criminal and civil penalties, including a fine up to \$250,000, imprisonment, or both (18 U.S.C. §§ 287, 1001, and 3571).

I understand that the information provided regarding my application for FEMA disaster assistance may be subject to sharing within the Department of Homeland Security (DHS) including, but not limited to, the Bureau of Immigration and Customs Enforcement.

I authorize FEMA to verify all information given by me about my property/place of residence, income, employment and dependents in order to determine my eligibility for disaster assistance; and

I authorize all custodians of records of my insurance, employer, any public or private entity, bank financial or credit data service to release information to FEMA and/or the State upon request.

NAME (print) <i>James Hutson</i>	SIGNATURE <i>[Signature]</i>	DATE OF BIRTH <i>08/27/59</i>	DATE SIGNED <i>01-25-18</i>
INSPECTOR ID #	FEMA APPLICATION #	DISASTER # <i>DR 4317</i>	
ADDRESS OF DAMAGED PROPERTY <i>312 E Orleans Street</i>	CITY <i>Pacific</i>	STATE <i>MO</i>	ZIP CODE

HMGP Property Site Inventory Form (PSI)

Use one page for each property

Owner Information:

First Name: Michael Last Name: Wohlgemuth Co-Owner: Diana Wohlgemuth
Property Address: 322 South Columbus

City: Pacific State: MO Zip Code: 63069 County: Franklin

Title Holder Post Mitigation (community undertaking project): City of Pacific

Mitigation Property Site Action: Acquisition / Demolition **Mitigation Property Site Comments:** SF Res.

Property Information:

Age of Structure (year built):	<u>1940</u>	Total Square Feet of Living Space:	<u>768</u>
Pre-Event Fair Market Value:	<u>\$16,920.00</u>	Type of Residence:	<u>Other (Specify in Comments)</u>
Parcel Number:	<u>19-1-12.0-</u>	Structure Type:	<u>1 story, w/o basement</u>
<u>4-004-192.000</u>		Foundation Type:	<u>Slab on Grade</u>
Property Tax Id:	<u>19-1-</u>	Basement:	<u>No</u>
<u>12.0-4-004-192.000</u>		Base Flood Elevation:	<u>463.3</u>
Latitude:	<u>38.479311</u>	First Floor Elevation:	<u> </u>
Longitude:	<u>-90.739604</u>	Number of feet the lowest floor elevation of the structure is being raised above Base Flood Elevation (Only applicable when Property Action is Elevation):	<u>n/a</u>
SHPO Cleared: ☉	<u>Yes</u>	Damage Category:	<u>50-100% Damaged</u>
SHPO Cleared Date: ☉	<u>2/22/2018</u>	Post Mitigation Property Use:	<u>open space</u>
Benefit Cost Analysis:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If commercial property what is the primary usage, explain below in comments.	
Performed: By Whom:	<u>DPR</u>		
Benefit Cost Ratio:	<u>7.48</u>		
Average cost per square foot for residential & commercial construction in the community: <u>\$120</u>			

National Flood Insurance Program Information:

Flood Source: Riverine Flooding Structure Located in: Floodplain

Note: An NFIP repetitive loss structure is defined as building with 2 or more insured losses greater than \$1,000 within a 10-year period.

Repetitive Loss Structure: Unknown 2-3 insured Losses cumulatively <= building fair market value
Repetitive Loss Number: 2-3 insured Losses cumulatively > building fair market value
 4 or more insured losses since 1978
 Not Applicable

NFIP Policy Number: ☉ Insurance Policy Provider: ☉

Is there a Flood Insurance Rate Map (FIRM) available? Yes No

Is the property site marked on the map? Yes, map attached

Flood Zone Designation:

VE or V 1-30 C or X (unshaded) AE or A 1-30 AO or AH
 B or X (shaded) Floodway A (no base flood elevation given)

FIRM Community Information:

Community: City of Pacific

Map Specific Information for Selected Community:

Panel Number: 290170355D Date: 10/18/2011

Legal Description: ☉ LOT:13 INKS ADDN

Comments: Property is not occupied because of substantial damage, has experienced severe flooding in 2008, 2015 and 2017

Assessor Records

[Search GIS](#)

[Search Assessor](#)

[Search Collector](#)

[General](#)
[Land/Yard Imps](#)
[Residential](#)
[Ag Buildings](#)
[Commercial](#)
[Sales](#)
[Photos](#)
[Sketches](#)

PIN: 19-1-12.0-4-004-192.000
 ENS:
 Master Tax Dist 111
Subd: INKS
Deedholders
 Acres: 0.0000
 Section
 Township
 Range
 WOHLGEMUTH,MICHAEL&DIANA
 0.0000
 12

Situs Address:

Mailing Address:

Legal Description:

322 S COLUMBUS ST
PACIFIC MO 63069

WOHLGEMUTH,MICHAEL&DIANA
1061 OAK RIDGE RD
ROBERTSVILLE MO 63072-0000

LOT:13 INKS ADDN

Property Market Value

	Land	Building	Total Value
Agricultural:	\$0	\$0	\$0
Residential:	\$14,100	\$0	\$14,100
Commercial:	\$0	\$0	\$0
Exempt:	0.0000	\$0	\$0
	Total Value:		\$14,100

Property Assessed Value

	Land	Building	Total Value
Agricultural:	\$0	\$0	\$0
Residential:	\$2,679	\$0	\$2,679
Commercial:	\$0	\$0	\$0
Exempt:	\$0	\$0	\$0
	Total Value:		\$2,679

Values are **2015 Certified**

322 South Columbus



National Flood Hazard Layer FIRMette



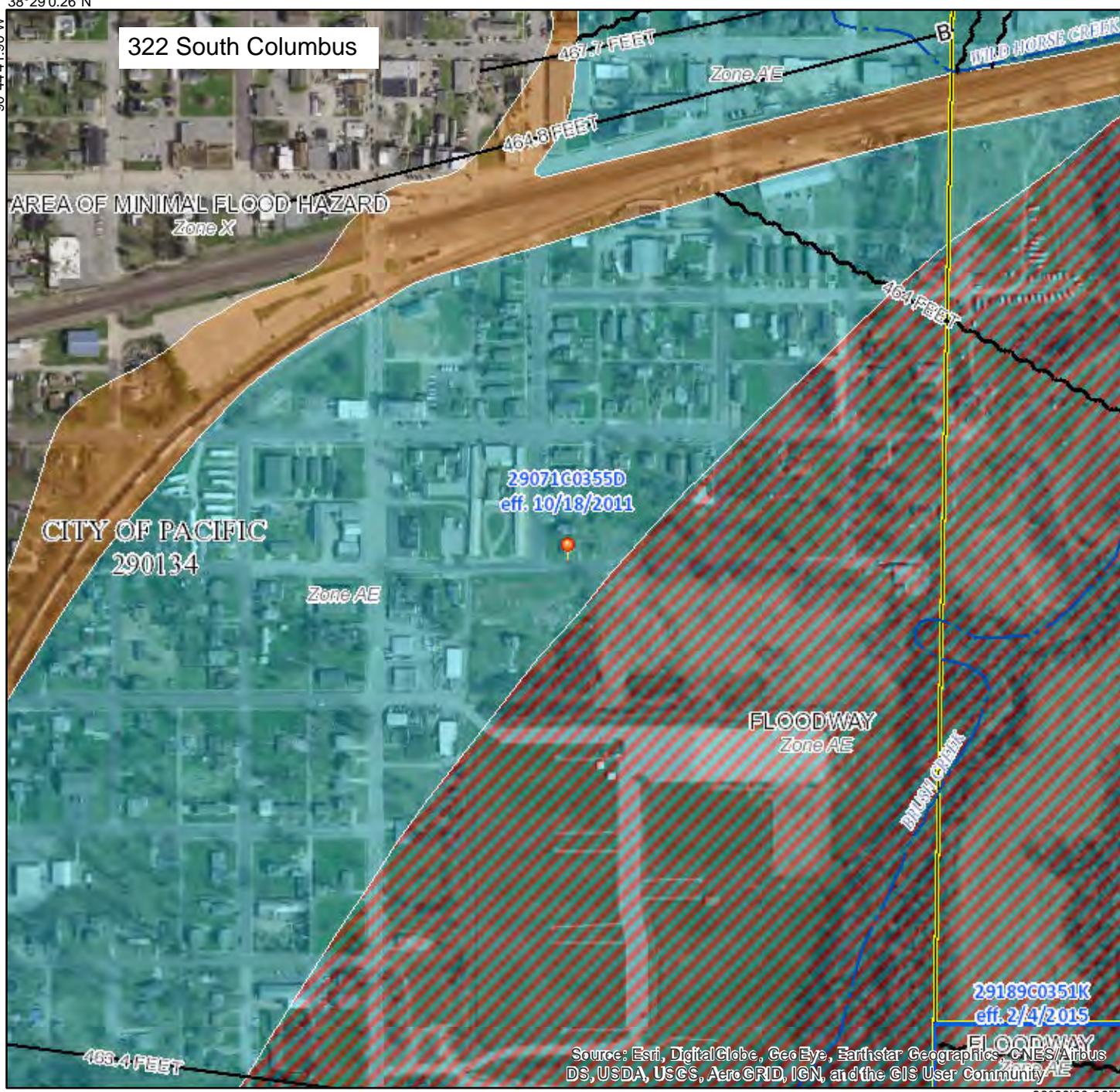
Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

- | | |
|---|--|
| <p>SPECIAL FLOOD HAZARD AREAS</p> | <ul style="list-style-type: none"> Without Base Flood Elevation (BFE)
<i>Zone A, V, A99</i> With BFE or Depth Regulatory Floodway <i>Zone AE, AO, AH, VE, AR</i> |
| <p>OTHER AREAS OF FLOOD HAZARD</p> | <ul style="list-style-type: none"> 0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile <i>Zone X</i> Future Conditions 1% Annual Chance Flood Hazard <i>Zone X</i> Area with Reduced Flood Risk due to Levee. See Notes. <i>Zone X</i> Area with Flood Risk due to Levee <i>Zone D</i> |
| <p>OTHER AREAS</p> | <ul style="list-style-type: none"> Area of Minimal Flood Hazard <i>Zone X</i> Effective LOMRs Area of Undetermined Flood Hazard <i>Zone D</i> |
| <p>GENERAL STRUCTURES</p> | <ul style="list-style-type: none"> Channel, Culvert, or Storm Sewer Levee, Dike, or Floodwall |
| <p>OTHER FEATURES</p> | <ul style="list-style-type: none"> Cross Sections with 1% Annual Chance Water Surface Elevation Coastal Transect Base Flood Elevation Line (BFE) Limit of Study Jurisdiction Boundary Coastal Transect Baseline Profile Baseline Hydrographic Feature |
| <p>MAP PANELS</p> | <ul style="list-style-type: none"> Digital Data Available No Digital Data Available Unmapped |



90°44'41.90"W



90°44'2.94"W

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The base map shown complies with FEMA's base map accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on **2/14/2018 at 3:23:27 PM** and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: base map imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
**Statement of Voluntary Participation for
Acquisition of Property for Purpose of Open Space
FEMA's Hazard Mitigation Assistance Programs**

O.M.B. No. 1660-0103
Expires August 31, 2011

THIS AGREEMENT is made and entered into this on (date) Feb 1, 2018, by and between (name of Subgrantee) City of Pacific, Missouri, hereinafter referred to as "Subgrantee," and (property owner) Michael and Diana Wohlgenuth, hereinafter referred to as "Seller." The parties agree as follows:

1. Seller affirms that I/we own the property located at (legal address) 322 S Columbus, hereinafter referred to as "property."
2. Subgrantee has notified Seller that the Subgrantee may wish to purchase the referenced property, and, if Seller agrees to sell, Seller must permanently relocate from property.
3. Subgrantee has identified that the purchase offer valuation of the property as of (date) 1-19-2018 is \$ 16920, as determined by appropriate valuation procedures implemented by Subgrantee and based on FEMA acquisition requirements provided in 44 C.F.R. Part 80, and relevant program guidance as documented below (e.g., *Pre-Disaster Mitigation, Hazard Mitigation Grant Program, Flood Mitigation Assistance*).
4. Subgrantee has notified the Seller that **neither the State nor the Local Government will use its eminent domain authority to acquire the property for open-space purpose if the Seller chooses not to participate, or if negotiations fail.**
5. Subgrantee has notified Seller that if the Seller agrees to sell the property to the Subgrantee the transaction is voluntary and the Seller is not entitled to relocation benefits provided by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, which are available to property owners who must sell their properties involuntarily.
6. Subgrantee affirms that it has provided the notifications and explained the information described in the preceding paragraphs to the seller, and property identified above is not a part of an intended, planned, or designated project area where all or substantially all of the property within the area is to be acquired within specific time limits.
7. This Agreement shall expire on (date of closing) _____, unless Seller has voluntarily sold Property to the Subgrantee by that date.

Michael Wohlgenuth
Property Owner Signature

2-7-2018
Date

Diana Wohlgenuth
Property Owner Signature

2-7-2018
Date

[Signature]
Subgrantee's Authorized Agent Signature

Feb 1, 2018
Date

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1 hour per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is voluntary. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington VA 20598-3005, Paperwork Reduction Project (1660-0103). **NOTE: DO NOT SEND YOUR COMPLETED FORM TO THIS ADDRESS.**

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
DECLARATION AND RELEASE

O.M.B. No. 1660-0002
Expires July 31, 2017

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 2 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0002)
NOTE: Do not send your completed form to this address.

PRIVACY ACT STATEMENT

AUTHORITY: The Robert T. Stafford Disaster Relief and Emergency Assistance Act as amended, 42 U.S.C. § 5121 -5207 and Reorganization Plan No. 3 of 1978; 4 U.S.C. §§ 2904 and 2906; 4 C.F.R. § 206.2(a)(27); the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. 104-193) and Executive Order 13411. DHS asks for your SSN pursuant to the Debt Collection Improvement Act of 1996, 31 U.S.C. § 3325(d) and § 7701(c) (1).

PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of determining eligibility and administering financial assistance under a Presidentially-declared disaster. Additionally, information may be reviewed within FEMA for quality assurance purposes and used to assess FEMA's customer service to disaster assistance applicants.

ROUTINE USE(S): The information on this form may be shared outside of FEMA as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes sharing this information with state, tribal, local, and voluntary organizations to enable you to receive additional disaster assistance and as necessary and authorized by other routine uses published in DHS/FEMA-008 Disaster Recovery Assistance Files System of Records, 78 Fed. Reg. 25,282 (April 30, 2013), and upon written request, by agreement, or as required by law.

DISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving disaster assistance.

DECLARATION AND RELEASE

In order to be eligible to receive FEMA Disaster Assistance, a member of the household must be a citizen, non-citizen national or qualified alien of the United States. **Please read the form carefully, sign the sheet and return it to the Inspector, and show him/her a current form of photo identification.** Please feel free to consult with an attorney or other immigration expert if you have any questions.

I hereby declare, under penalty of perjury that (check one):

- I am a citizen or non-citizen national of the United States.
- I am a qualified alien of the United States.
- I am the parent or guardian of a minor child who resides with me and who is a citizen, non-citizen national or qualified alien of the United States. Print full name and age of minor child: _____

By my signature I certify that:

- * Only one application has been submitted for my household.
- * All information I have provided regarding my application for FEMA disaster assistance is true and correct to the best of my knowledge.
- * I will return any disaster aid money I received from FEMA or the State if I receive insurance or other money for the same loss, or if I do not use FEMA disaster aid money for the purpose for which it was intended.

I understand that, if I intentionally make false statements or conceal any information in an attempt to obtain disaster aid, it is a violation of federal and State laws, which carry severe criminal and civil penalties, including a fine up to \$250,000, imprisonment, or both (18 U.S.C. §§ 287, 1001, and 3571).

I understand that the information provided regarding my application for FEMA disaster assistance may be subject to sharing within the Department of Homeland Security (DHS) including, but not limited to, the Bureau of Immigration and Customs Enforcement.

I authorize FEMA to verify all information given by me about my property/place of residence, income, employment and dependents in order to determine my eligibility for disaster assistance; and

I authorize all custodians of records of my insurance, employer, any public or private entity, bank financial or credit data service to release information to FEMA and/or the State upon request.

NAME (print) <i>Michael D Wohlgemuth</i>	SIGNATURE <i>Michael D Wohlgemuth</i>	DATE OF BIRTH <i>6-2-71</i>	DATE SIGNED <i>2-7-18</i>
INSPECTOR ID #	FEMA APPLICATION #	DISASTER # DR 4317	
ADDRESS OF DAMAGED PROPERTY 322 S Columbus	CITY Pacific	STATE MO	ZIP CODE 63069

HMGP Property Site Inventory Form (PSI)

Use one page for each property

Owner Information:

First Name: Bill Last Name: Haas Co-Owner: _____
Property Address: 506 South First

City: Pacific State: MO Zip Code: 63069 County: Franklin

Title Holder Post Mitigation (community undertaking project): City of Pacific

Mitigation Property Site Action: Acquisition / Demolition **Mitigation Property Site Comments:** SF Res.

Property Information:

Age of Structure (year built): 1954 Total Square Feet of Living Space: 854
Pre-Event Fair Market Value: \$78,060 Type of Residence: Other (Specify in Comments)
Parcel Number: 19-1-12.0- Structure Type: 1 story, w/o basement
4-003-238.000 Foundation Type: Slab on Grade
Property Tax Id: 19-1- Basement: No
12.0-4-003-238.000 Base Flood Elevation: 463.3
Latitude: 38.477939 First Floor Elevation: _____
Longitude: -90.741163 Number of feet the lowest floor elevation of the structure is
SHPO Cleared: ☉ Yes being raised above Base Flood Elevation (Only applicable
SHPO Cleared Date: ☉ 2/20/2018 when Property Action is Elevation): n/a
Benefit Cost Analysis: Yes No Damage Category: 50-100% Damaged
Performed: By Whom: DPR Post Mitigation Property Use: open space
Benefit Cost Ratio: 2.81 If commercial property what is the primary usage, explain
Average cost per square foot for residential & commercial construction in the community: \$120
below in comments.

National Flood Insurance Program Information:

Flood Source: Riverine Flooding Structure Located in: Floodplain

Note: An NFIP repetitive loss structure is defined as building with 2 or more insured losses greater than \$1,000 within a 10-year period.

Repetitive Loss Structure: Yes No 2-3 insured Losses cumulatively <= building fair market value
Repetitive Loss Number: 0174911 2-3 insured Losses cumulatively > building fair market value
 4 or more insured losses since 1978
 Not Applicable

NFIP Policy Number: ☉ _____ Insurance Policy Provider: ☉ _____

Is there a Flood Insurance Rate Map (FIRM) available? Yes No

Is the property site marked on the map? Yes, map attached

Flood Zone Designation:

VE or V 1-30 C or X (unshaded) AE or A 1-30 AO or AH
 B or X (shaded) Floodway A (no base flood elevation given)

FIRM Community Information:

Community: City of Pacific

Map Specific Information for Selected Community:

Panel Number: 290170355D Date: 10/18/2011

Legal Description: ☉ Old Town of Franklin

Comments: Property is not occupied because of substantial damage

☉ (This information is not required until the project is approved, but would be helpful if you can provide it at the time of application.)

Assessor Records

PIN: 19-1-12.0-4-003-238.000
 ENS:
 Master Tax Dist 111
Subd: O T OF FRANKLIN
Deedholders
 Acres:
 Section
 Township
 Range
 MONROE,DAVID S&NORINE K
 0.0000
 12
DBA:

Situs Address:

Mailing Address:

Legal Description:

506 S FIRST ST
 PACIFIC MO 63069-0000

MONROE,DAVID S&NORINE K
 506 S FIRST ST
 PACIFIC MO 63069-0000

LOT:PT249&PT250 O T OF FRANKLIN

Property Market Value

	Land	Building	Total Value
Agricultural:	\$0	\$0	\$0
Residential:	\$14,200	\$0	\$14,200
Commercial:	\$0	\$0	\$0
Exempt:	0.0000	\$0	\$0
	Total Value:		\$14,200*

Property Assessed Value

	Land	Building	Total Value
Agricultural:	\$0	\$0	\$0
Residential:	\$2,698	\$0	\$2,698
Commercial:	\$0	\$0	\$0
Exempt:	\$0	\$0	\$0
	Total Value:		\$2,698

Values are **2015 Certified**

*There is a value discrepancy between the *Voluntary Participation Form* and the Franklin County Assessor value because the Assessors office recently removed the building value. The offer amount on the form includes the structure value.

506 South First



National Flood Hazard Layer FIRMette



Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS		Without Base Flood Elevation (BFE) Zone A, V, A99
		With BFE or Depth
		Regulatory Floodway Zone AE, AO, AH, VE, AR

OTHER AREAS OF FLOOD HAZARD		0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
		Future Conditions 1% Annual Chance Flood Hazard Zone X
		Area with Reduced Flood Risk due to Levee. See Notes. Zone X
		Area with Flood Risk due to Levee Zone D

OTHER AREAS		Area of Minimal Flood Hazard Zone X
		Effective LOMRs
		Area of Undetermined Flood Hazard Zone D

GENERAL STRUCTURES		Channel, Culvert, or Storm Sewer
		Levee, Dike, or Floodwall

OTHER FEATURES		Cross Sections with 1% Annual Chance Water Surface Elevation
		Coastal Transect
		Base Flood Elevation Line (BFE)

OTHER FEATURES		Limit of Study
		Jurisdiction Boundary
		Coastal Transect Baseline
		Profile Baseline
		Hydrographic Feature

MAP PANELS		Digital Data Available
		No Digital Data Available
		Unmapped



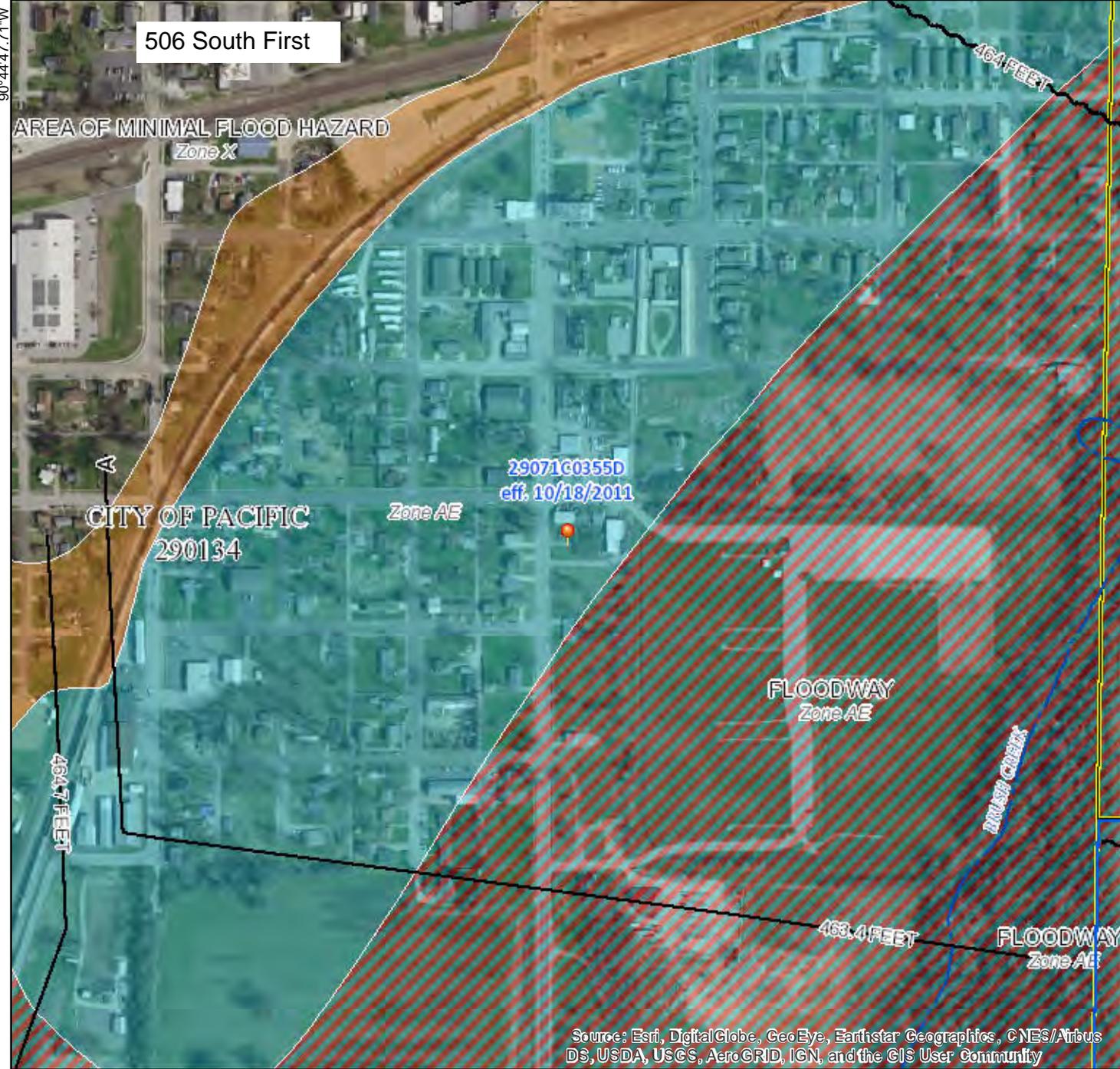
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The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on **2/14/2018 at 3:51:11 PM** and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

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38°28'55.17"N

90°44'47.71"W



Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community

0 250 500 1,000 1,500 2,000 Feet 1:6,241.13 38°28'25.87"N 90°44'8.75"W

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
**Statement of Voluntary Participation for
Acquisition of Property for Purpose of Open Space
FEMA's Hazard Mitigation Assistance Programs**

O.M.B. No. 1660-0103
Expires August 31, 2011

THIS AGREEMENT is made and entered into this on (date) _____, by and between (name of Subgrantee) _____, hereinafter referred to as "Subgrantee," and (property owner) William Hass, hereinafter referred to as "Seller." The parties agree as follows:

1. Seller affirms that I/we own the property located at (legal address) _____, hereinafter referred to as "property."
2. Subgrantee has notified Seller that the Subgrantee may wish to purchase the referenced property, and, if Seller agrees to sell, Seller must permanently relocate from property.
3. Subgrantee has identified that the purchase offer valuation of the property as of (date) 1/17/2018 is \$ 78,060, as determined by appropriate valuation procedures implemented by Subgrantee and based on FEMA acquisition requirements provided in 44 C.F.R. Part 80, and relevant program guidance as documented below (e.g., *Pre-Disaster Mitigation, Hazard Mitigation Grant Program, Flood Mitigation Assistance*). _____
4. Subgrantee has notified the Seller that **neither the State nor the Local Government will use its eminent domain authority to acquire the property for open-space purpose if the Seller chooses not to participate, or if negotiations fail.**
5. Subgrantee has notified Seller that if the Seller agrees to sell the property to the Subgrantee the transaction is voluntary and the Seller is not entitled to relocation benefits provided by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, which are available to property owners who must sell their properties involuntarily.
6. Subgrantee affirms that it has provided the notifications and explained the information described in the preceding paragraphs to the seller, and property identified above is not a part of an intended, planned, or designated project area where all or substantially all of the property within the area is to be acquired within specific time limits.
7. This Agreement shall expire on (date of closing) _____, unless Seller has voluntarily sold Property to the Subgrantee by that date.

William Hass
Property Owner Signature

1-17-2018
Date

Property Owner Signature

Date

[Signature]
Subgrantee's Authorized Agent Signature

1-17-18
Date

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1 hour per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is voluntary. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington VA 20598-3005, Paperwork Reduction Project (1660-0103). **NOTE: DO NOT SEND YOUR COMPLETED FORM TO THIS ADDRESS.**

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
DECLARATION AND RELEASE

O.M.B. No. 1660-0002
Expires July 31, 2017

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 2 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0002)
NOTE: Do not send your completed form to this address.

PRIVACY ACT STATEMENT

AUTHORITY: The Robert T. Stafford Disaster Relief and Emergency Assistance Act as amended, 42 U.S.C. § 5121 -5207 and Reorganization Plan No. 3 of 1978; 4 U.S.C. §§ 2904 and 2906; 4 C.F.R. § 206.2(a)(27); the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. 104-193) and Executive Order 13411. DHS asks for your SSN pursuant to the Debt Collection Improvement Act of 1996, 31 U.S.C. § 3325(d) and § 7701(c) (1).

PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of determining eligibility and administering financial assistance under a Presidentially-declared disaster. Additionally, information may be reviewed within FEMA for quality assurance purposes and used to assess FEMA's customer service to disaster assistance applicants.

ROUTINE USE(S): The information on this form may be shared outside of FEMA as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes sharing this information with state, tribal, local, and voluntary organizations to enable you to receive additional disaster assistance and as necessary and authorized by other routine uses published in DHS/FEMA-008 Disaster Recovery Assistance Files System of Records, 78 Fed. Reg. 25,282 (April 30, 2013), and upon written request, by agreement, or as required by law.

DISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving disaster assistance.

DECLARATION AND RELEASE

In order to be eligible to receive FEMA Disaster Assistance, a member of the household must be a citizen, non-citizen national or qualified alien of the United States. **Please read the form carefully, sign the sheet and return it to the Inspector, and show him/her a current form of photo identification.** Please feel free to consult with an attorney or other immigration expert if you have any questions.

I hereby declare, under penalty of perjury that (check one):

- I am a citizen or non-citizen national of the United States.
 I am a qualified alien of the United States.
 I am the parent or guardian of a minor child who resides with me and who is a citizen, non-citizen national or qualified alien of the United States. Print full name and age of minor child: _____

By my signature I certify that:

- * Only one application has been submitted for my household.
- * All information I have provided regarding my application for FEMA disaster assistance is true and correct to the best of my knowledge.
- * I will return any disaster aid money I received from FEMA or the State if I receive insurance or other money for the same loss, or if I do not use FEMA disaster aid money for the purpose for which it was intended.

I understand that, if I intentionally make false statements or conceal any information in an attempt to obtain disaster aid, it is a violation of federal and State laws, which carry severe criminal and civil penalties, including a fine up to \$250,000, imprisonment, or both (18 U.S.C. §§ 287, 1001, and 3571).

I understand that the information provided regarding my application for FEMA disaster assistance may be subject to sharing within the Department of Homeland Security (DHS) including, but not limited to, the Bureau of Immigration and Customs Enforcement.

I authorize FEMA to verify all information given by me about my property/place of residence, income, employment and dependents in order to determine my eligibility for disaster assistance; and

I authorize all custodians of records of my insurance, employer, any public or private entity, bank financial or credit data service to release information to FEMA and/or the State upon request.

NAME (print) <i>William Hass</i>	SIGNATURE <i>William Hass</i>	DATE OF BIRTH <i>12-8-1967</i>	DATE SIGNED <i>1-17-2017</i>
INSPECTOR ID #	FEMA APPLICATION #	DISASTER #	
ADDRESS OF DAMAGED PROPERTY <i>506 S FIRST ST,</i>	CITY <i>PACIFIC</i>	STATE <i>MO</i>	ZIP CODE <i>63069</i>

HMGP Property Site Inventory Form (PSI)

Use one page for each property

Owner Information:

First Name: Virginia Last Name: Carmier Co-Owner: _____
Property Address: 520 South Third

City: Pacific State: MO Zip Code: 63069 County: Franklin

Title Holder Post Mitigation (community undertaking project): City of Pacific

Mitigation Property Site Action: Acquisition / Demolition **Mitigation Property Site Comments:** SF Res.

Property Information:

Age of Structure (year built):	<u>1930</u>	Total Square Feet of Living Space:	<u>1756</u>
Pre-Event Fair Market Value:	<u>\$72,732</u>	Type of Residence:	<u>Other (Specify in Comments)</u>
Parcel Number:	<u>19-1-12.0-</u>	Structure Type:	<u>1 story, w/o basement</u>
<u>4-003-255.000</u>		Foundation Type:	<u>Slab on Grade</u>
Property Tax Id:	<u>19-1-</u>	Basement:	<u>No</u>
<u>12.0-4-003-255.000</u>		Base Flood Elevation:	<u>463.3</u>
Latitude:	<u>38.477395</u>	First Floor Elevation:	_____
Longitude:	<u>-90.743748</u>	Number of feet the lowest floor elevation of the structure is being raised above Base Flood Elevation (Only applicable when Property Action is Elevation):	<u>n/a</u>
SHPO Cleared: ☉	<u>Yes</u>	Damage Category:	<u>0-49% Damaged</u>
SHPO Cleared Date: ☉	<u>2/20/2018</u>	Post Mitigation Property Use:	<u>open space</u>
Benefit Cost Analysis:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If commercial property what is the primary usage, explain below in comments.	
Performed: By Whom: <u>DPR</u>			
Benefit Cost Ratio:	<u>2.98</u>		
Average cost per square foot for residential & commercial construction in the community: <u>\$120</u>			

National Flood Insurance Program Information:

Flood Source: Riverine Flooding Structure Located in: Floodplain

Note: An NFIP repetitive loss structure is defined as building with 2 or more insured losses greater than \$1,000 within a 10-year period.

Repetitive Loss Structure: Unknown 2-3 insured Losses cumulatively <= building fair market value
Repetitive Loss Number: _____ 2-3 insured Losses cumulatively > building fair market value
 4 or more insured losses since 1978
 Not Applicable

NFIP Policy Number: ☉ _____ Insurance Policy Provider: ☉ _____

Is there a Flood Insurance Rate Map (FIRM) available? Yes No

Is the property site marked on the map? Yes, map attached

Flood Zone Designation:

VE or V 1-30 C or X (unshaded) AE or A 1-30 AO or AH
 B or X (shaded) Floodway A (no base flood elevation given)

FIRM Community Information:

Community: City of Pacific

Map Specific Information for Selected Community:

Panel Number: 290170355D Date: 10/18/2011

Legal Description: ☉ Lot 233 & Part of 232 of Old Town of Franklin

Comments: property has had severe flooding in 2008, 2015, 2017. Should be on the RL list

☉ (This information is not required until the project is approved, but would be helpful if you can provide it at the time of application.)

520 South Third



National Flood Hazard Layer FIRMette



Legend

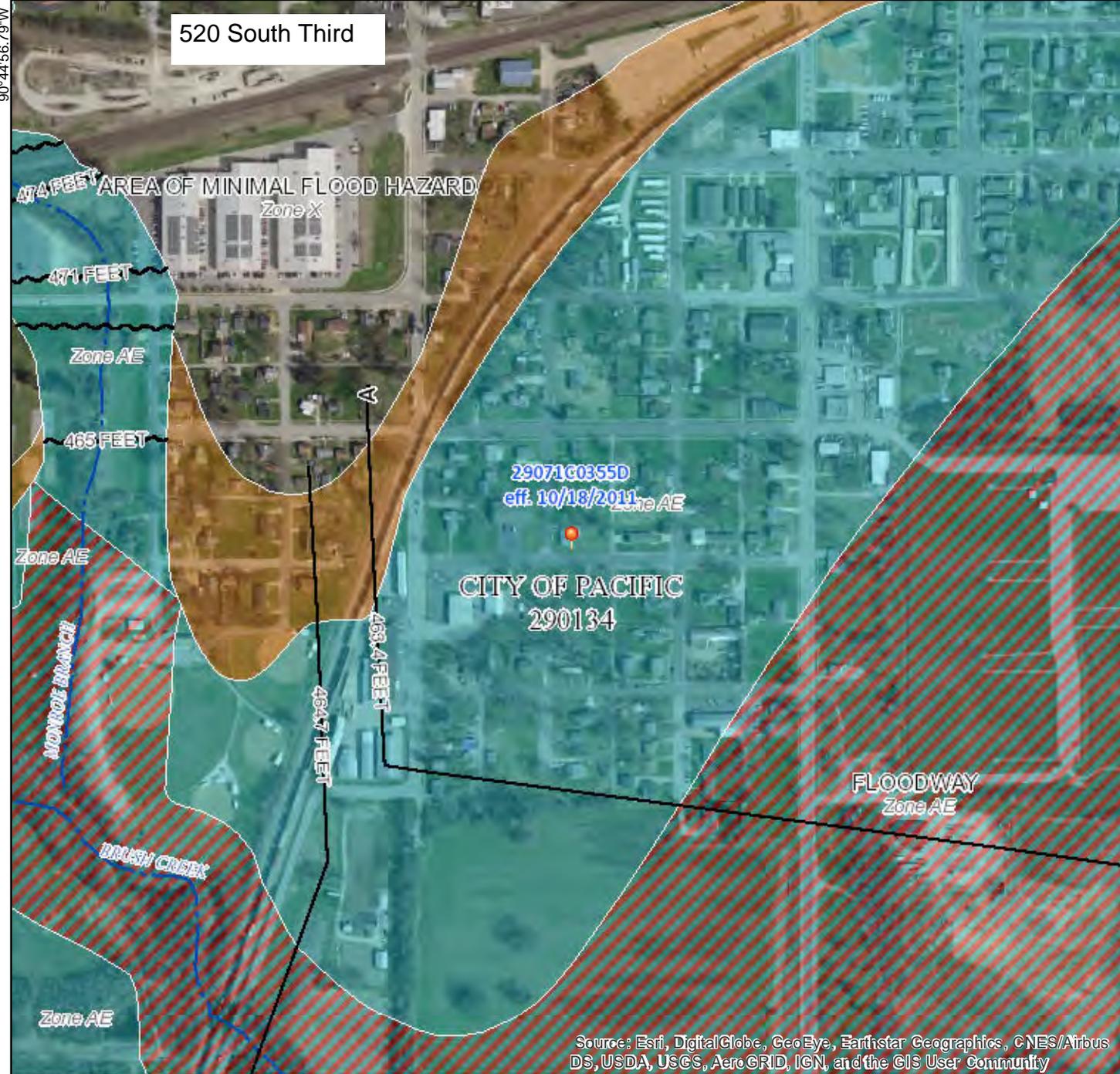
SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

- | | | |
|------------------------------------|--|---|
| SPECIAL FLOOD HAZARD AREAS | | Without Base Flood Elevation (BFE)
Zone A, V, A99 |
| | | With BFE or Depth |
| | | Regulatory Floodway Zone AE, AO, AH, VE, AR |
| OTHER AREAS OF FLOOD HAZARD | | 0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X |
| | | Future Conditions 1% Annual Chance Flood Hazard Zone X |
| | | Area with Reduced Flood Risk due to Levee. See Notes. Zone X |
| | | Area with Flood Risk due to Levee Zone D |
| OTHER AREAS | | NO SCREEN Area of Minimal Flood Hazard Zone X |
| | | Effective LOMRs |
| | | Area of Undetermined Flood Hazard Zone D |
| GENERAL STRUCTURES | | Channel, Culvert, or Storm Sewer |
| | | Levee, Dike, or Floodwall |
| OTHER FEATURES | | 20.2 Cross Sections with 1% Annual Chance |
| | | 17.5 Water Surface Elevation |
| | | Coastal Transect |
| | | Base Flood Elevation Line (BFE) |
| | | Limit of Study |
| | | Jurisdiction Boundary |
| | | Coastal Transect Baseline |
| | | Profile Baseline |
| | | Hydrographic Feature |
| MAP PANELS | | Digital Data Available |
| | | No Digital Data Available |
| | | Unmapped |



38°28'53.20"N

520 South Third



Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community

0 250 500 1,000 1,500 2,000 Feet 1:6,241.13 38°28'23.90"N 90°44'17.83"W

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The base map shown complies with FEMA's base map accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 2/15/2018 at 9:55:14 AM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: base map imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
**Statement of Voluntary Participation for
Acquisition of Property for Purpose of Open Space
FEMA's Hazard Mitigation Assistance Programs**

O.M.B. No. 1660-0103
Expires August 31, 2011

THIS AGREEMENT is made and entered into this on (date) Feb 5, 2018, by and between (name of Subgrantee) City of Pacific, Missouri, hereinafter referred to as "Subgrantee," and (property owner) Virginia Carmier, hereinafter referred to as "Seller." The parties agree as follows:

1. Seller affirms that I/we own the property located at (legal address) 520 S. Third Street, hereinafter referred to as "property."
2. Subgrantee has notified Seller that the Subgrantee may wish to purchase the referenced property, and, if Seller agrees to sell, Seller must permanently relocate from property.
3. Subgrantee has identified that the purchase offer valuation of the property as of (date) 1-19-2018 is \$ 23136, as determined by appropriate valuation procedures implemented by Subgrantee and based on FEMA acquisition requirements provided in 44 C.F.R. Part 80, and relevant program guidance as documented below (e.g., *Pre-Disaster Mitigation, Hazard Mitigation Grant Program, Flood Mitigation Assistance*). _____
4. Subgrantee has notified the Seller that **neither the State nor the Local Government will use its eminent domain authority to acquire the property for open-space purpose if the Seller chooses not to participate, or if negotiations fail.**
5. Subgrantee has notified Seller that if the Seller agrees to sell the property to the Subgrantee the transaction is voluntary and the Seller is not entitled to relocation benefits provided by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, which are available to property owners who must sell their properties involuntarily.
6. Subgrantee affirms that it has provided the notifications and explained the information described in the preceding paragraphs to the seller, and property identified above is not a part of an intended, planned, or designated project area where all or substantially all of the property within the area is to be acquired within specific time limits.
7. This Agreement shall expire on (date of closing) _____, unless Seller has voluntarily sold Property to the Subgrantee by that date.

Virginia Carmier
Property Owner Signature

Property Owner Signature

[Signature]
Subgrantee's Authorized Agent Signature

2-22-18
Date

Date

Feb 5, 2018
Date

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1 hour per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is voluntary. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington VA 20598-3005, Paperwork Reduction Project (1660-0103). **NOTE: DO NOT SEND YOUR COMPLETED FORM TO THIS ADDRESS.**

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
DECLARATION AND RELEASE

O.M.B. No. 1660-0002
Expires July 31, 2017

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 2 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0002)
NOTE: Do not send your completed form to this address.

PRIVACY ACT STATEMENT

AUTHORITY: The Robert T. Stafford Disaster Relief and Emergency Assistance Act as amended, 42 U.S.C. § 5121 -5207 and Reorganization Plan No. 3 of 1978; 4 U.S.C. §§ 2904 and 2906; 4 C.F.R. § 206.2(a)(27); the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. 104-193) and Executive Order 13411. DHS asks for your SSN pursuant to the Debt Collection Improvement Act of 1996, 31 U.S.C. § 3325(d) and § 7701(c) (1).

PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of determining eligibility and administering financial assistance under a Presidentially-declared disaster. Additionally, information may be reviewed within FEMA for quality assurance purposes and used to assess FEMA's customer service to disaster assistance applicants.

ROUTINE USE(S): The information on this form may be shared outside of FEMA as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes sharing this information with state, tribal, local, and voluntary organizations to enable you to receive additional disaster assistance and as necessary and authorized by other routine uses published in DHS/FEMA-008 Disaster Recovery Assistance Files System of Records, 78 Fed. Reg. 25,282 (April 30, 2013), and upon written request, by agreement, or as required by law.

DISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving disaster assistance.

DECLARATION AND RELEASE

In order to be eligible to receive FEMA Disaster Assistance, a member of the household must be a citizen, non-citizen national or qualified alien of the United States. **Please read the form carefully, sign the sheet and return it to the Inspector, and show him/her a current form of photo identification.** Please feel free to consult with an attorney or other immigration expert if you have any questions.

I hereby declare, under penalty of perjury that (check one):

- I am a citizen or non-citizen national of the United States.
- I am a qualified alien of the United States
- I am the parent or guardian of a minor child who resides with me and who is a citizen, non-citizen national or qualified alien of the United States. Print full name and age of minor child: _____

By my signature I certify that:

- * Only one application has been submitted for my household.
- * All information I have provided regarding my application for FEMA disaster assistance is true and correct to the best of my knowledge.
- * I will return any disaster aid money I received from FEMA or the State if I receive insurance or other money for the same loss, or if I do not use FEMA disaster aid money for the purpose for which it was intended.

I understand that, if I intentionally make false statements or conceal any information in an attempt to obtain disaster aid, it is a violation of federal and State laws, which carry severe criminal and civil penalties, including a fine up to \$250,000, imprisonment, or both (18 U.S.C. §§ 287, 1001, and 3571).

I understand that the information provided regarding my application for FEMA disaster assistance may be subject to sharing within the Department of Homeland Security (DHS) including, but not limited to, the Bureau of Immigration and Customs Enforcement.

I authorize FEMA to verify all information given by me about my property/place of residence, income, employment and dependents in order to determine my eligibility for disaster assistance; and

I authorize all custodians of records of my insurance, employer, any public or private entity, bank financial or credit data service to release information to FEMA and/or the State upon request.

NAME (print) <i>Virginia Carmier</i>	SIGNATURE <i>Virginia Carmier</i>	DATE OF BIRTH <i>07-13-53</i>	DATE SIGNED <i>2-22-18</i>
INSPECTOR ID #	FEMA APPLICATION #	DISASTER # DR 4317	
ADDRESS OF DAMAGED PROPERTY 520 S. Third Street	CITY Pacific	STATE MO	ZIP CODE 63069

HMGP Property Site Inventory Form (PSI)

Use one page for each property

Owner Information:

First Name: Gail Last Name: Shoultz Co-Owner: _____
Property Address: 526 South First

City: Pacific State: MO Zip Code: 63069 County: Franklin

Title Holder Post Mitigation (community undertaking project): City of Pacific

Mitigation Property Site Action: Acquisition / Demolition **Mitigation Property Site Comments:** SF Res.

Property Information:

Age of Structure (year built):	<u>1953</u>	Total Square Feet of Living Space:	<u>2412</u>
Pre-Event Fair Market Value:	<u>\$119,136.00</u>	Type of Residence:	<u>Other (Specify in Comments)</u>
Parcel Number:	<u>19-1-12.0-</u>	Structure Type:	<u>1 or 2 story, with basement</u>
<u>4-002-262.000</u>		Foundation Type:	<u>Basement</u>
Property Tax Id:	<u>19-1-</u>	Basement:	<u>Yes</u>
<u>12.0-4-002-262.000</u>		Base Flood Elevation:	<u>463.3</u>
Latitude:	<u>38.477196</u>	First Floor Elevation:	_____
Longitude:	<u>-90.741114</u>	Number of feet the lowest floor elevation of the structure is being raised above Base Flood Elevation (Only applicable when Property Action is Elevation):	<u>n/a</u>
SHPO Cleared: ☉	<u>Yes</u>	Damage Category:	<u>50-100% Damaged</u>
SHPO Cleared Date: ☉	<u>2/22/2018</u>	Post Mitigation Property Use:	<u>open space</u>
Benefit Cost Analysis:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If commercial property what is the primary usage, explain below in comments.	
Performed: By Whom:	<u>DPR</u>		
Benefit Cost Ratio:	<u>1.98</u>		

Average cost per square foot for residential & commercial construction in the community: \$120

National Flood Insurance Program Information:

Flood Source: Riverine Flooding Structure Located in: Floodplain

Note: An NFIP repetitive loss structure is defined as building with 2 or more insured losses greater than \$1,000 within a 10-year period.

Repetitive Loss Structure: Unknown 2-3 insured Losses cumulatively <= building fair market value
Repetitive Loss Number: _____ 2-3 insured Losses cumulatively > building fair market value
 4 or more insured losses since 1978
 Not Applicable

NFIP Policy Number: ☉ _____ Insurance Policy Provider: ☉ _____

Is there a Flood Insurance Rate Map (FIRM) available? Yes No

Is the property site marked on the map? Yes, map attached

Flood Zone Designation:

VE or V 1-30 C or X (unshaded) AE or A 1-30 AO or AH
 B or X (shaded) Floodway A (no base flood elevation given)

FIRM Community Information:

Community: City of Pacific

Map Specific Information for Selected Community:

Panel Number: 290170355D Date: 10/18/2011

Legal Description: ☉ LOT:1 TAETZ ADDN

Comments: Property is not occupied because of substantial damage. Property has seen severe flooding in 1994, 2008, 2015 and 2017

Assessor Records

PIN: 19-1-12.0-4-002-262.000
 ENS:
 Master Tax Dist 111
Subd: TAETZ
Deedholders
 Acres: 0.0000
 Section 12
 Township
 Range
 SHOULTS,RICHARD L&GAIL M
 DBA:

Situs Address:
 Mailing Address:
 Legal Description:

526 S FIRST ST
 SHOULTS,RICHARD L&GAIL M
 LOT:1 TAETZ ADDN
 PACIFIC MO 63069
 526 S FIRST ST
 PACIFIC MO 63069-0000

Property Market Value			Property Assessed Value				
	Land	Building	Total Value		Land	Building	Total Value
Agricultural:	\$0	\$0	\$0	Agricultural:	\$0	\$0	\$0
Residential:	\$21,120	\$78,160	\$99,280	Residential:	\$4,013	\$14,850	\$18,863
Commercial:	\$0	\$0	\$0	Commercial:	\$0	\$0	\$0
Exempt:	0.0000	\$0	\$0	Exempt:	\$0	\$0	\$0
		Total Value:	\$99,280			Total Value:	\$18,863

Values are **2015 Certified**

526 South First



National Flood Hazard Layer FIRMette



Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS		Without Base Flood Elevation (BFE) Zone A, V, A99
		With BFE or Depth Regulatory Floodway Zone AE, AO, AH, VE, AR

OTHER AREAS OF FLOOD HAZARD		0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
		Future Conditions 1% Annual Chance Flood Hazard Zone X
		Area with Reduced Flood Risk due to Levee. See Notes. Zone X
		Area with Flood Risk due to Levee Zone D

OTHER AREAS		NO SCREEN Area of Minimal Flood Hazard Zone X
		Effective LOMRs
		Area of Undetermined Flood Hazard Zone D

GENERAL STRUCTURES		Channel, Culvert, or Storm Sewer
		Levee, Dike, or Floodwall

OTHER FEATURES		20.2 Cross Sections with 1% Annual Chance
		17.5 Water Surface Elevation
		Coastal Transect
		Base Flood Elevation Line (BFE)
		Limit of Study
		Jurisdiction Boundary

MAP PANELS		Digital Data Available
		No Digital Data Available
		Unmapped

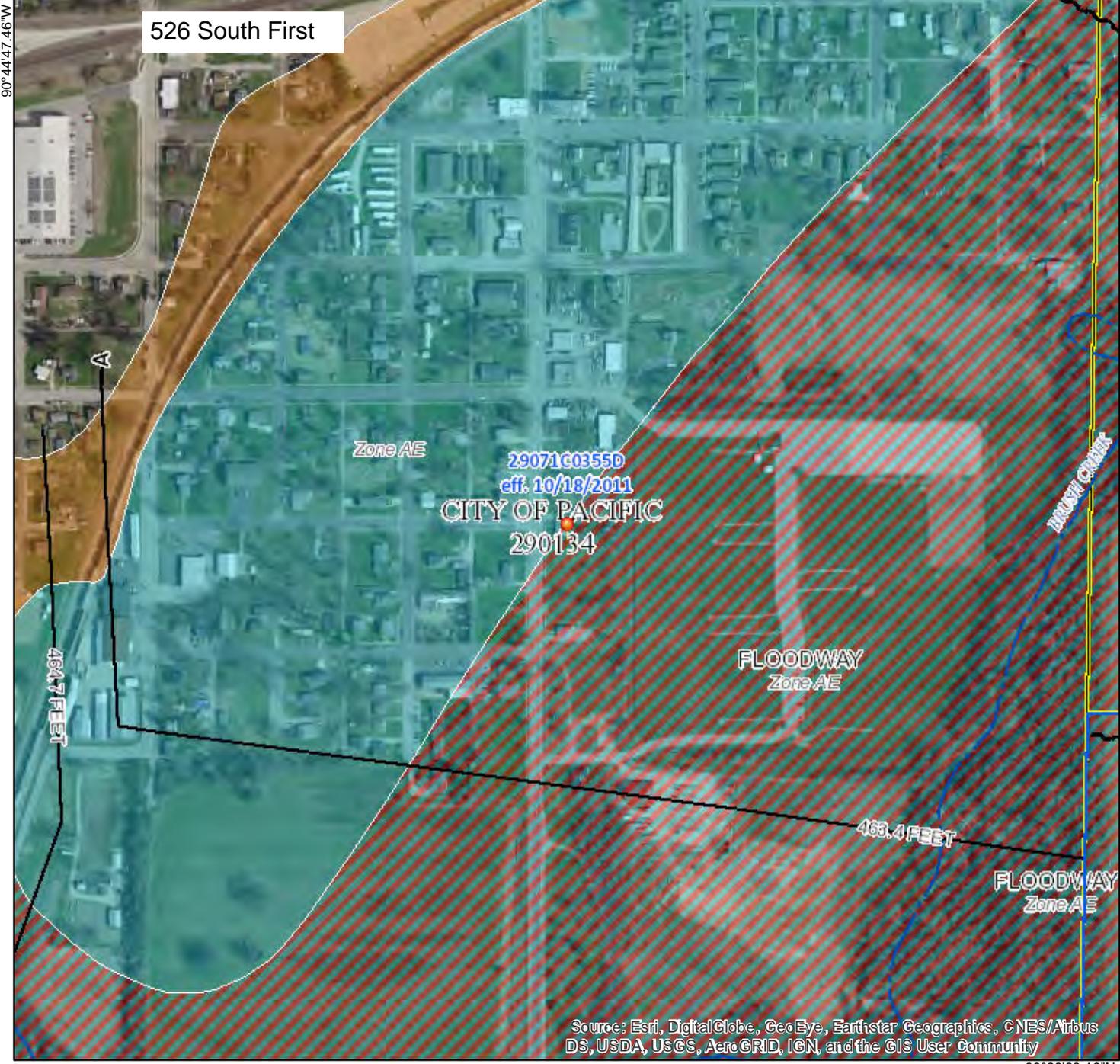


This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The base map shown complies with FEMA's base map accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 2/15/2018 at 10:41:19 AM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: base map imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

38°28'52.46"N



0 250 500 1,000 1,500 2,000 Feet 1:6,241.13 38°28'23.16"N

Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community

90°44'8.51"W

90°44'47.46"W

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
**Statement of Voluntary Participation for
Acquisition of Property for Purpose of Open Space
FEMA's Hazard Mitigation Assistance Programs**

O.M.B. No. 1660-0103
Expires August 31, 2011

THIS AGREEMENT is made and entered into this on (date) Feb 5, 2018, by and between (name of Subgrantee) City of Pacific, Missouri, hereinafter referred to as "Subgrantee," and (property owner) Richard L and Gail M Shoults, hereinafter referred to as "Seller." The parties agree as follows:

1. Seller affirms that I/we own the property located at (legal address) 526 S. First Street, hereinafter referred to as "property."
2. Subgrantee has notified Seller that the Subgrantee may wish to purchase the referenced property, and, if Seller agrees to sell, Seller must permanently relocate from property.
3. Subgrantee has identified that the purchase offer valuation of the property as of (date) 1-19-2018 is \$ 119,136, as determined by appropriate valuation procedures implemented by Subgrantee and based on FEMA acquisition requirements provided in 44 C.F.R. Part 80, and relevant program guidance as documented below (e.g., *Pre-Disaster Mitigation, Hazard Mitigation Grant Program, Flood Mitigation Assistance*).
4. Subgrantee has notified the Seller that **neither the State nor the Local Government will use its eminent domain authority to acquire the property for open-space purpose if the Seller chooses not to participate, or if negotiations fail.**
5. Subgrantee has notified Seller that if the Seller agrees to sell the property to the Subgrantee the transaction is voluntary and the Seller is not entitled to relocation benefits provided by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, which are available to property owners who must sell their properties involuntarily.
6. Subgrantee affirms that it has provided the notifications and explained the information described in the preceding paragraphs to the seller, and property identified above is not a part of an intended, planned, or designated project area where all or substantially all of the property within the area is to be acquired within specific time limits.
7. This Agreement shall expire on (date of closing) _____, unless Seller has voluntarily sold Property to the Subgrantee by that date.

Gail M Shoults
Property Owner Signature

[Signature]
Property Owner Signature

[Signature]
Subgrantee's Authorized Agent Signature

2-7-2018
Date

Date

Feb 5, 2018
Date

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1 hour per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is voluntary. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington VA 20598-3005, Paperwork Reduction Project (1660-0103). **NOTE: DO NOT SEND YOUR COMPLETED FORM TO THIS ADDRESS.**

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
DECLARATION AND RELEASE

O.M.B. No. 1660-0002
Expires July 31, 2017

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 2 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0002)
NOTE: Do not send your completed form to this address.

PRIVACY ACT STATEMENT

AUTHORITY: The Robert T. Stafford Disaster Relief and Emergency Assistance Act as amended, 42 U.S.C. § 5121 -5207 and Reorganization Plan No. 3 of 1978; 4 U.S.C. §§ 2904 and 2906; 4 C.F.R. § 206.2(a)(27); the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. 104-193) and Executive Order 13411. DHS asks for your SSN pursuant to the Debt Collection Improvement Act of 1996, 31 U.S.C. § 3325(d) and § 7701(c) (1).

PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of determining eligibility and administering financial assistance under a Presidentially-declared disaster. Additionally, information may be reviewed within FEMA for quality assurance purposes and used to assess FEMA's customer service to disaster assistance applicants.

ROUTINE USE(S): The information on this form may be shared outside of FEMA as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes sharing this information with state, tribal, local, and voluntary organizations to enable you to receive additional disaster assistance and as necessary and authorized by other routine uses published in DHS/FEMA-008 Disaster Recovery Assistance Files System of Records, 78 Fed. Reg. 25,282 (April 30, 2013), and upon written request, by agreement, or as required by law.

DISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving disaster assistance.

DECLARATION AND RELEASE

In order to be eligible to receive FEMA Disaster Assistance, a member of the household must be a citizen, non-citizen national or qualified alien of the United States. **Please read the form carefully, sign the sheet and return it to the Inspector, and show him/her a current form of photo identification.** Please feel free to consult with an attorney or other immigration expert if you have any questions.

I hereby declare, under penalty of perjury that (check one):

- I am a citizen or non-citizen national of the United States.
- I am a qualified alien of the United States.
- I am the parent or guardian of a minor child who resides with me and who is a citizen, non-citizen national or qualified alien of the United States. Print full name and age of minor child: _____

By my signature I certify that:

- * Only one application has been submitted for my household.
- * All information I have provided regarding my application for FEMA disaster assistance is true and correct to the best of my knowledge.
- * I will return any disaster aid money I received from FEMA or the State if I receive insurance or other money for the same loss, or if I do not use FEMA disaster aid money for the purpose for which it was intended.

I understand that, if I intentionally make false statements or conceal any information in an attempt to obtain disaster aid, it is a violation of federal and State laws, which carry severe criminal and civil penalties, including a fine up to \$250,000, imprisonment, or both (18 U.S.C. §§ 287, 1001, and 3571).

I understand that the information provided regarding my application for FEMA disaster assistance may be subject to sharing within the Department of Homeland Security (DHS) including, but not limited to, the Bureau of Immigration and Customs Enforcement.

I authorize FEMA to verify all information given by me about my property/place of residence, income, employment and dependents in order to determine my eligibility for disaster assistance; and

I authorize all custodians of records of my insurance, employer, any public or private entity, bank financial or credit data service to release information to FEMA and/or the State upon request.

NAME (print) Gail M Shoults	SIGNATURE Gail M Shoults	DATE OF BIRTH 1-29-1956	DATE SIGNED 2-7-2018
INSPECTOR ID #	FEMA APPLICATION #	DISASTER # DR 4317	
ADDRESS OF DAMAGED PROPERTY 526 S. First Street	CITY Pacific	STATE MO	ZIP CODE 63069

HMGP Property Site Inventory Form (PSI)

Use one page for each property

Owner Information:

First Name: Gallagher Properties LLC Last Name: _____ Co-Owner: _____
Property Address: 611 South First

City: Pacific State: MO Zip Code: 63069 County: Franklin

Title Holder Post Mitigation (community undertaking project): City of Pacific

Mitigation Property Site Action: Acquisition / Demolition **Mitigation Property Site Comments:** SF Res.

Property Information:

Age of Structure (year built):	<u>1959</u>	Total Square Feet of Living Space:	<u>2808</u>
Pre-Event Fair Market Value:	<u>\$52,876.80</u>	Type of Residence:	<u>Rental</u>
Parcel Number:	<u>19-1-12.0-</u>	Structure Type:	<u>1 or 2 story, with basement</u>
<u>4-001-269.000</u>		Foundation Type:	<u>Crawl Space</u>
Property Tax Id:	<u>19-1-</u>	Basement:	<u>No</u>
<u>12.0-4-001-269.000</u>		Base Flood Elevation:	<u>463.3</u>
Latitude:	<u>38.476824</u>	First Floor Elevation:	_____
Longitude:	<u>-90.741680</u>	Number of feet the lowest floor elevation of the structure is being raised above Base Flood Elevation (Only applicable when Property Action is Elevation):	<u>n/a</u>
SHPO Cleared: ☉	<u>Yes</u>	Damage Category:	<u>0-49% Damaged</u>
SHPO Cleared Date: ☉	<u>2/20/2018</u>	Post Mitigation Property Use:	<u>open space</u>
Benefit Cost Analysis:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If commercial property what is the primary usage, explain below in comments.	
Performed: By Whom: <u>DPR</u>			
Benefit Cost Ratio:	<u>3.79</u>		
Average cost per square foot for residential & commercial construction in the community: <u>\$120</u>			

National Flood Insurance Program Information:

Flood Source: Riverine Flooding Structure Located in: Floodplain

Note: An NFIP repetitive loss structure is defined as building with 2 or more insured losses greater than \$1,000 within a 10-year period.

Repetitive Loss Structure: Unknown 2-3 insured Losses cumulatively <= building fair market value
Repetitive Loss Number: _____ 2-3 insured Losses cumulatively > building fair market value
 4 or more insured losses since 1978
 Not Applicable

NFIP Policy Number: ☉ _____ Insurance Policy Provider: ☉ _____

Is there a Flood Insurance Rate Map (FIRM) available? Yes No

Is the property site marked on the map? Yes, map attached

Flood Zone Designation:

VE or V 1-30 C or X (unshaded) AE or A 1-30 AO or AH
 B or X (shaded) Floodway A (no base flood elevation given)

FIRM Community Information:

Community: City of Pacific

Map Specific Information for Selected Community:

Panel Number: 290170355D Date: 10/18/2011

Legal Description: ☉ Lot 2 & 3 of Rethwilms Addition

Comments: Severe flooding in 2008, 2015, 2017

☉ (This information is not required until the project is approved, but would be helpful if you can provide it at the time of application.)

Assessor Records

PIN: 19-1-12.0-4-001-269.000
 ENS:
 Subd: RETHWILMS
 Master Tax Dist 111
Deedholders
 Acres: 0.0000
 Section 12
 Township
 Range
 GALLAGHER PROPERTIES LLC
 DBA:

Situs Address:
 Mailing Address:
 Legal Description:

611 S FIRST ST
 GALLAGHER PROPERTIES LLC
 PACIFIC MO 63069
 212 E UNION

 PACIFIC MO 63069-0000
 LOT:2&3 RETHWILMS ADDN

Property Market Value			Property Assessed Value				
	Land	Building	Total Value		Land	Building	Total Value
Agricultural:	\$0	\$0	\$0	Agricultural:	\$0	\$0	\$0
Residential:	\$24,480	\$0	\$24,480	Residential:	\$4,651	\$0	\$4,651
Commercial:	\$0	\$0	\$0	Commercial:	\$0	\$0	\$0
Exempt:	0.0000	\$0	\$0	Exempt:	\$0	\$0	\$0
		Total Value:	\$24,480		Total Value:		\$4,651

Values are **2015 Certified**

611 South First



National Flood Hazard Layer FIRMette



Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS	Without Base Flood Elevation (BFE) Zone A, V, A99	With BFE or Depth
		Regulatory Floodway Zone AE, AO, AH, VE, AR

OTHER AREAS OF FLOOD HAZARD	0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X	Future Conditions 1% Annual Chance Flood Hazard Zone X	Area with Reduced Flood Risk due to Levee. See Notes. Zone X	Area with Flood Risk due to Levee Zone D

OTHER AREAS	Area of Minimal Flood Hazard Zone X	Effective LOMRs	Area of Undetermined Flood Hazard Zone D

GENERAL STRUCTURES	Channel, Culvert, or Storm Sewer	Levee, Dike, or Floodwall

OTHER FEATURES	Cross Sections with 1% Annual Chance Water Surface Elevation	Coastal Transect	Base Flood Elevation Line (BFE)	Limit of Study	Jurisdiction Boundary	Coastal Transect Baseline	Profile Baseline	Hydrographic Feature

MAP PANELS	Digital Data Available	No Digital Data Available	Unmapped

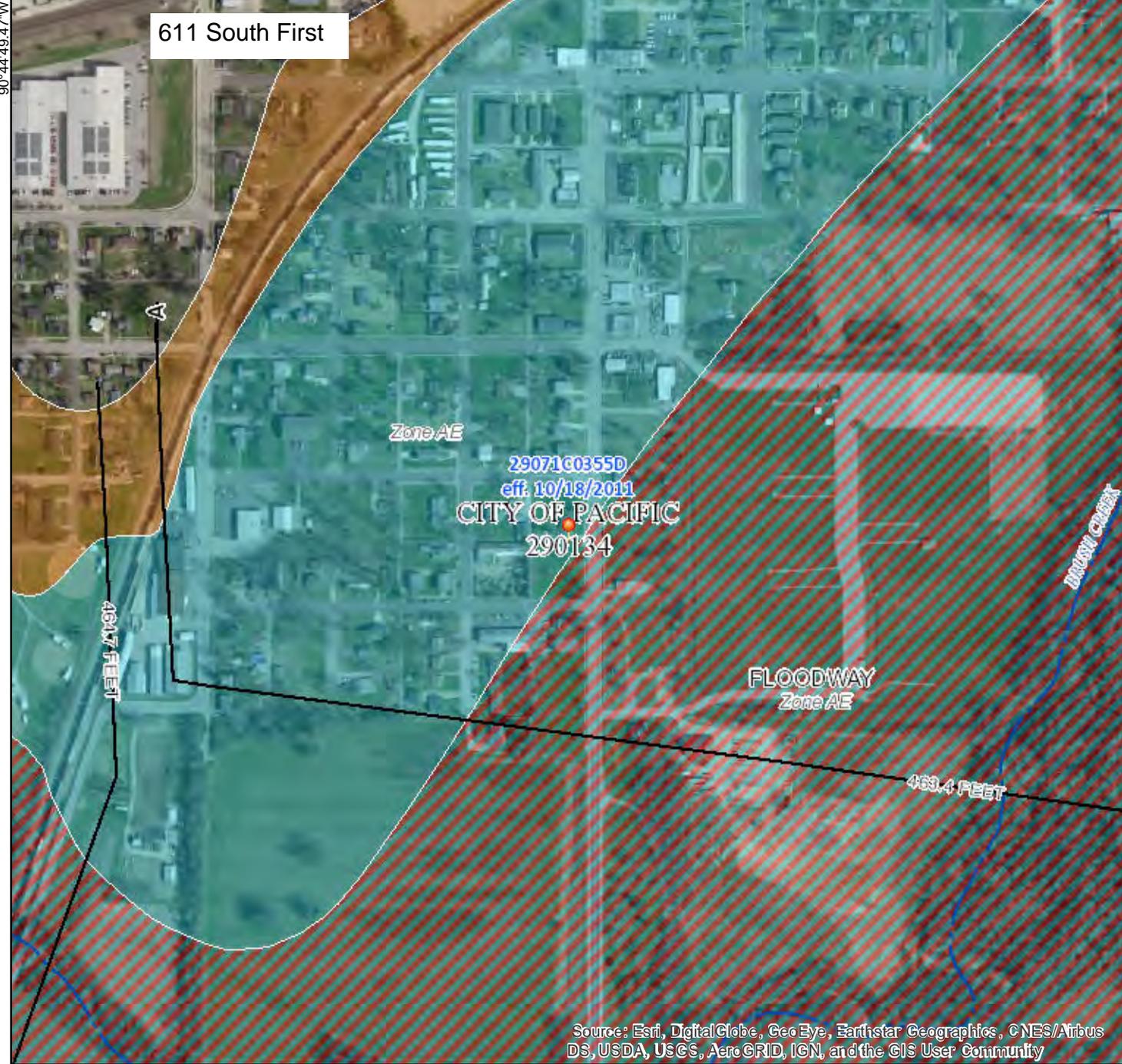


This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The base map shown complies with FEMA's base map accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on **2/20/2018 at 10:13:54 AM** and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: base map imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

38°28'51.15"N



90°44'49.47"W

90°44'10.50"W

Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community

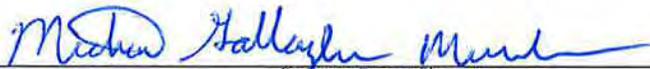
0 250 500 1,000 1,500 2,000 Feet 1:6,241.13 38°28'21.85"N

DEPARTMENT OF HOMELAND SECURITY
 FEDERAL EMERGENCY MANAGEMENT AGENCY
**Statement of Voluntary Participation for
 Acquisition of Property for Purpose of Open Space
 FEMA's Hazard Mitigation Assistance Programs**

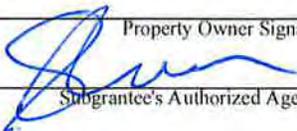
O.M.B. No. 1660-0103
 Expires August 31, 2011

THIS AGREEMENT is made and entered into this on (date) Feb 5, 2018, by and between (name of Subgrantee) City of Pacific, Missouri, hereinafter referred to as "Subgrantee," and (property owner) Gallagher Properties LLC, hereinafter referred to as "Seller." The parties agree as follows:

1. Seller affirms that I/we own the property located at (legal address) 611 S. First Street, hereinafter referred to as "property."
2. Subgrantee has notified Seller that the Subgrantee may wish to purchase the referenced property, and, if Seller agrees to sell, Seller must permanently relocate from property.
3. Subgrantee has identified that the purchase offer valuation of the property as of (date) 1-19-2018 is \$ 29376, as determined by appropriate valuation procedures implemented by Subgrantee and based on FEMA acquisition requirements provided in 44 C.F.R. Part 80, and relevant program guidance as documented below (e.g., *Pre-Disaster Mitigation, Hazard Mitigation Grant Program, Flood Mitigation Assistance*). _____
4. Subgrantee has notified the Seller that **neither the State nor the Local Government will use its eminent domain authority to acquire the property for open-space purpose if the Seller chooses not to participate, or if negotiations fail.**
5. Subgrantee has notified Seller that if the Seller agrees to sell the property to the Subgrantee the transaction is voluntary and the Seller is not entitled to relocation benefits provided by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, which are available to property owners who must sell their properties involuntarily.
6. Subgrantee affirms that it has provided the notifications and explained the information described in the preceding paragraphs to the seller, and property identified above is not a part of an intended, planned, or designated project area where all or substantially all of the property within the area is to be acquired within specific time limits.
7. This Agreement shall expire on (date of closing) _____, unless Seller has voluntarily sold Property to the Subgrantee by that date.


 Property Owner Signature

 Property Owner Signature


 Subgrantee's Authorized Agent Signature

<u>2-5-18</u>
Date
Date
Feb 5, 2018
Date

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1 hour per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is voluntary. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington VA 20598-3005, Paperwork Reduction Project (1660-0103). **NOTE: DO NOT SEND YOUR COMPLETED FORM TO THIS ADDRESS.**

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
DECLARATION AND RELEASE

O.M.B. No. 1660-0002
Expires July 31, 2017

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 2 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0002)
NOTE: Do not send your completed form to this address.

PRIVACY ACT STATEMENT

AUTHORITY: The Robert T. Stafford Disaster Relief and Emergency Assistance Act as amended, 42 U.S.C. § 5121 -5207 and Reorganization Plan No. 3 of 1978; 4 U.S.C. §§ 2904 and 2906; 4 C.F.R. § 206.2(a)(27); the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. 104-193) and Executive Order 13411. DHS asks for your SSN pursuant to the Debt Collection Improvement Act of 1996, 31 U.S.C. § 3325(d) and § 7701(c) (1).

PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of determining eligibility and administering financial assistance under a Presidentially-declared disaster. Additionally, information may be reviewed within FEMA for quality assurance purposes and used to assess FEMA's customer service to disaster assistance applicants.

ROUTINE USE(S): The information on this form may be shared outside of FEMA as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes sharing this information with state, tribal, local, and voluntary organizations to enable you to receive additional disaster assistance and as necessary and authorized by other routine uses published in DHS/FEMA-008 Disaster Recovery Assistance Files System of Records, 78 Fed. Reg. 25,282 (April 30, 2013), and upon written request, by agreement, or as required by law.

DISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving disaster assistance.

DECLARATION AND RELEASE

In order to be eligible to receive FEMA Disaster Assistance, a member of the household must be a citizen, non-citizen national or qualified alien of the United States. **Please read the form carefully, sign the sheet and return it to the Inspector, and show him/her a current form of photo identification.** Please feel free to consult with an attorney or other immigration expert if you have any questions.

I hereby declare, under penalty of perjury that (check one):

- I am a citizen or non-citizen national of the United States.
- I am a qualified alien of the United States.
- I am the parent or guardian of a minor child who resides with me and who is a citizen, non-citizen national or qualified alien of the United States. Print full name and age of minor child: _____

By my signature I certify that:

- * Only one application has been submitted for my household.
- * All information I have provided regarding my application for FEMA disaster assistance is true and correct to the best of my knowledge.
- * I will return any disaster aid money I received from FEMA or the State if I receive insurance or other money for the same loss, or if I do not use FEMA disaster aid money for the purpose for which it was intended.

I understand that, if I intentionally make false statements or conceal any information in an attempt to obtain disaster aid, it is a violation of federal and State laws, which carry severe criminal and civil penalties, including a fine up to \$250,000, imprisonment, or both (18 U.S.C. §§ 287, 1001, and 3571).

I understand that the information provided regarding my application for FEMA disaster assistance may be subject to sharing within the Department of Homeland Security (DHS) including, but not limited to, the Bureau of Immigration and Customs Enforcement.

I authorize FEMA to verify all information given by me about my property/place of residence, income, employment and dependents in order to determine my eligibility for disaster assistance; and

I authorize all custodians of records of my insurance, employer, any public or private entity, bank financial or credit data service to release information to FEMA and/or the State upon request.

NAME (print) <i>Michelle Grogan</i>	SIGNATURE <i>Michelle Grogan</i>	DATE OF BIRTH <i>10-9-80</i>	DATE SIGNED <i>2-14-18</i>
INSPECTOR ID #	FEMA APPLICATION #	DISASTER # DR 4317	
ADDRESS OF DAMAGED PROPERTY 611 S. First Street	CITY Pacific	STATE MO	ZIP CODE 63069

HMGP Property Site Inventory Form (PSI)

Use one page for each property

Owner Information:

First Name: Big Boy Properties LLC Last Name: _____ Co-Owner: _____
Property Address: 705 South First

City: Pacific State: MO Zip Code: 63069 County: Franklin

Title Holder Post Mitigation (community undertaking project): City of Pacific

Mitigation Property Site Action: Acquisition / Demolition **Mitigation Property Site Comments:** 4 Unit

Property Information:

Age of Structure (year built):	<u>1972</u>	Total Square Feet of Living Space:	<u>4000</u>
Pre-Event Fair Market Value:	<u>\$16,572.00</u>	Type of Residence:	<u>Rental</u>
Parcel Number:	<u>19-1-12.0-</u>	Structure Type:	<u>2 story, w/o basement</u>
<u>4-001-285.110</u>		Foundation Type:	<u>Crawl Space</u>
Property Tax Id:	<u>19-1-</u>	Basement:	<u>No</u>
<u>12.0-4-001-285.110</u>		Base Flood Elevation:	<u>463.3</u>
Latitude:	<u>38.475930</u>	First Floor Elevation:	_____
Longitude:	<u>-90.741689</u>	Number of feet the lowest floor elevation of the structure is being raised above Base Flood Elevation (Only applicable when Property Action is Elevation):	<u>n/a</u>
SHPO Cleared: ☉	<u>Yes</u>	Damage Category:	<u>0-49% Damaged</u>
SHPO Cleared Date: ☉	<u>2/20/2018</u>	Post Mitigation Property Use:	<u>open space</u>
Benefit Cost Analysis:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If commercial property what is the primary usage, explain below in comments.	
Performed: By Whom: <u>DPR</u>			
Benefit Cost Ratio:	<u>7.55</u>		
Average cost per square foot for residential & commercial construction in the community: <u>\$120</u>			

National Flood Insurance Program Information:

Flood Source: Riverine Flooding Structure Located in: Floodplain

Note: An NFIP repetitive loss structure is defined as building with 2 or more insured losses greater than \$1,000 within a 10-year period.

Repetitive Loss Structure: Unknown 2-3 insured Losses cumulatively <= building fair market value
Repetitive Loss Number: _____ 2-3 insured Losses cumulatively > building fair market value
 4 or more insured losses since 1978
 Not Applicable

NFIP Policy Number: ☉ 1150873156 Insurance Policy Provider: ☉ Wright Flood Insurance

Is there a Flood Insurance Rate Map (FIRM) available? Yes No

Is the property site marked on the map? Yes, map attached

Flood Zone Designation:

VE or V 1-30 C or X (unshaded) AE or A 1-30 AO or AH
 B or X (shaded) Floodway A (no base flood elevation given)

FIRM Community Information:

Community: City of Pacific

Map Specific Information for Selected Community:

Panel Number: 290170355D Date: 10/18/2011

Legal Description: ☉ Lot 2 & Part Lot 3 of Rethwilms Addition

Comments: Property has seen severe flooding in 2008, 2015 and 2017

☉ (This information is not required until the project is approved, but would be helpful if you can provide it at the time of application.)

Assessor Records

PIN: 19-1-12.0-4-001-285.110
Deedholders: BIG BOY PROPERTIES LLC
ENS: 111
Subd: RETHWILMS
Acres: 0.0000
DBA: APARTMENT BUILDING
Master Tax Dist: 111
Section: 12
Township: 2
Range:

Situs Address:

Mailing Address:

Legal Description:

705 S FIRST ST
PACIFIC MO 63069

BIG BOY PROPERTIES LLC
3423 SPRINGCREST CT
WASHINGTON MO 63090-0000

APARTMENT BUILDING LOT 2 & PT 3
RETHWILMS ADDN

Property Market Value

	Land	Building	Total Value
Agricultural:	\$0	\$0	\$0
Residential:	\$13,810	\$0	\$13,810
Commercial:	\$0	\$0	\$0
Exempt:	0.0000	\$0	\$0
Total Value:			\$13,810

Property Assessed Value

	Land	Building	Total Value
Agricultural:	\$0	\$0	\$0
Residential:	\$2,624	\$0	\$2,624
Commercial:	\$0	\$0	\$0
Exempt:	\$0	\$0	\$0
Total Value:			\$2,624

Values are **2015 Certified**

705 South First



National Flood Hazard Layer FIRMette



Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS		Without Base Flood Elevation (BFE) <i>Zone A, V, A99</i>
		With BFE or Depth Regulatory Floodway <i>Zone AE, AO, AH, VE, AR</i>

OTHER AREAS OF FLOOD HAZARD		0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile <i>Zone X</i>
		Future Conditions 1% Annual Chance Flood Hazard <i>Zone X</i>
		Area with Reduced Flood Risk due to Levee. See Notes. <i>Zone X</i>
		Area with Flood Risk due to Levee <i>Zone D</i>

OTHER AREAS		NO SCREEN Area of Minimal Flood Hazard <i>Zone X</i>
		Effective LOMRs
		Area of Undetermined Flood Hazard <i>Zone D</i>

GENERAL STRUCTURES		Channel, Culvert, or Storm Sewer
		Levee, Dike, or Floodwall

OTHER FEATURES		20.2 Cross Sections with 1% Annual Chance
		17.5 Water Surface Elevation
		Coastal Transect
		Base Flood Elevation Line (BFE)
		Limit of Study
		Jurisdiction Boundary
OTHER FEATURES		Coastal Transect Baseline
		Profile Baseline
		Hydrographic Feature

MAP PANELS		Digital Data Available
		No Digital Data Available
		Unmapped

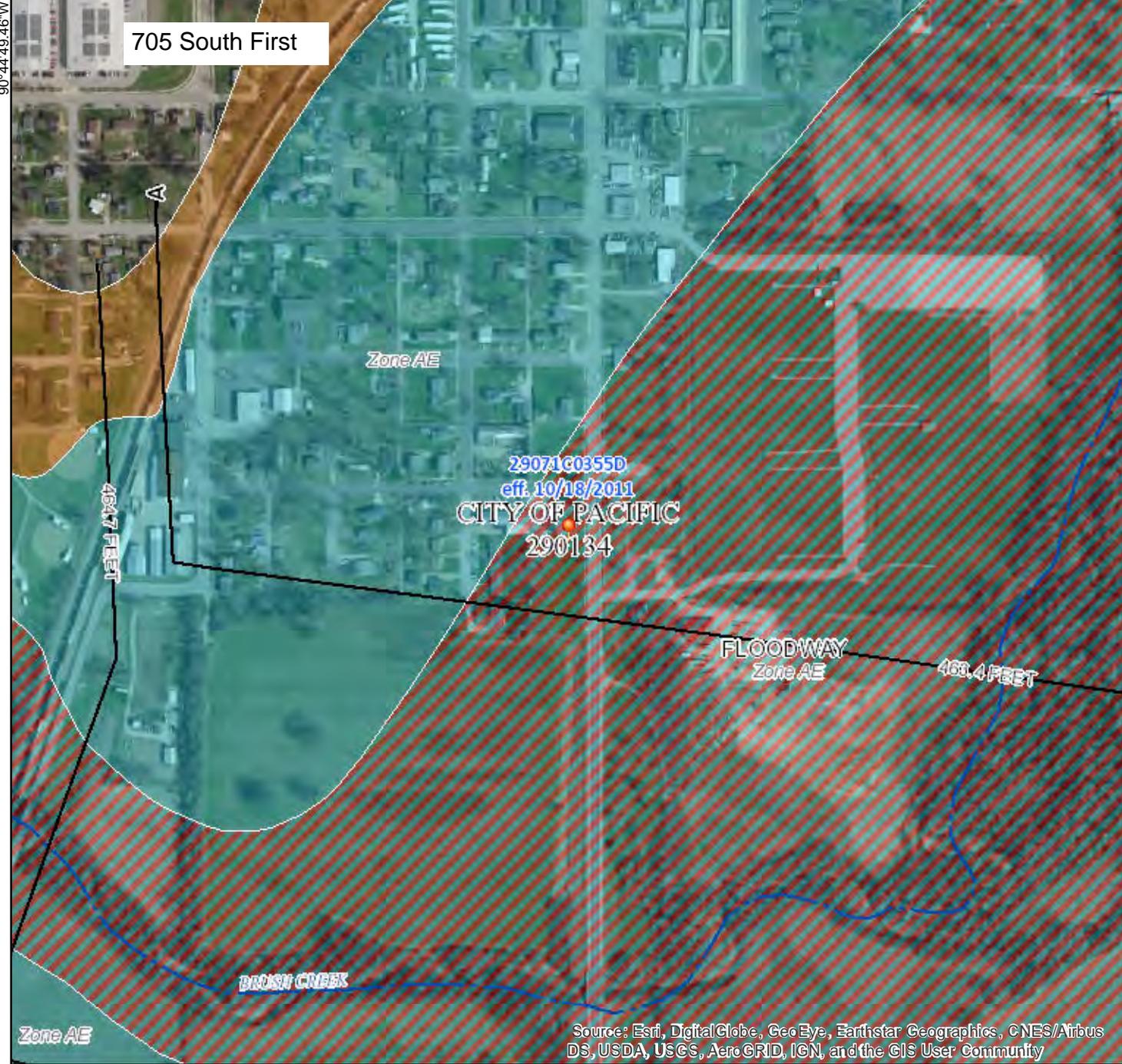


This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The base map shown complies with FEMA's base map accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on **2/20/2018 at 11:08:41 AM** and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: base map imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

38°28'47.92"N



90°44'49.46"W

90°44'10.50"W

0 250 500 1,000 1,500 2,000 Feet 1:6,241.13 38°28'18.62"N

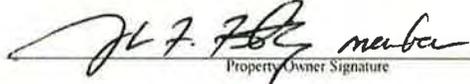
Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
**Statement of Voluntary Participation for
Acquisition of Property for Purpose of Open Space
FEMA's Hazard Mitigation Assistance Programs**

O.M.B. No. 1660-0103
Expires August 31, 2011

THIS AGREEMENT is made and entered into this on (date) Feb 5, 2018, by and between (name of Subgrantee) City of Pacific, Missouri, hereinafter referred to as "Subgrantee," and (property owner) Big Boy Properties LLC, hereinafter referred to as "Seller." The parties agree as follows:

1. Seller affirms that I/we own the property located at (legal address) 705 S. First Street hereinafter referred to as "property."
2. Subgrantee has notified Seller that the Subgrantee may wish to purchase the referenced property, and, if Seller agrees to sell, Seller must permanently relocate from property.
3. Subgrantee has identified that the purchase offer valuation of the property as of (date) 1-19-2018 is \$ 16572, as determined by appropriate valuation procedures implemented by Subgrantee and based on FEMA acquisition requirements provided in 44 C.F.R. Part 80, and relevant program guidance as documented below (e.g., *Pre-Disaster Mitigation, Hazard Mitigation Grant Program, Flood Mitigation Assistance*).
4. Subgrantee has notified the Seller that **neither the State nor the Local Government will use its eminent domain authority to acquire the property for open-space purpose if the Seller chooses not to participate, or if negotiations fail.**
5. Subgrantee has notified Seller that if the Seller agrees to sell the property to the Subgrantee the transaction is voluntary and the Seller is not entitled to relocation benefits provided by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, which are available to property owners who must sell their properties involuntarily.
6. Subgrantee affirms that it has provided the notifications and explained the information described in the preceding paragraphs to the seller, and property identified above is not a part of an intended, planned, or designated project area where all or substantially all of the property within the area is to be acquired within specific time limits.
7. This Agreement shall expire on (date of closing) _____, unless Seller has voluntarily sold Property to the Subgrantee by that date.



Property Owner Signature



Subgrantee's Authorized Agent Signature

2/5/18

Date

Date

Feb 5, 2018

Date

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1 hour per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is voluntary. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington VA 20598-3005, Paperwork Reduction Project (1660-0103). **NOTE: DO NOT SEND YOUR COMPLETED FORM TO THIS ADDRESS.**

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
DECLARATION AND RELEASE

O.M.B. No. 1660-0002
Expires July 31, 2017

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 2 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0002)
NOTE: Do not send your completed form to this address.

PRIVACY ACT STATEMENT

AUTHORITY: The Robert T. Stafford Disaster Relief and Emergency Assistance Act as amended, 42 U.S.C. § 5121 -5207 and Reorganization Plan No. 3 of 1978; 4 U.S.C. §§ 2904 and 2906; 4 C.F.R. § 206.2(a)(27); the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. 104-193) and Executive Order 13411. DHS asks for your SSN pursuant to the Debt Collection Improvement Act of 1996, 31 U.S.C. § 3325(d) and § 7701(c) (1).

PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of determining eligibility and administering financial assistance under a Presidentially-declared disaster. Additionally, information may be reviewed within FEMA for quality assurance purposes and used to assess FEMA's customer service to disaster assistance applicants.

ROUTINE USE(S): The information on this form may be shared outside of FEMA as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes sharing this information with state, tribal, local, and voluntary organizations to enable you to receive additional disaster assistance and as necessary and authorized by other routine uses published in DHS/FEMA-008 Disaster Recovery Assistance Files System of Records, 78 Fed. Reg. 25,282 (April 30, 2013), and upon written request, by agreement, or as required by law.

DISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving disaster assistance.

DECLARATION AND RELEASE

In order to be eligible to receive FEMA Disaster Assistance, a member of the household must be a citizen, non-citizen national or qualified alien of the United States. **Please read the form carefully, sign the sheet and return it to the Inspector, and show him/her a current form of photo identification.** Please feel free to consult with an attorney or other immigration expert if you have any questions.

I hereby declare, under penalty of perjury that (check one):

- I am a citizen or non-citizen national of the United States.
- I am a qualified alien of the United States.
- I am the parent or guardian of a minor child who resides with me and who is a citizen, non-citizen national or qualified alien of the United States. Print full name and age of minor child: _____

By my signature I certify that:

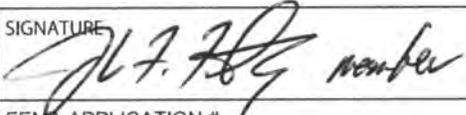
- * Only one application has been submitted for my household.
- * All information I have provided regarding my application for FEMA disaster assistance is true and correct to the best of my knowledge.
- * I will return any disaster aid money I received from FEMA or the State if I receive insurance or other money for the same loss, or if I do not use FEMA disaster aid money for the purpose for which it was intended.

I understand that, if I intentionally make false statements or conceal any information in an attempt to obtain disaster aid, it is a violation of federal and State laws, which carry severe criminal and civil penalties, including a fine up to \$250,000, imprisonment, or both (18 U.S.C. §§ 287, 1001, and 3571).

I understand that the information provided regarding my application for FEMA disaster assistance may be subject to sharing within the Department of Homeland Security (DHS) including, but not limited to, the Bureau of Immigration and Customs Enforcement.

I authorize FEMA to verify all information given by me about my property/place of residence, income, employment and dependents in order to determine my eligibility for disaster assistance; and

I authorize all custodians of records of my insurance, employer, any public or private entity, bank financial or credit data service to release information to FEMA and/or the State upon request.

NAME (print) Big Boy Properties LLC by John Freitag-Member	SIGNATURE 	DATE OF BIRTH 9/30/1969	DATE SIGNED Feb 5, 2018
INSPECTOR ID #	FEMA APPLICATION #	DISASTER # DR 4317	
ADDRESS OF DAMAGED PROPERTY 705 S. First Street	CITY Pacific	STATE MO	ZIP CODE 63069

HMGP Property Site Inventory Form (PSI)

Use one page for each property

Owner Information:

First Name: Darlene Last Name: Powell Co-Owner: _____
Property Address: 718 South Fourth

City: Pacific State: MO Zip Code: 63069 County: Franklin

Title Holder Post Mitigation (community undertaking project): City of Pacific

Mitigation Property Site Action: Acquisition / Demolition **Mitigation Property Site Comments:** SF Res.

Property Information:

Age of Structure (year built):	<u>1940</u>	Total Square Feet of Living Space:	_____
Pre-Event Fair Market Value:	<u>\$77,772.00</u>	Type of Residence:	<u>Other (Specify in Comments)</u>
Parcel Number:	<u>19-1-12.0-</u>	Structure Type:	<u>1 or 2 story, with basement</u>
<u>4-001-302.000</u>		Foundation Type:	<u>Basement</u>
Property Tax Id:	<u>19-1-</u>	Basement:	<u>Yes</u>
<u>12.0-4-001-302.000</u>		Base Flood Elevation:	<u>463.3</u>
Latitude:	<u>38.475475</u>	First Floor Elevation:	_____
Longitude:	<u>-90.744978</u>	Number of feet the lowest floor elevation of the structure is being raised above Base Flood Elevation (Only applicable when Property Action is Elevation):	<u>n/a</u>
SHPO Cleared: ☉	<u>Yes</u>	Damage Category:	<u>50-100% Damaged</u>
SHPO Cleared Date: ☉	<u>2/20/2018</u>	Post Mitigation Property Use:	<u>open space</u>
Benefit Cost Analysis:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If commercial property what is the primary usage, explain below in comments.	
Performed: By Whom: <u>DPR</u>			
Benefit Cost Ratio:	<u>2.82</u>		
Average cost per square foot for residential & commercial construction in the community: <u>\$120</u>			

National Flood Insurance Program Information:

Flood Source: Riverine Flooding Structure Located in: Floodplain

Note: An NFIP repetitive loss structure is defined as building with 2 or more insured losses greater than \$1,000 within a 10-year period.

Repetitive Loss Structure: Yes 2-3 insured Losses cumulatively <= building fair market value
Repetitive Loss Number: 0174918 2-3 insured Losses cumulatively > building fair market value
 4 or more insured losses since 1978
 Not Applicable

NFIP Policy Number: ☉ _____ Insurance Policy Provider: ☉ _____

Is there a Flood Insurance Rate Map (FIRM) available? Yes No

Is the property site marked on the map? Yes, map attached

Flood Zone Designation:

VE or V 1-30 C or X (unshaded) AE or A 1-30 AO or AH
 B or X (shaded) Floodway A (no base flood elevation given)

FIRM Community Information:

Community: City of Pacific

Map Specific Information for Selected Community:

Panel Number: 290170355D Date: 10/18/2011

Legal Description: ☉ Lot 10 of Rethwilms Additions

Comments: Property is not occupied because of substantial damage

☉ (This information is not required until the project is approved, but would be helpful if you can provide it at the time of application.)

Assessor Records

Search GIS

Search Assessor

Search Collector

General

Land/Yard Imps

Residential

Ag Buildings

Commercial

Sales

Photos

Sketches

PIN: 19-1-12.0-4-001-302.000
 Deedholders: POWELL,GEORGE DEAN&DARLENE GEORGIA
 ENS: RETHWILMS
 Subd: RETHWILMS
 Acres: 0.0000
 DBA:
 Master Tax Dist: 111
 Section: 12
 Township: Range

Situs Address:

Mailing Address:

Legal Description:

718 S FOURTH ST PACIFIC MO 63069-0000
 POWELL,GEORGE DEAN&DARLENE GEORGIA
 718 S FOURTH ST PACIFIC MO 63069-0000

LOT:10 RETHWILMS ADDN

Property Market Value			Property Assessed Value				
	Land	Building	Total Value		Land	Building	Total Value
Agricultural:	\$0	\$0	\$0	Agricultural:	\$0	\$0	\$0
Residential:	\$20,660	\$44,150	\$64,810	Residential:	\$3,925	\$8,389	\$12,314
Commercial:	\$0	\$0	\$0	Commercial:	\$0	\$0	\$0
Exempt:	0.0000	\$0	\$0	Exempt:	\$0	\$0	\$0
	Total Value:		\$64,810		Total Value:		\$12,314

Values are 2015 Certified

718 South Fourth



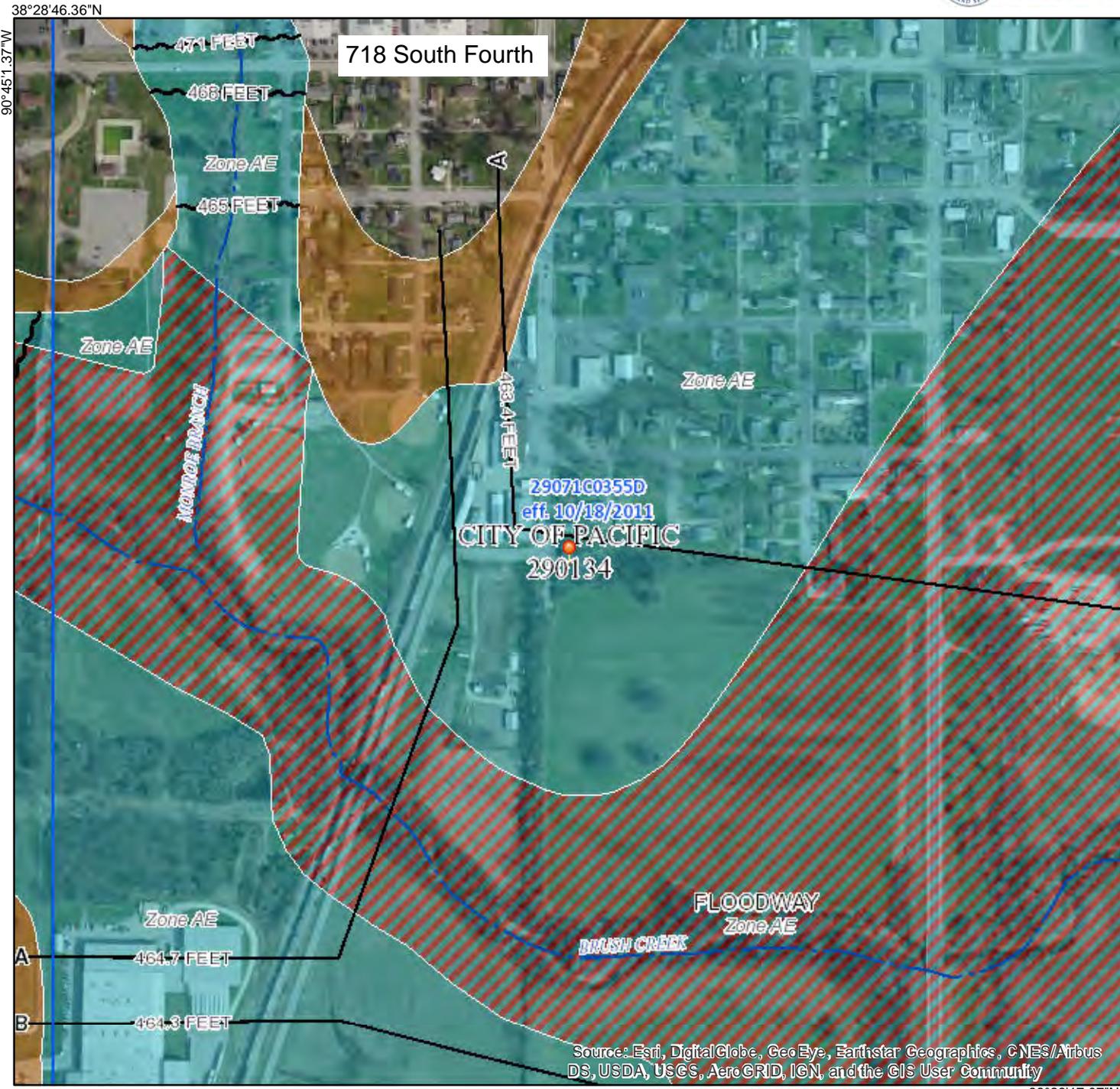
National Flood Hazard Layer FIRMette



Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

- | | | |
|------------------------------------|--|--|
| SPECIAL FLOOD HAZARD AREAS | | Without Base Flood Elevation (BFE)
<i>Zone A, V, A99</i> |
| | | With BFE or Depth |
| | | Regulatory Floodway <i>Zone AE, AO, AH, VE, AR</i> |
| OTHER AREAS OF FLOOD HAZARD | | 0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile <i>Zone X</i> |
| | | Future Conditions 1% Annual Chance Flood Hazard <i>Zone X</i> |
| | | Area with Reduced Flood Risk due to Levee. See Notes. <i>Zone X</i> |
| | | Area with Flood Risk due to Levee <i>Zone D</i> |
| OTHER AREAS | | Area of Minimal Flood Hazard <i>Zone X</i> |
| | | Effective LOMRs |
| | | Area of Undetermined Flood Hazard <i>Zone D</i> |
| GENERAL STRUCTURES | | Channel, Culvert, or Storm Sewer |
| | | Levee, Dike, or Floodwall |
| OTHER FEATURES | | Cross Sections with 1% Annual Chance Water Surface Elevation |
| | | Coastal Transect |
| | | Base Flood Elevation Line (BFE) |
| | | Limit of Study |
| | | Jurisdiction Boundary |
| | | Coastal Transect Baseline |
| | | Profile Baseline |
| | | Hydrographic Feature |
| MAP PANELS | | Digital Data Available |
| | | No Digital Data Available |
| | | Unmapped |



38°28'46.36"N

90°45'1.37"W

718 South Fourth

29071C0355D
eff. 10/18/2011
CITY OF PACIFIC
290134

FLOODWAY
Zone AE

BRUSH CREEK

A 464.7 FEET

B 464.3 FEET

Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community

0 250 500 1,000 1,500 2,000 Feet 1:6,241.13 38°28'17.07"N

90°44'22.41"W

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The base map shown complies with FEMA's base map accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 2/15/2018 at 11:05:07 AM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: base map imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
DECLARATION AND RELEASE

O.M.B. No. 1660-0002
Expires July 31, 2017

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 2 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0002)
NOTE: Do not send your completed form to this address.

PRIVACY ACT STATEMENT

AUTHORITY: The Robert T. Stafford Disaster Relief and Emergency Assistance Act as amended, 42 U.S.C. § 5121 -5207 and Reorganization Plan No. 3 of 1978; 4 U.S.C. §§ 2904 and 2906; 4 C.F.R. § 206.2(a)(27); the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. 104-193) and Executive Order 13411. DHS asks for your SSN pursuant to the Debt Collection Improvement Act of 1996, 31 U.S.C. § 3325(d) and § 7701(c) (1).
PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of determining eligibility and administering financial assistance under a Presidentially-declared disaster. Additionally, information may be reviewed within FEMA for quality assurance purposes and used to assess FEMA's customer service to disaster assistance applicants.
ROUTINE USE(S): The information on this form may be shared outside of FEMA as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes sharing this information with state, tribal, local, and voluntary organizations to enable you to receive additional disaster assistance and as necessary and authorized by other routine uses published in DHS/FEMA-008 Disaster Recovery Assistance Files System of Records, 78 Fed. Reg. 25,282 (April 30, 2013), and upon written request, by agreement, or as required by law.
DISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving disaster assistance.

DECLARATION AND RELEASE

In order to be eligible to receive FEMA Disaster Assistance, a member of the household must be a citizen, non-citizen national or qualified alien of the United States. **Please read the form carefully, sign the sheet and return it to the Inspector, and show him/her a current form of photo identification.** Please feel free to consult with an attorney or other immigration expert if you have any questions.

I hereby declare, under penalty of perjury that (check one):

- I am a citizen or non-citizen national of the United States.
- I am a qualified alien of the United States.
- I am the parent or guardian of a minor child who resides with me and who is a citizen, non-citizen national or qualified alien of the United States. Print full name and age of minor child: _____

By my signature I certify that:

- * Only one application has been submitted for my household.
- * All information I have provided regarding my application for FEMA disaster assistance is true and correct to the best of my knowledge.
- * I will return any disaster aid money I received from FEMA or the State if I receive insurance or other money for the same loss, or if I do not use FEMA disaster aid money for the purpose for which it was intended.

I understand that, if I intentionally make false statements or conceal any information in an attempt to obtain disaster aid, it is a violation of federal and State laws, which carry severe criminal and civil penalties, including a fine up to \$250,000, imprisonment, or both (18 U.S.C. §§ 287, 1001, and 3571).

I understand that the information provided regarding my application for FEMA disaster assistance may be subject to sharing within the Department of Homeland Security (DHS) including, but not limited to, the Bureau of Immigration and Customs Enforcement.

I authorize FEMA to verify all information given by me about my property/place of residence, income, employment and dependents in order to determine my eligibility for disaster assistance; and

I authorize all custodians of records of my insurance, employer, any public or private entity, bank financial or credit data service to release information to FEMA and/or the State upon request.

NAME (print) <i>DARLENE POWELL</i>	SIGNATURE <i>Darlene Powell</i>	DATE OF BIRTH <i>12-6-43</i>	DATE SIGNED <i>1-17-18</i>
INSPECTOR ID #	FEMA APPLICATION #	DISASTER #	
ADDRESS OF DAMAGED PROPERTY <i>718 S. 4th St.</i>	CITY <i>Pacific</i>	STATE <i>MO</i>	ZIP CODE <i>63069</i>

HMGP Property Site Inventory Form (PSI)

Use one page for each property

Owner Information:

First Name: Raymond Last Name: Thompson Co-Owner: _____
Property Address: 802 South Second

City: Pacific State: MO Zip Code: 63069 County: Franklin

Title Holder Post Mitigation (community undertaking project): City of Pacific

Mitigation Property Site Action: Acquisition / Demolition **Mitigation Property Site Comments:** SF Res.

Property Information:

Age of Structure (year built):	<u>1976</u>	Total Square Feet of Living Space:	<u>1372</u>
Pre-Event Fair Market Value:	<u>\$129,186.00</u>	Type of Residence:	<u>Other (Specify in Comments)</u>
Parcel Number:	<u>19-6-13.0-</u>	Structure Type:	<u>1 story, w/o basement</u>
<u>0-099-004.000</u>		Foundation Type:	<u>Crawl Space</u>
Property Tax Id:	<u>19-6-</u>	Basement:	<u>No</u>
<u>13.0-0-099-004.000</u>		Base Flood Elevation:	<u>463.3</u>
Latitude:	<u>38.475225</u>	First Floor Elevation:	_____
Longitude:	<u>-90.742359</u>	Number of feet the lowest floor elevation of the structure is being raised above Base Flood Elevation (Only applicable when Property Action is Elevation):	<u>n/a</u>
SHPO Cleared: ☉	<u>Yes</u>	Damage Category:	<u>0-49% Damaged</u>
SHPO Cleared Date: ☉	<u>2/20/2018</u>	Post Mitigation Property Use:	<u>open space</u>
Benefit Cost Analysis:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If commercial property what is the primary usage, explain below in comments.	
Performed: By Whom:	<u>DPR</u>		
Benefit Cost Ratio:	<u>1.85</u>		

Average cost per square foot for residential & commercial construction in the community: \$120

National Flood Insurance Program Information:

Flood Source: Riverine Flooding Structure Located in: Floodplain

Note: An NFIP repetitive loss structure is defined as building with 2 or more insured losses greater than \$1,000 within a 10-year period.

Repetitive Loss Structure: Unknown 2-3 insured Losses cumulatively <= building fair market value
Repetitive Loss Number: _____ 2-3 insured Losses cumulatively > building fair market value
 4 or more insured losses since 1978
 Not Applicable

NFIP Policy Number: ☉ _____ Insurance Policy Provider: ☉ _____

Is there a Flood Insurance Rate Map (FIRM) available? Yes No

Is the property site marked on the map? Yes, map attached

Flood Zone Designation:

VE or V 1-30 C or X (unshaded) AE or A 1-30 AO or AH
 B or X (shaded) Floodway A (no base flood elevation given)

FIRM Community Information:

Community: City of Pacific

Map Specific Information for Selected Community:

Panel Number: 290170355D Date: 10/18/2011

Legal Description: ☉ part of the NE1/4 of the NW 1/4 of the NE 1/4 of section 13

Comments: Property has seen severe flooding in 2008, 2015 and 2017

Assessor Records

[Search GIS](#)

[Search Assessor](#)

[Search Collector](#)

[General](#)
[Land/Yard Imps](#)
[Residential](#)
[Ag Buildings](#)
[Commercial](#)
[Sales](#)
[Photos](#)
[Sketches](#)

PIN: 19-6-13.0-0-099-004.000
 ENS:
 Master Tax Dist 111
Subd: NONE
Deedholders
 Acres: 0.3260
 Section 13
 Township
 Range
 THOMPSON,RAYMOND&MARY E
 DBA:

Situs Address:

Mailing Address:

Legal Description:

802 S SECOND ST
 PACIFIC MO 63069-0000

THOMPSON,RAYMOND&MARY E
 4504 THOMPSON LN
 ROBERTSVILLE MO 63072-0000

PT NE NW NE

Property Market Value

	Land	Building	Total Value
Agricultural:	\$0	\$0	\$0
Residential:	\$30,600	\$77,580	\$108,180
Commercial:	\$0	\$0	\$0
Exempt:	0.0000	\$0	\$0
	Total Value:		\$108,180

Property Assessed Value

	Land	Building	Total Value
Agricultural:	\$0	\$0	\$0
Residential:	\$5,814	\$14,740	\$20,554
Commercial:	\$0	\$0	\$0
Exempt:	\$0	\$0	\$0
	Total Value:		\$20,554

Values are **2015 Certified**

802 South Second



National Flood Hazard Layer FIRMette



Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS		Without Base Flood Elevation (BFE) Zone A, V, A99
		With BFE or Depth
		Regulatory Floodway Zone AE, AO, AH, VE, AR

OTHER AREAS OF FLOOD HAZARD		0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
		Future Conditions 1% Annual Chance Flood Hazard Zone X
		Area with Reduced Flood Risk due to Levee. See Notes. Zone X
		Area with Flood Risk due to Levee Zone D

OTHER AREAS		NO SCREEN Area of Minimal Flood Hazard Zone X
		Effective LOMRs
		Area of Undetermined Flood Hazard Zone D

GENERAL STRUCTURES		Channel, Culvert, or Storm Sewer
		Levee, Dike, or Floodwall

OTHER FEATURES		20.2 Cross Sections with 1% Annual Chance
		17.5 Water Surface Elevation
		Coastal Transect
		Base Flood Elevation Line (BFE)
		Limit of Study
		Jurisdiction Boundary
OTHER FEATURES		Coastal Transect Baseline
		Profile Baseline
		Hydrographic Feature

MAP PANELS		Digital Data Available
		No Digital Data Available
		Unmapped

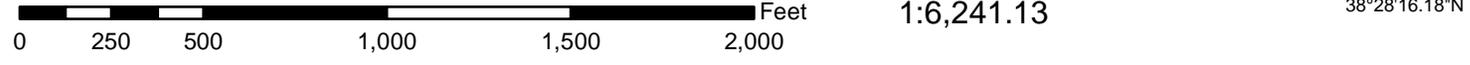
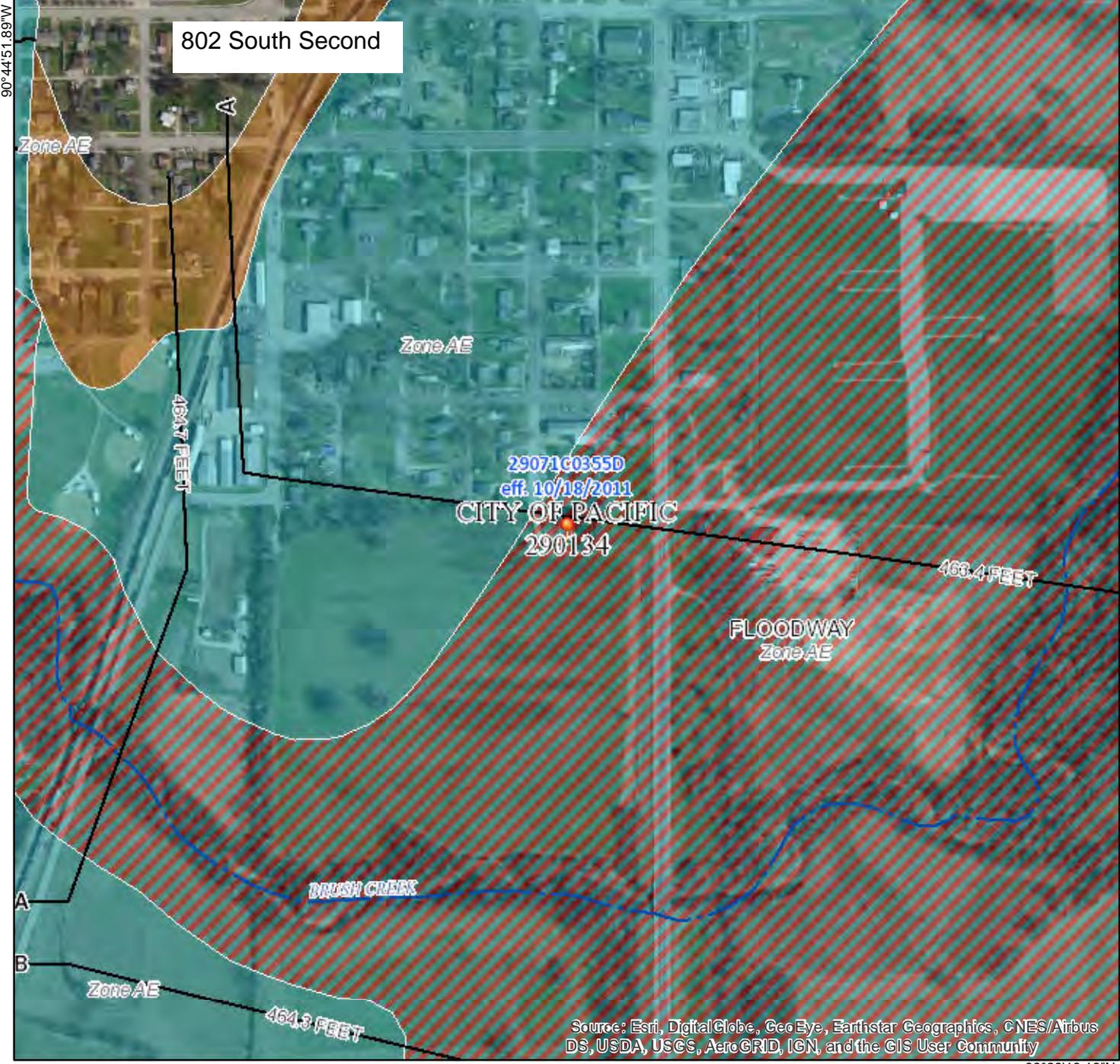


This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The base map shown complies with FEMA's base map accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on **2/20/2018 at 11:48:47 AM** and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: base map imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

38°28'45.48"N



Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community

HMGP Property Site Inventory Form (PSI)

Use one page for each property

Owner Information:

First Name: Charles Last Name: Meier Co-Owner: _____
Property Address: 804 South First

City: Pacific State: MO Zip Code: 63069 County: Franklin

Title Holder Post Mitigation (community undertaking project): City of Pacific

Mitigation Property Site Action: Acquisition / Demolition **Mitigation Property Site Comments:** SF Res.

Property Information:

Age of Structure (year built):	<u>1947</u>	Total Square Feet of Living Space:	<u>2346</u>
Pre-Event Fair Market Value:	<u>\$51,912.00</u>	Type of Residence:	<u>Other (Specify in Comments)</u>
Parcel Number:	<u>19-6-13.0-</u>	Structure Type:	<u>1 or 2 story, with basement</u>
<u>0-099-002.000</u>		Foundation Type:	<u>Basement</u>
Property Tax Id:	<u>19-6-</u>	Basement:	<u>Yes</u>
<u>13.0-0-099-002.000</u>		Base Flood Elevation:	<u>463.3</u>
Latitude:	<u>38.475243</u>	First Floor Elevation:	_____
Longitude:	<u>-90.740987</u>	Number of feet the lowest floor elevation of the structure is being raised above Base Flood Elevation (Only applicable when Property Action is Elevation):	<u>n/a</u>
SHPO Cleared: ☉	<u>Yes</u>	Damage Category:	<u>50-100% Damaged</u>
SHPO Cleared Date: ☉	<u>2/22/2018</u>	Post Mitigation Property Use:	<u>open space</u>
Benefit Cost Analysis:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If commercial property what is the primary usage, explain below in comments.	
Performed: By Whom: <u>DPR</u>			
Benefit Cost Ratio:	<u>3.84</u>		
Average cost per square foot for residential & commercial construction in the community: <u>\$120</u>			

National Flood Insurance Program Information:

Flood Source: Riverine Flooding Structure Located in: Floodplain

Note: An NFIP repetitive loss structure is defined as building with 2 or more insured losses greater than \$1,000 within a 10-year period.

Repetitive Loss Structure: Unknown 2-3 insured Losses cumulatively <= building fair market value
Repetitive Loss Number: _____ 2-3 insured Losses cumulatively > building fair market value
 4 or more insured losses since 1978
 Not Applicable

NFIP Policy Number: ☉ _____ Insurance Policy Provider: ☉ _____

Is there a Flood Insurance Rate Map (FIRM) available? Yes No

Is the property site marked on the map? Yes, map attached

Flood Zone Designation:

VE or V 1-30 C or X (unshaded) AE or A 1-30 AO or AH
 B or X (shaded) Floodway A (no base flood elevation given)

FIRM Community Information:

Community: City of Pacific

Map Specific Information for Selected Community:

Panel Number: 290170355D Date: 10/18/2011

Legal Description: ☉ PT NE NW NE, E OF HWY F

Comments: Property is not occupied because of substantial damage. Severe flooding in 1994, 2008, 2015 and 2017

Assessor Records

[Search GIS](#)

[Search Assessor](#)

[Search Collector](#)

[General](#)

[Land/Yard Imps](#)

[Residential](#)

[Ag Buildings](#)

[Commercial](#)

[Sales](#)

[Photos](#)

[Sketches](#)

PIN: 19-6-13.0-0-099-002.000
Deedholders: MEIER,CHARLES EDWARD
ENS: NONE
Subd: NONE
Acres: 0.4960
DBA:
Master Tax Dist: 111
Section: 13
Township:
Range:

Situs Address:

Mailing Address:

Legal Description:

804 S FIRST ST
PACIFIC MO 63069

MEIER,CHARLES EDWARD
5751 HUNTERS FORD RD
PACIFIC MO 63069-0000

PT NE NW NE, E OF HWY F

Property Market Value

	Land	Building	Total Value
Agricultural:	\$0	\$0	\$0
Residential:	\$21,960	\$21,300	\$43,260
Commercial:	\$0	\$0	\$0
Exempt:	0.0000	\$0	\$0
Total Value:			\$43,260

Property Assessed Value

	Land	Building	Total Value
Agricultural:	\$0	\$0	\$0
Residential:	\$4,172	\$4,047	\$8,219
Commercial:	\$0	\$0	\$0
Exempt:	\$0	\$0	\$0
Total Value:			\$8,219

Values are **2017 Certified**

804 South First



National Flood Hazard Layer FIRMette



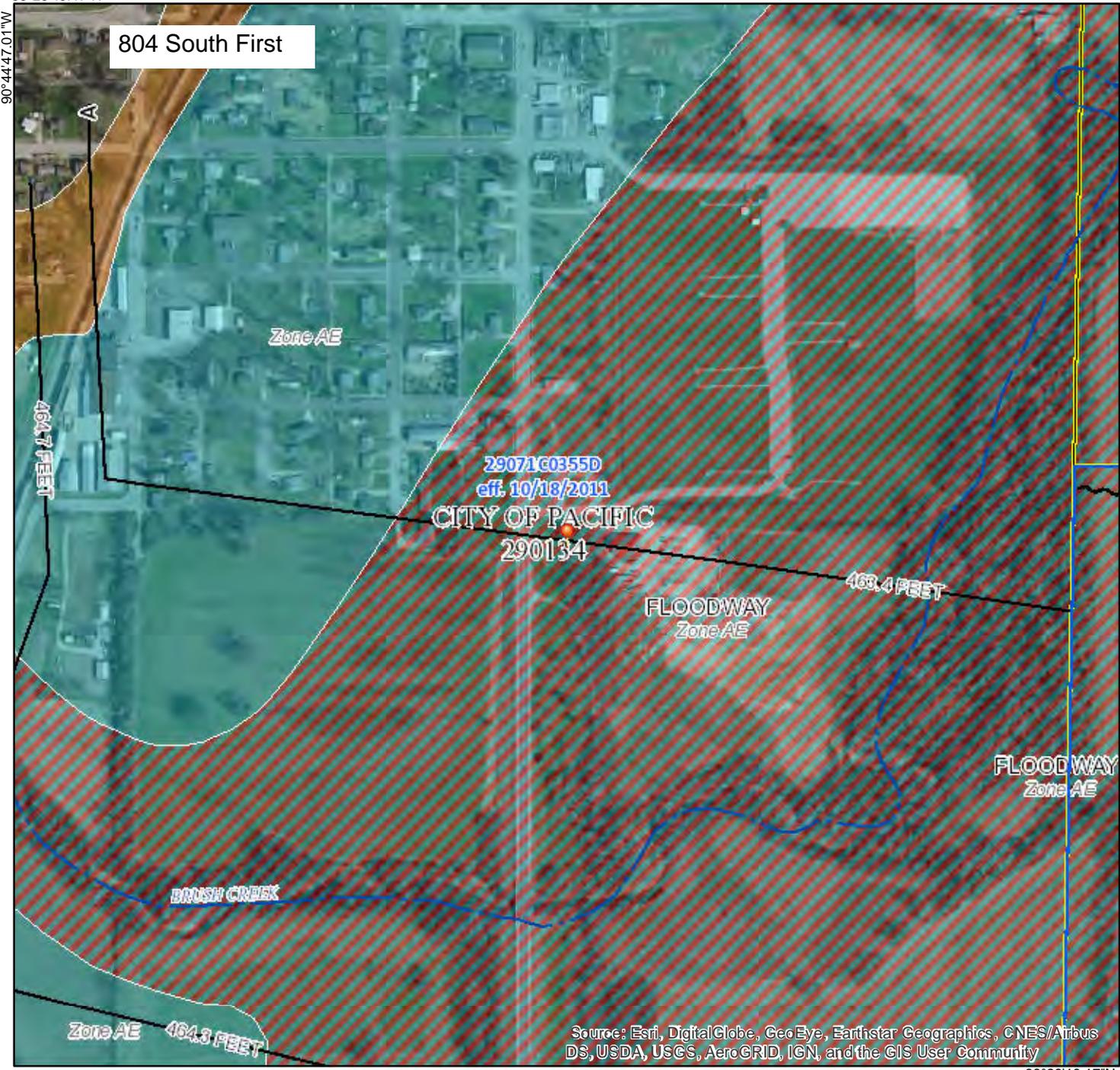
Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

- | | | |
|-----------------------------|--|---|
| SPECIAL FLOOD HAZARD AREAS | | Without Base Flood Elevation (BFE)
Zone A, V, A99 |
| | | With BFE or Depth
Regulatory Floodway Zone AE, AO, AH, VE, AR |
| OTHER AREAS OF FLOOD HAZARD | | 0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X |
| | | Future Conditions 1% Annual Chance Flood Hazard Zone X |
| | | Area with Reduced Flood Risk due to Levee. See Notes. Zone X |
| | | Area with Flood Risk due to Levee Zone D |
| OTHER AREAS | | Area of Minimal Flood Hazard Zone X |
| | | Effective LOMRs |
| GENERAL STRUCTURES | | Area of Undetermined Flood Hazard Zone D |
| | | Channel, Culvert, or Storm Sewer |
| OTHER FEATURES | | Levee, Dike, or Floodwall |
| | | Cross Sections with 1% Annual Chance Water Surface Elevation |
| MAP PANELS | | Coastal Transect |
| | | Base Flood Elevation Line (BFE) |
| MAP PANELS | | Limit of Study |
| | | Jurisdiction Boundary |
| MAP PANELS | | Coastal Transect Baseline |
| | | Profile Baseline |
| MAP PANELS | | Hydrographic Feature |
| | | Digital Data Available |
| MAP PANELS | | No Digital Data Available |
| | | Unmapped |



38°28'45.47"N
90°44'47.01"W



90°44'8.05"W

0 250 500 1,000 1,500 2,000 Feet
1:6,241.13
38°28'16.17"N

Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The base map shown complies with FEMA's base map accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 2/15/2018 at 11:13:37 AM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: base map imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
**Statement of Voluntary Participation for
Acquisition of Property for Purpose of Open Space
FEMA's Hazard Mitigation Assistance Programs**

O.M.B. No. 1660-0103
Expires August 31, 2011

THIS AGREEMENT is made and entered into this on (date) Feb 5, 2018, by and between (name of Subgrantee) City of Pacific, Missouri, hereinafter referred to as "Subgrantee," and (property owner) Charles Edward Meier, hereinafter referred to as "Seller." The parties agree as follows:

1. Seller affirms that I/we own the property located at (legal address) 804 S. First Street, hereinafter referred to as "property."
2. Subgrantee has notified Seller that the Subgrantee may wish to purchase the referenced property, and, if Seller agrees to sell, Seller must permanently relocate from property.
3. Subgrantee has identified that the purchase offer valuation of the property as of (date) 1-19-2018 is \$ 51912, as determined by appropriate valuation procedures implemented by Subgrantee and based on FEMA acquisition requirements provided in 44 C.F.R. Part 80, and relevant program guidance as documented below (e.g., *Pre-Disaster Mitigation, Hazard Mitigation Grant Program, Flood Mitigation Assistance*). _____
4. Subgrantee has notified the Seller that **neither the State nor the Local Government will use its eminent domain authority to acquire the property for open-space purpose if the Seller chooses not to participate, or if negotiations fail.**
5. Subgrantee has notified Seller that if the Seller agrees to sell the property to the Subgrantee the transaction is voluntary and the Seller is not entitled to relocation benefits provided by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, which are available to property owners who must sell their properties involuntarily.
6. Subgrantee affirms that it has provided the notifications and explained the information described in the preceding paragraphs to the seller, and property identified above is not a part of an intended, planned, or designated project area where all or substantially all of the property within the area is to be acquired within specific time limits.
7. This Agreement shall expire on (date of closing) _____, unless Seller has voluntarily sold Property to the Subgrantee by that date.

Charles E. Meier
Property Owner Signature

[Signature]
Property Owner Signature

[Signature]
Subgrantee's Authorized Agent Signature

Feb. 14, 2018
Date

Date

Feb 5, 2018
Date

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1 hour per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is voluntary. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington VA 20598-3005, Paperwork Reduction Project (1660-0103). **NOTE: DO NOT SEND YOUR COMPLETED FORM TO THIS ADDRESS.**

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
DECLARATION AND RELEASE

O.M.B. No. 1660-0002
Expires July 31, 2017

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 2 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0002)
NOTE: Do not send your completed form to this address.

PRIVACY ACT STATEMENT

AUTHORITY: The Robert T. Stafford Disaster Relief and Emergency Assistance Act as amended, 42 U.S.C. § 5121 -5207 and Reorganization Plan No. 3 of 1978; 4 U.S.C. §§ 2904 and 2906; 4 C.F.R. § 206.2(a)(27); the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. 104-193) and Executive Order 13411. DHS asks for your SSN pursuant to the Debt Collection Improvement Act of 1996, 31 U.S.C. § 3325(d) and § 7701(c) (1).

PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of determining eligibility and administering financial assistance under a Presidentially-declared disaster. Additionally, information may be reviewed within FEMA for quality assurance purposes and used to assess FEMA's customer service to disaster assistance applicants.

ROUTINE USE(S): The information on this form may be shared outside of FEMA as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes sharing this information with state, tribal, local, and voluntary organizations to enable you to receive additional disaster assistance and as necessary and authorized by other routine uses published in DHS/FEMA-008 Disaster Recovery Assistance Files System of Records, 78 Fed. Reg. 25,282 (April 30, 2013), and upon written request, by agreement, or as required by law.

DISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving disaster assistance.

DECLARATION AND RELEASE

In order to be eligible to receive FEMA Disaster Assistance, a member of the household must be a citizen, non-citizen national or qualified alien of the United States. **Please read the form carefully, sign the sheet and return it to the Inspector, and show him/her a current form of photo identification.** Please feel free to consult with an attorney or other immigration expert if you have any questions.

I hereby declare, under penalty of perjury that (check one):

- I am a citizen or non-citizen national of the United States.
 I am a qualified alien of the United States.
 I am the parent or guardian of a minor child who resides with me and who is a citizen, non-citizen national or qualified alien of the United States. Print full name and age of minor child: _____

By my signature I certify that:

- * Only one application has been submitted for my household.
- * All information I have provided regarding my application for FEMA disaster assistance is true and correct to the best of my knowledge.
- * I will return any disaster aid money I received from FEMA or the State if I receive insurance or other money for the same loss, or if I do not use FEMA disaster aid money for the purpose for which it was intended.

I understand that, if I intentionally make false statements or conceal any information in an attempt to obtain disaster aid, it is a violation of federal and State laws, which carry severe criminal and civil penalties, including a fine up to \$250,000, imprisonment, or both (18 U.S.C. §§ 287, 1001, and 3571).

I understand that the information provided regarding my application for FEMA disaster assistance may be subject to sharing within the Department of Homeland Security (DHS) including, but not limited to, the Bureau of Immigration and Customs Enforcement.

I authorize FEMA to verify all information given by me about my property/place of residence, income, employment and dependents in order to determine my eligibility for disaster assistance; and

I authorize all custodians of records of my insurance, employer, any public or private entity, bank financial or credit data service to release information to FEMA and/or the State upon request.

NAME (print) <i>Charles E. Meier</i>	SIGNATURE <i>Charles E. Meier</i>	DATE OF BIRTH <i>10-05-1954</i>	DATE SIGNED <i>2/09/2018</i>
INSPECTOR ID #	FEMA APPLICATION #	DISASTER # DR 4317	
ADDRESS OF DAMAGED PROPERTY 804 S. First Street	CITY Pacific	STATE MO	ZIP CODE 63069

Individual Property Information Phase 2

HMGP Property Site Inventory Form (PSI)

Use one page for each property

Owner Information:

First Name: Kathryn Last Name: Schallert Co-Owner: _____

Property Address: 104 East Orleans

City: Pacific State: MO Zip Code: 63069 County: Franklin

Title Holder Post Mitigation (community undertaking project): City of Pacific

Mitigation Property Site Action: Acquisition / Demolition **Mitigation Property Site Comments:** SF Res.

Property Information:

Age of Structure (year built): 1900 Total Square Feet of Living Space: 1197

Pre-Event Fair Market Value: \$81,768.00

Type of Residence: Rental

Parcel Number: 19-1-12.0-

Structure Type: 1 story, w/o basement

4-003-166.000

Foundation Type: Crawl Space

Property Tax Id: 19-1-

Basement: No

12.0-4-003-166.000

Base Flood Elevation: 463.3

Latitude: 38.480038

First Floor Elevation: _____

Longitude: -90.741013

SHPO Cleared: ☉ Select...

Number of feet the lowest floor elevation of the structure is being raised above Base Flood Elevation (Only applicable when Property Action is Elevation): n/a

SHPO Cleared Date: ☉ _____

Damage Category: 0-49% Damaged

Benefit Cost Analysis: Yes No

Post Mitigation Property Use: open space

Performed: By Whom: DPR

If commercial property what is the primary usage, explain below in comments.

Benefit Cost Ratio: 2.71

Average cost per square foot for residential & commercial construction in the community: \$120

National Flood Insurance Program Information:

Flood Source: Riverine Flooding Structure Located in: Floodplain

Note: An NFIP repetitive loss structure is defined as building with 2 or more insured losses greater than \$1,000 within a 10-year period.

Repetitive Loss Structure: Unknown

2-3 insured Losses cumulatively <= building fair market value

Repetitive Loss Number: _____

2-3 insured Losses cumulatively > building fair market value

4 or more insured losses since 1978

Not Applicable

NFIP Policy Number: ☉ _____ Insurance Policy Provider: ☉ _____

Is there a Flood Insurance Rate Map (FIRM) available? Yes No

Is the property site marked on the map? Yes, map attached

Flood Zone Designation:

VE or V 1-30

C or X (unshaded)

AE or A 1-30

AO or AH

B or X (shaded)

Floodway

A (no base flood elevation given)

FIRM Community Information:

Community: City of Pacific

Map Specific Information for Selected Community:

Panel Number: 290170355D Date: 10/18/2011

Legal Description: ☉ LOT:176 O T OF FRANKLIN

Comments: Property is not occupied because of potential structural damage

☉ (This information is not required until the project is approved, but would be helpful if you can provide it at the time of application.)

Assessor Records

[Search GIS](#)

[Search Assessor](#)

[Search Collector](#)

[General](#)

[Land/Yard Imps](#)

[Residential](#)

[Ag Buildings](#)

[Commercial](#)

[Sales](#)

[Photos](#)

[Sketches](#)

PIN: 19-1-12.0-4-003-166.000
Deedholders: SCHALLERT,KATHRYN M
ENS: O T OF FRANKLIN
Subd: O T OF FRANKLIN
Acres: 0.0000
DBA:
Master Tax Dist: 111
Section: 12
Township:
Range:

Situs Address:

Mailing Address:

Legal Description:

104 E ORLEANS ST
PACIFIC MO 63069

SCHALLERT,KATHRYN M
607 JOYCE ANN
MANCHESTER MO 63021-0000

LOT:176 O T OF FRANKLIN

Property Market Value

	Land	Building	Total Value
Agricultural:	\$0	\$0	\$0
Residential:	\$15,300	\$52,840	\$68,140
Commercial:	\$0	\$0	\$0
Exempt:	0.0000	\$0	\$0
Total Value:			\$68,140

Property Assessed Value

	Land	Building	Total Value
Agricultural:	\$0	\$0	\$0
Residential:	\$2,907	\$10,040	\$12,947
Commercial:	\$0	\$0	\$0
Exempt:	\$0	\$0	\$0
Total Value:			\$12,947

Values are **2015 Certified**

104 EAST ORLEANS



104 EAST ORLEANS - ACCESSORY



National Flood Hazard Layer FIRMette



Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS		Without Base Flood Elevation (BFE) Zone A, V, A99
		With BFE or Depth
		Regulatory Floodway Zone AE, AO, AH, VE, AR

OTHER AREAS OF FLOOD HAZARD		0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
		Future Conditions 1% Annual Chance Flood Hazard Zone X
		Area with Reduced Flood Risk due to Levee. See Notes. Zone X
		Area with Flood Risk due to Levee Zone D

OTHER AREAS		Area of Minimal Flood Hazard Zone X
		Effective LOMRs
		Area of Undetermined Flood Hazard Zone D

GENERAL STRUCTURES		Channel, Culvert, or Storm Sewer
		Levee, Dike, or Floodwall

OTHER FEATURES		20.2 Cross Sections with 1% Annual Chance Water Surface Elevation
		17.5
		Coastal Transect
		Base Flood Elevation Line (BFE)
		Limit of Study
		Jurisdiction Boundary
		Coastal Transect Baseline
		Profile Baseline
		Hydrographic Feature

MAP PANELS		Digital Data Available
		No Digital Data Available
		Unmapped



This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The base map shown complies with FEMA's base map accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on **2/20/2018 at 10:35:08 AM** and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: base map imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

38°29'2.74"N
90°44'47.15"W

104 East Orleans

AREA OF MINIMAL FLOOD HAZARD
Zone X

2907100355D
eff. 10/18/2011
CITY OF PACIFIC
290134

Zone AE

FLOODWAY
Zone AE

BRUSHY CREEK

Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community

0 250 500 1,000 1,500 2,000 Feet 1:6,241.13 38°28'33.45"N 90°44'8.19"W

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
**Statement of Voluntary Participation for
Acquisition of Property for Purpose of Open Space
FEMA's Hazard Mitigation Assistance Programs**

O.M.B. No. 1660-0103
Expires August 31, 2011

THIS AGREEMENT is made and entered into this on (date) Feb 8, 2018, by and between (name of Subgrantee) City of Pacific, Missouri, hereinafter referred to as "Subgrantee," and (property owner) Kathryn M Schallert, hereinafter referred to as "Seller." The parties agree as follows:

1. Seller affirms that I/we own the property located at (legal address) 104 E Orleans, hereinafter referred to as "property."
2. Subgrantee has notified Seller that the Subgrantee may wish to purchase the referenced property, and, if Seller agrees to sell, Seller must permanently relocate from property.
3. Subgrantee has identified that the purchase offer valuation of the property as of (date) 1-19-2018 is \$ 81768, as determined by appropriate valuation procedures implemented by Subgrantee and based on FEMA acquisition requirements provided in 44 C.F.R. Part 80, and relevant program guidance as documented below (e.g., *Pre-Disaster Mitigation, Hazard Mitigation Grant Program, Flood Mitigation Assistance*). _____
4. Subgrantee has notified the Seller that **neither the State nor the Local Government will use its eminent domain authority to acquire the property for open-space purpose if the Seller chooses not to participate, or if negotiations fail.**
5. Subgrantee has notified Seller that if the Seller agrees to sell the property to the Subgrantee the transaction is voluntary and the Seller is not entitled to relocation benefits provided by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, which are available to property owners who must sell their properties involuntarily.
6. Subgrantee affirms that it has provided the notifications and explained the information described in the preceding paragraphs to the seller, and property identified above is not a part of an intended, planned, or designated project area where all or substantially all of the property within the area is to be acquired within specific time limits.
7. This Agreement shall expire on (date of closing) _____, unless Seller has voluntarily sold Property to the Subgrantee by that date.

Kathryn Schallert
Property Owner Signature

Kathryn Schallert
Property Owner Signature

[Signature]
Subgrantee's Authorized Agent Signature

2/12/18
Date

2/12/18
Date

Feb 8, 2018
Date

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1 hour per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is voluntary. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington VA 20598-3005, Paperwork Reduction Project (1660-0103). **NOTE: DO NOT SEND YOUR COMPLETED FORM TO THIS ADDRESS.**

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
DECLARATION AND RELEASE

O.M.B. No. 1660-0002
Expires July 31, 2017

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 2 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0002)
NOTE: Do not send your completed form to this address.

PRIVACY ACT STATEMENT

AUTHORITY: The Robert T. Stafford Disaster Relief and Emergency Assistance Act as amended, 42 U.S.C. § 5121 -5207 and Reorganization Plan No. 3 of 1978; 4 U.S.C. §§ 2904 and 2906; 4 C.F.R. § 206 2(a)(27); the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. 104-193) and Executive Order 13411. DHS asks for your SSN pursuant to the Debt Collection Improvement Act of 1996, 31 U.S.C. § 3325(d) and § 7701(c) (1).

PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of determining eligibility and administering financial assistance under a Presidentially-declared disaster. Additionally, information may be reviewed within FEMA for quality assurance purposes and used to assess FEMA's customer service to disaster assistance applicants.

ROUTINE USE(S): The information on this form may be shared outside of FEMA as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes sharing this information with state, tribal, local, and voluntary organizations to enable you to receive additional disaster assistance and as necessary and authorized by other routine uses published in DHS/FEMA-008 Disaster Recovery Assistance Files System of Records, 78 Fed. Reg. 25,282 (April 30, 2013), and upon written request, by agreement, or as required by law.

DISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving disaster assistance.

DECLARATION AND RELEASE

In order to be eligible to receive FEMA Disaster Assistance, a member of the household must be a citizen, non-citizen national or qualified alien of the United States. **Please read the form carefully, sign the sheet and return it to the Inspector, and show him/her a current form of photo identification.** Please feel free to consult with an attorney or other immigration expert if you have any questions.

I hereby declare, under penalty of perjury that (check one):

- I am a citizen or non-citizen national of the United States.
- I am a qualified alien of the United States.
- I am the parent or guardian of a minor child who resides with me and who is a citizen, non-citizen national or qualified alien of the United States. Print full name and age of minor child: _____

By my signature I certify that:

- * Only one application has been submitted for my household
- * All information I have provided regarding my application for FEMA disaster assistance is true and correct to the best of my knowledge.
- * I will return any disaster aid money I received from FEMA or the State if I receive insurance or other money for the same loss, or if I do not use FEMA disaster aid money for the purpose for which it was intended.

I understand that, if I intentionally make false statements or conceal any information in an attempt to obtain disaster aid, it is a violation of federal and State laws, which carry severe criminal and civil penalties, including a fine up to \$250,000, imprisonment, or both (18 U.S.C. §§ 287, 1001, and 3571).

I understand that the information provided regarding my application for FEMA disaster assistance may be subject to sharing within the Department of Homeland Security (DHS) including, but not limited to, the Bureau of Immigration and Customs Enforcement.

I authorize FEMA to verify all information given by me about my property/place of residence, income, employment and dependents in order to determine my eligibility for disaster assistance; and

I authorize all custodians of records of my insurance, employer, any public or private entity, bank financial or credit data service to release information to FEMA and/or the State upon request.

NAME (print) Kathy M Schaller	SIGNATURE Kathryn Schaller	DATE OF BIRTH 11/06/62	DATE SIGNED
INSPECTOR ID #	FEMA APPLICATION # 4250A00041 411956093	DISASTER # DR 4317	
ADDRESS OF DAMAGED PROPERTY 104 E Orleans	CITY Pacific	STATE MO	ZIP CODE 63069

HMGP Property Site Inventory Form (PSI)

Use one page for each property

Owner Information:

First Name: William Last Name: Plunk Co-Owner: _____
Property Address: 110 East Congress

City: Pacific State: MO Zip Code: 63069 County: Franklin

Title Holder Post Mitigation (community undertaking project): City of Pacific

Mitigation Property Site Action: Acquisition / Demolition **Mitigation Property Site Comments:** SF Res.

Property Information:

Age of Structure (year built):	<u>2011</u>	Total Square Feet of Living Space:	<u>990</u>
Pre-Event Fair Market Value:	<u>\$47,232.00</u>	Type of Residence:	<u>Owner Occupied - Principal Residence</u>
Parcel Number:	<u>19-1-12.0-</u>	Structure Type:	<u>1 story, w/o basement</u>
<u>4-003-206.000</u>		Foundation Type:	<u>Crawl Space</u>
Property Tax Id:	<u>19-1-</u>	Basement:	<u>No</u>
<u>12.0-4-003-206.000</u>		Base Flood Elevation:	<u>463.3</u>
Latitude:	<u>38.478945</u>	First Floor Elevation:	_____
Longitude:	<u>-90.740844</u>	Number of feet the lowest floor elevation of the structure is being raised above Base Flood Elevation (Only applicable when Property Action is Elevation):	<u>n/a</u>
SHPO Cleared: ☉	<u>Yes</u>	Damage Category:	<u>0-49% Damaged</u>
SHPO Cleared Date: ☉	<u>2/22/2018</u>	Post Mitigation Property Use:	<u>open space</u>
Benefit Cost Analysis:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If commercial property what is the primary usage, explain below in comments.	
Performed: By Whom: <u>DPR</u>			
Benefit Cost Ratio:	<u>4.11</u>		
Average cost per square foot for residential & commercial construction in the community: <u>\$120</u>			

National Flood Insurance Program Information:

Flood Source: Riverine Flooding Structure Located in: Floodplain

Note: An NFIP repetitive loss structure is defined as building with 2 or more insured losses greater than \$1,000 within a 10-year period.

Repetitive Loss Structure: Unknown 2-3 insured Losses cumulatively <= building fair market value
Repetitive Loss Number: _____ 2-3 insured Losses cumulatively > building fair market value
 4 or more insured losses since 1978
 Not Applicable

NFIP Policy Number: ☉ _____ Insurance Policy Provider: ☉ _____

Is there a Flood Insurance Rate Map (FIRM) available? Yes No

Is the property site marked on the map? Yes, map attached

Flood Zone Designation:

VE or V 1-30 C or X (unshaded) AE or A 1-30 AO or AH
 B or X (shaded) Floodway A (no base flood elevation given)

FIRM Community Information:

Community: City of Pacific

Map Specific Information for Selected Community:

Panel Number: 290170355D Date: 10/18/2011

Legal Description: ☉ LOT:184 O T OF FRANKLIN

Comments: Property elevated in 2009. Residents displaced and some damage in 2015 and 2017 floods

☉ (This information is not required until the project is approved, but would be helpful if you can provide it at the time of application.)

Assessor Records

[Search GIS](#)

[Search Assessor](#)

[Search Collector](#)

[General](#)
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[Sales](#)
[Photos](#)
[Sketches](#)

PIN: 19-1-12.0-4-003-206.000
Deedholders: PLUNK,KAREN A&BILLY J SR
ENS: O T OF FRANKLIN
Subd: O T OF FRANKLIN
Acres: 0.0000
DBA:
Master Tax Dist: 111
Section: 12
Township:
Range:

Situs Address:

Mailing Address:

Legal Description:

110 E CONGRESS ST
PACIFIC MO 63069

PLUNK,KAREN A&BILLY J SR
110 E CONGRESS
PACIFIC MO 63069-0000

LOT:184 O T OF FRANKLIN

Property Market Value

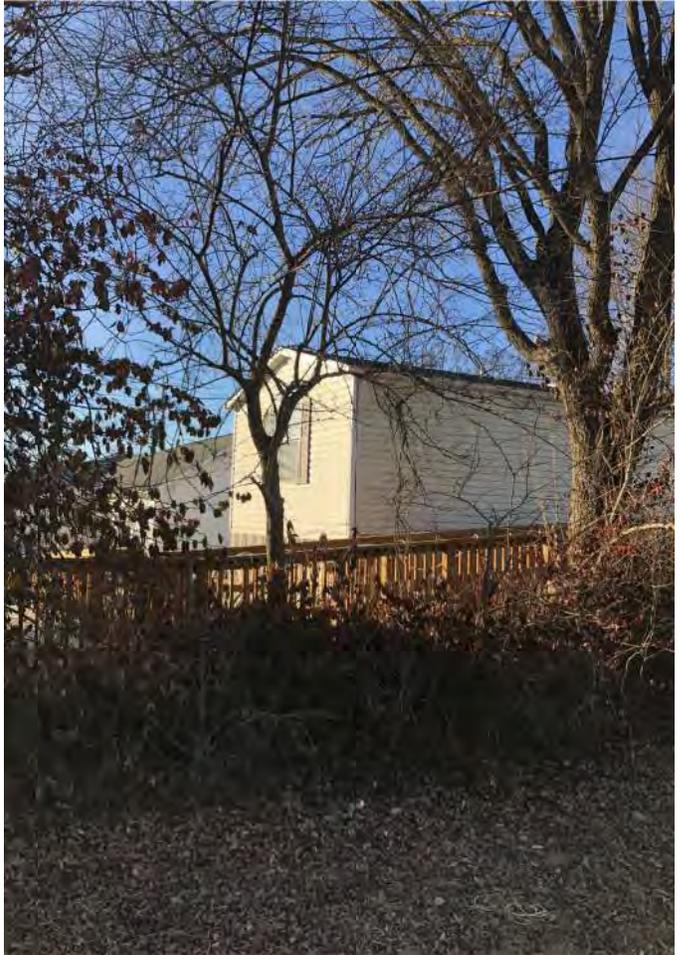
	Land	Building	Total Value
Agricultural:	\$0	\$0	\$0
Residential:	\$15,300	\$24,060	\$39,360
Commercial:	\$0	\$0	\$0
Exempt:	0.0000	\$0	\$0
Total Value:			\$39,360

Property Assessed Value

	Land	Building	Total Value
Agricultural:	\$0	\$0	\$0
Residential:	\$2,907	\$4,571	\$7,478
Commercial:	\$0	\$0	\$0
Exempt:	\$0	\$0	\$0
Total Value:			\$7,478

Values are **2015 Certified**

110 East Congress



National Flood Hazard Layer FIRMette



Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

- | | | |
|------------------------------------|--|---|
| SPECIAL FLOOD HAZARD AREAS | | Without Base Flood Elevation (BFE)
Zone A, V, A99 |
| | | With BFE or Depth |
| | | Regulatory Floodway Zone AE, AO, AH, VE, AR |
| OTHER AREAS OF FLOOD HAZARD | | 0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X |
| | | Future Conditions 1% Annual Chance Flood Hazard Zone X |
| | | Area with Reduced Flood Risk due to Levee. See Notes. Zone X |
| | | Area with Flood Risk due to Levee Zone D |
| OTHER AREAS | | NO SCREEN Area of Minimal Flood Hazard Zone X |
| | | Effective LOMRs |
| | | Area of Undetermined Flood Hazard Zone D |
| GENERAL STRUCTURES | | Channel, Culvert, or Storm Sewer |
| | | Levee, Dike, or Floodwall |
| OTHER FEATURES | | Cross Sections with 1% Annual Chance Water Surface Elevation |
| | | Coastal Transect |
| | | Base Flood Elevation Line (BFE) |
| | | Limit of Study |
| | | Jurisdiction Boundary |
| | | Coastal Transect Baseline |
| | | Profile Baseline |
| | | Hydrographic Feature |
| MAP PANELS | | Digital Data Available |
| | | No Digital Data Available |
| | | Unmapped |

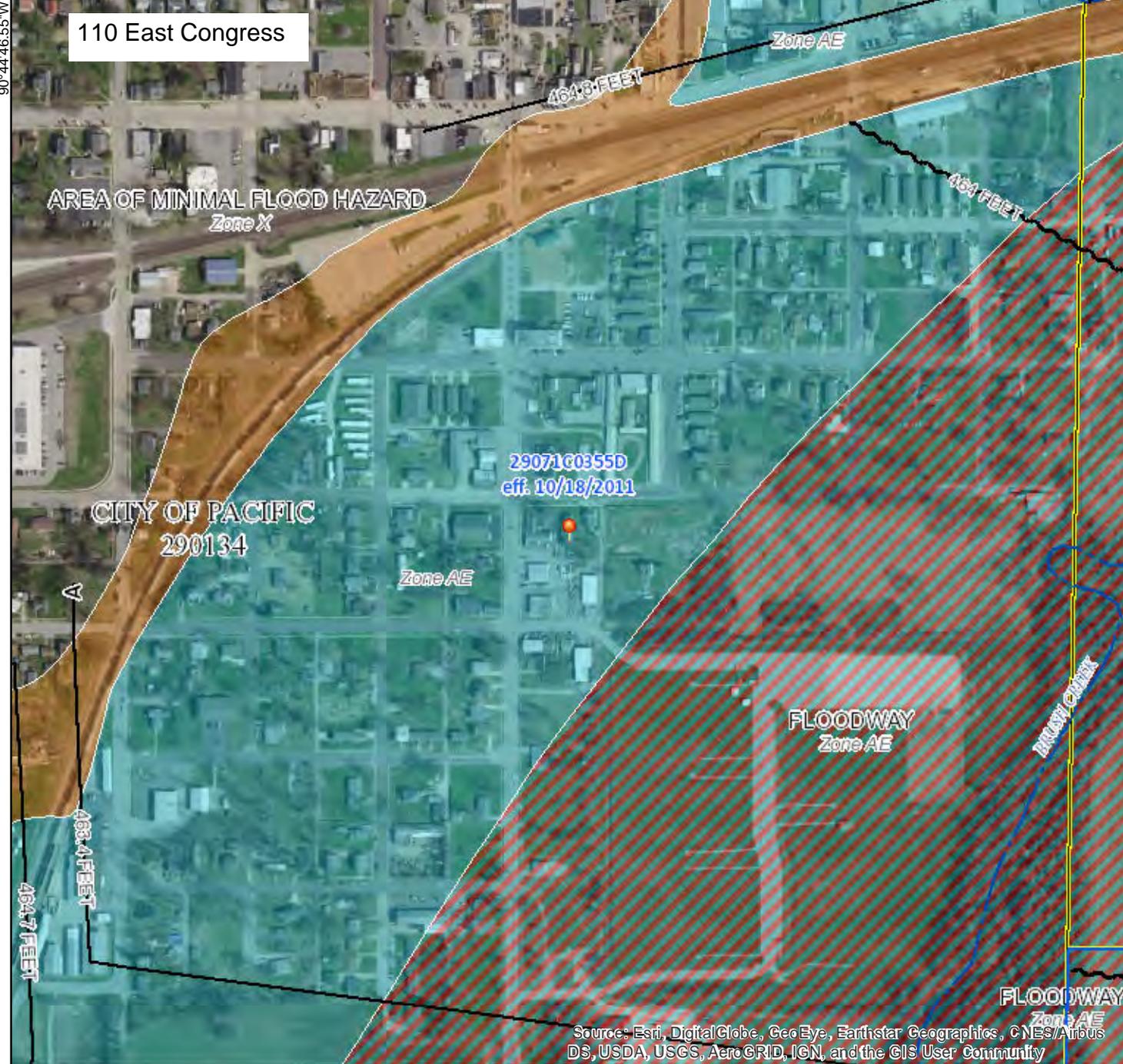


This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The base map shown complies with FEMA's base map accuracy standards

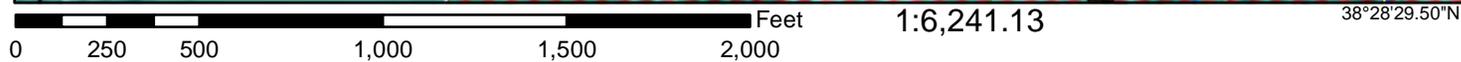
The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on **2/20/2018 at 12:15:00 PM** and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: base map imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

38°28'58.80"N



Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community



DEPARTMENT OF HOMELAND SECURITY
 FEDERAL EMERGENCY MANAGEMENT AGENCY
**Statement of Voluntary Participation for
 Acquisition of Property for Purpose of Open Space
 FEMA's Hazard Mitigation Assistance Programs**

O.M.B. No. 1660-0103
 Expires August 31, 2011

THIS AGREEMENT is made and entered into this on (date) Feb 5, 2018, by and between (name of Subgrantee) City of Pacific, Missouri, hereinafter referred to as "Subgrantee," and (property owner) Karen A Plunk and Billy J Plunk Sr., hereinafter referred to as "Seller." The parties agree as follows:

1. Seller affirms that I/we own the property located at (legal address) 110 E Congress Street, hereinafter referred to as "property."
2. Subgrantee has notified Seller that the Subgrantee may wish to purchase the referenced property, and, if Seller agrees to sell, Seller must permanently relocate from property.
3. Subgrantee has identified that the purchase offer valuation of the property as of (date) 1-19-2018 is \$ 47232, as determined by appropriate valuation procedures implemented by Subgrantee and based on FEMA acquisition requirements provided in 44 C.F.R. Part 80, and relevant program guidance as documented below (e.g., *Pre-Disaster Mitigation, Hazard Mitigation Grant Program, Flood Mitigation Assistance*).
Karen A Plunk & Billy J Plunk Sr.
4. Subgrantee has notified the Seller that **neither the State nor the Local Government will use its eminent domain authority to acquire the property for open-space purpose if the Seller chooses not to participate, or if negotiations fail.**
5. Subgrantee has notified Seller that if the Seller agrees to sell the property to the Subgrantee the transaction is voluntary and the Seller is not entitled to relocation benefits provided by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, which are available to property owners who must sell their properties involuntarily.
6. Subgrantee affirms that it has provided the notifications and explained the information described in the preceding paragraphs to the seller, and property identified above is not a part of an intended, planned, or designated project area where all or substantially all of the property within the area is to be acquired within specific time limits.
7. This Agreement shall expire on (date of closing) _____, unless Seller has voluntarily sold Property to the Subgrantee by that date.

Handwritten signatures and initials:
 Karen A Plunk
 Billy J Plunk Sr.
 [Initials]

Billy Joe Plunk Sr.
 Property Owner Signature
Karen Plunk
 Property Owner Signature
[Signature]
 Subgrantee's Authorized Agent Signature

2-22-2018
 Date
2-22-2018
 Date
 Feb 5, 2018
 Date

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1 hour per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is voluntary. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington VA 20598-3005, Paperwork Reduction Project (1660-0103). **NOTE: DO NOT SEND YOUR COMPLETED FORM TO THIS ADDRESS.**

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
DECLARATION AND RELEASE

O.M.B. No. 1660-0002
Expires July 31, 2017

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 2 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0002)
NOTE: Do not send your completed form to this address.

PRIVACY ACT STATEMENT

AUTHORITY: The Robert T. Stafford Disaster Relief and Emergency Assistance Act as amended, 42 U.S.C. § 5121 -5207 and Reorganization Plan No. 3 of 1978; 4 U.S.C. §§ 2904 and 2906; 4 C.F.R. § 206.2(a)(27); the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. 104-193) and Executive Order 13411. DHS asks for your SSN pursuant to the Debt Collection Improvement Act of 1996, 31 U.S.C. § 3325(d) and § 7701(c) (1).

PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of determining eligibility and administering financial assistance under a Presidentially-declared disaster. Additionally, information may be reviewed within FEMA for quality assurance purposes and used to assess FEMA's customer service to disaster assistance applicants.

ROUTINE USE(S): The information on this form may be shared outside of FEMA as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes sharing this information with state, tribal, local, and voluntary organizations to enable you to receive additional disaster assistance and as necessary and authorized by other routine uses published in DHS/FEMA-008 Disaster Recovery Assistance Files System of Records, 78 Fed. Reg. 25,282 (April 30, 2013), and upon written request, by agreement, or as required by law.

DISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving disaster assistance.

DECLARATION AND RELEASE

In order to be eligible to receive FEMA Disaster Assistance, a member of the household must be a citizen, non-citizen national or qualified alien of the United States. **Please read the form carefully, sign the sheet and return it to the Inspector, and show him/her a current form of photo identification.** Please feel free to consult with an attorney or other immigration expert if you have any questions.

I hereby declare, under penalty of perjury that (check one):

- I am a citizen or non-citizen national of the United States.
- I am a qualified alien of the United States.
- I am the parent or guardian of a minor child who resides with me and who is a citizen, non-citizen national or qualified alien of the United States. Print full name and age of minor child: Karen A. Plunk 44

By my signature I certify that:

- * Only one application has been submitted for my household.
- * All information I have provided regarding my application for FEMA disaster assistance is true and correct to the best of my knowledge.
- * I will return any disaster aid money I received from FEMA or the State if I receive insurance or other money for the same loss, or if I do not use FEMA disaster aid money for the purpose for which it was intended.

I understand that, if I intentionally make false statements or conceal any information in an attempt to obtain disaster aid, it is a violation of federal and State laws, which carry severe criminal and civil penalties, including a fine up to \$250,000, imprisonment, or both (18 U.S.C. §§ 287, 1001, and 3571).

I understand that the information provided regarding my application for FEMA disaster assistance may be subject to sharing within the Department of Homeland Security (DHS) including, but not limited to, the Bureau of Immigration and Customs Enforcement.

I authorize FEMA to verify all information given by me about my property/place of residence, income, employment and dependents in order to determine my eligibility for disaster assistance; and

I authorize all custodians of records of my insurance, employer, any public or private entity, bank financial or credit data service to release information to FEMA and/or the State upon request.

NAME (print) <i>Karen A. Plunk</i>	SIGNATURE <i>Karen A. Plunk</i>	DATE OF BIRTH <i>7/9/44</i>	DATE SIGNED <i>2/27/2018</i>
INSPECTOR ID #	FEMA APPLICATION #	DISASTER # DR 4317	
ADDRESS OF DAMAGED PROPERTY 110 E Congress St	CITY Pacific	STATE MO	ZIP CODE 63069

HMGP Property Site Inventory Form (PSI)

Use one page for each property

Owner Information:

First Name: Bell Rental Real Estate Last Name: _____ Co-Owner: _____

Property Address: 203 East Central

City: Pacific State: MO Zip Code: 63069 County: Franklin

Title Holder Post Mitigation (community undertaking project): City of Pacific

Mitigation Property Site Action: Acquisition / Demolition **Mitigation Property Site Comments:** SF Res.

Property Information:

Age of Structure (year built):	<u>1900</u>	Total Square Feet of Living Space:	<u>770</u>
Pre-Event Fair Market Value:	<u>\$25,056.00</u>	Type of Residence:	<u>Other (Specify in Comments)</u>
Parcel Number:	<u>19-1-12.0-</u>	Structure Type:	<u>1 story, w/o basement</u>
<u>4-004-104.000</u>		Foundation Type:	<u>Crawl Space</u>
Property Tax Id:	<u>19-1-</u>	Basement:	<u>No</u>
<u>12.0-4-004-104.000</u>		Base Flood Elevation:	<u>463.3</u>
Latitude:	<u>38.481375</u>	First Floor Elevation:	_____
Longitude:	<u>-90.739570</u>	Number of feet the lowest floor elevation of the structure is being raised above Base Flood Elevation (Only applicable when Property Action is Elevation):	<u>n/a</u>
SHPO Cleared: ☉	<u>Yes</u>	Damage Category:	<u>50-100% Damaged</u>
SHPO Cleared Date: ☉	<u>2/22/2018</u>	Post Mitigation Property Use:	<u>open space</u>
Benefit Cost Analysis:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If commercial property what is the primary usage, explain below in comments.	
Performed: By Whom: <u>DPR</u>			
Benefit Cost Ratio:	<u>6.13</u>		
Average cost per square foot for residential & commercial construction in the community: <u>\$120</u>			

National Flood Insurance Program Information:

Flood Source: Riverine Flooding Structure Located in: Floodplain

Note: An NFIP repetitive loss structure is defined as building with 2 or more insured losses greater than \$1,000 within a 10-year period.

Repetitive Loss Structure: Unknown 2-3 insured Losses cumulatively <= building fair market value
Repetitive Loss Number: _____ 2-3 insured Losses cumulatively > building fair market value
 4 or more insured losses since 1978
 Not Applicable

NFIP Policy Number: ☉ _____ Insurance Policy Provider: ☉ _____

Is there a Flood Insurance Rate Map (FIRM) available? Yes No

Is the property site marked on the map? Yes, map attached

Flood Zone Designation:

VE or V 1-30 C or X (unshaded) AE or A 1-30 AO or AH
 B or X (shaded) Floodway A (no base flood elevation given)

FIRM Community Information:

Community: City of Pacific

Map Specific Information for Selected Community:

Panel Number: 290170355D Date: 10/18/2011

Legal Description: ☉ LOT:PT13&PT14 INKS ADDN

Comments: Property is not occupied because of substantial damage

☉ (This information is not required until the project is approved, but would be helpful if you can provide it at the time of application.)

Assessor Records

[Search GIS](#)

[Search Assessor](#)

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[Land/Yard Imps](#)

[Residential](#)

[Ag Buildings](#)

[Commercial](#)

[Sales](#)

[Photos](#)

[Sketches](#)

PIN: 19-1-12.0-4-004-104.000
 ENS:
 Master Tax Dist 111
Subd: INKS
Deedholders
 Acres: 0.0000
 Section 12
 Township
 Range
 BELL RENTAL REAL ESTATE LLC
 DBA:

Situs Address:

Mailing Address:

Legal Description:

203 E CENTRAL ST
PACIFIC MO 63069

C/O STEPHEN BELL
BELL RENTAL REAL ESTATE LLC
4758 COLEMAN RD
VILLA RIDGE MO 63089-0000

LOT:PT13&PT14 INKS ADDN

Property Market Value

	Land	Building	Total Value
Agricultural:	\$0	\$0	\$0
Residential:	\$20,880	\$0	\$20,880
Commercial:	\$0	\$0	\$0
Exempt:	0.0000	\$0	\$0
	Total Value:		\$20,880

Property Assessed Value

	Land	Building	Total Value
Agricultural:	\$0	\$0	\$0
Residential:	\$3,967	\$0	\$3,967
Commercial:	\$0	\$0	\$0
Exempt:	\$0	\$0	\$0
	Total Value:		\$3,967

Values are **2015 Certified**

203 East Central



National Flood Hazard Layer FIRMette



Legend

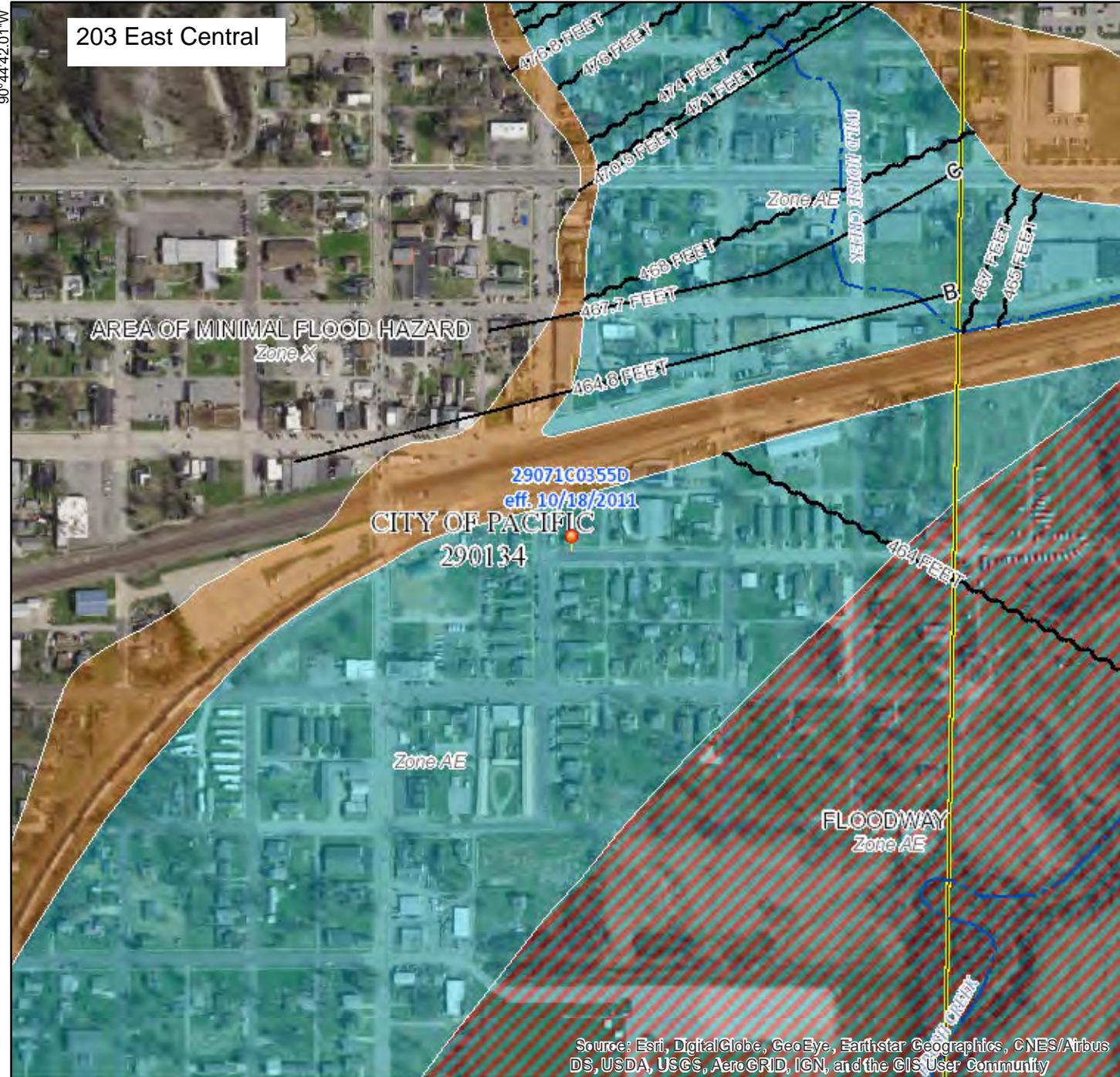
SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

- | | | |
|------------------------------------|--|---|
| SPECIAL FLOOD HAZARD AREAS | | Without Base Flood Elevation (BFE)
Zone A, V, A99 |
| | | With BFE or Depth |
| | | Regulatory Floodway Zone AE, AO, AH, VE, AR |
| OTHER AREAS OF FLOOD HAZARD | | 0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X |
| | | Future Conditions 1% Annual Chance Flood Hazard Zone X |
| | | Area with Reduced Flood Risk due to Levee. See Notes. Zone X |
| | | Area with Flood Risk due to Levee Zone D |
| OTHER AREAS | | Area of Minimal Flood Hazard Zone X |
| | | Effective LOMRs |
| | | Area of Undetermined Flood Hazard Zone D |
| GENERAL STRUCTURES | | Channel, Culvert, or Storm Sewer |
| | | Levee, Dike, or Floodwall |
| OTHER FEATURES | | Cross Sections with 1% Annual Chance Water Surface Elevation |
| | | Water Surface Elevation |
| | | Coastal Transect |
| | | Base Flood Elevation Line (BFE) |
| | | Limit of Study |
| | | Jurisdiction Boundary |
| | | Coastal Transect Baseline |
| | | Profile Baseline |
| | | Hydrographic Feature |
| MAP PANELS | | Digital Data Available |
| | | No Digital Data Available |
| | | Unmapped |

38°29'7.54"N

90°44'42.01"W

203 East Central



Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community

0 250 500 1,000 1,500 2,000 Feet 1:6,241.13 38°28'38.24"N 90°44'3.06"W

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The base map shown complies with FEMA's base map accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 2/20/2018 at 1:45:48 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: base map imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

HMGP Property Site Inventory Form (PSI)

Use one page for each property

Owner Information:

First Name: Raymond Last Name: Thompson Co-Owner: _____
Property Address: 207 South Columbus

City: Pacific State: MO Zip Code: 63069 County: Franklin

Title Holder Post Mitigation (community undertaking project): City of Pacific

Mitigation Property Site Action: Acquisition / Demolition **Mitigation Property Site Comments:** SF Res.

Property Information:

Age of Structure (year built):	<u>1945</u>	Total Square Feet of Living Space:	<u>704</u>
Pre-Event Fair Market Value:	<u>\$44,100.00</u>	Type of Residence:	<u>Other (Specify in Comments)</u>
Parcel Number:	<u>19-1-12.0-</u>	Structure Type:	<u>1 story, w/o basement</u>
<u>4-004-098.000</u>		Foundation Type:	<u>Slab on Grade</u>
Property Tax Id:	<u>19-1-</u>	Basement:	<u>No</u>
<u>12.0-4-004-098.000</u>		Base Flood Elevation:	<u>463.3</u>
Latitude:	<u>38.480917</u>	First Floor Elevation:	_____
Longitude:	<u>-90.740084</u>	Number of feet the lowest floor elevation of the structure is being raised above Base Flood Elevation (Only applicable when Property Action is Elevation):	<u>n/a</u>
SHPO Cleared: ☉	<u>Yes</u>	Damage Category:	<u>0-49% Damaged</u>
SHPO Cleared Date: ☉	<u>2/20/2018</u>	Post Mitigation Property Use:	<u>open space</u>
Benefit Cost Analysis:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If commercial property what is the primary usage, explain below in comments.	
Performed: By Whom: <u>DPR</u>			
Benefit Cost Ratio:	<u>4.31</u>		
Average cost per square foot for residential & commercial construction in the community: <u>\$120</u>			

National Flood Insurance Program Information:

Flood Source: Riverine Flooding Structure Located in: Floodplain

Note: An NFIP repetitive loss structure is defined as building with 2 or more insured losses greater than \$1,000 within a 10-year period.

Repetitive Loss Structure: Unknown 2-3 insured Losses cumulatively <= building fair market value
Repetitive Loss Number: _____ 2-3 insured Losses cumulatively > building fair market value
 4 or more insured losses since 1978
 Not Applicable

NFIP Policy Number: ☉ _____ Insurance Policy Provider: ☉ _____

Is there a Flood Insurance Rate Map (FIRM) available? Yes No

Is the property site marked on the map? Yes, map attached

Flood Zone Designation:

VE or V 1-30 C or X (unshaded) AE or A 1-30 AO or AH
 B or X (shaded) Floodway A (no base flood elevation given)

FIRM Community Information:

Community: City of Pacific

Map Specific Information for Selected Community:

Panel Number: 290170355D Date: 10/18/2011

Legal Description: ☉ Lot 5 of Inks Addition and Ex N 10' Old Town of Franklin

Comments: Property is not occupied because of substantial damage

☉ (This information is not required until the project is approved, but would be helpful if you can provide it at the time of application.)

207 South Columbus



National Flood Hazard Layer FIRMette

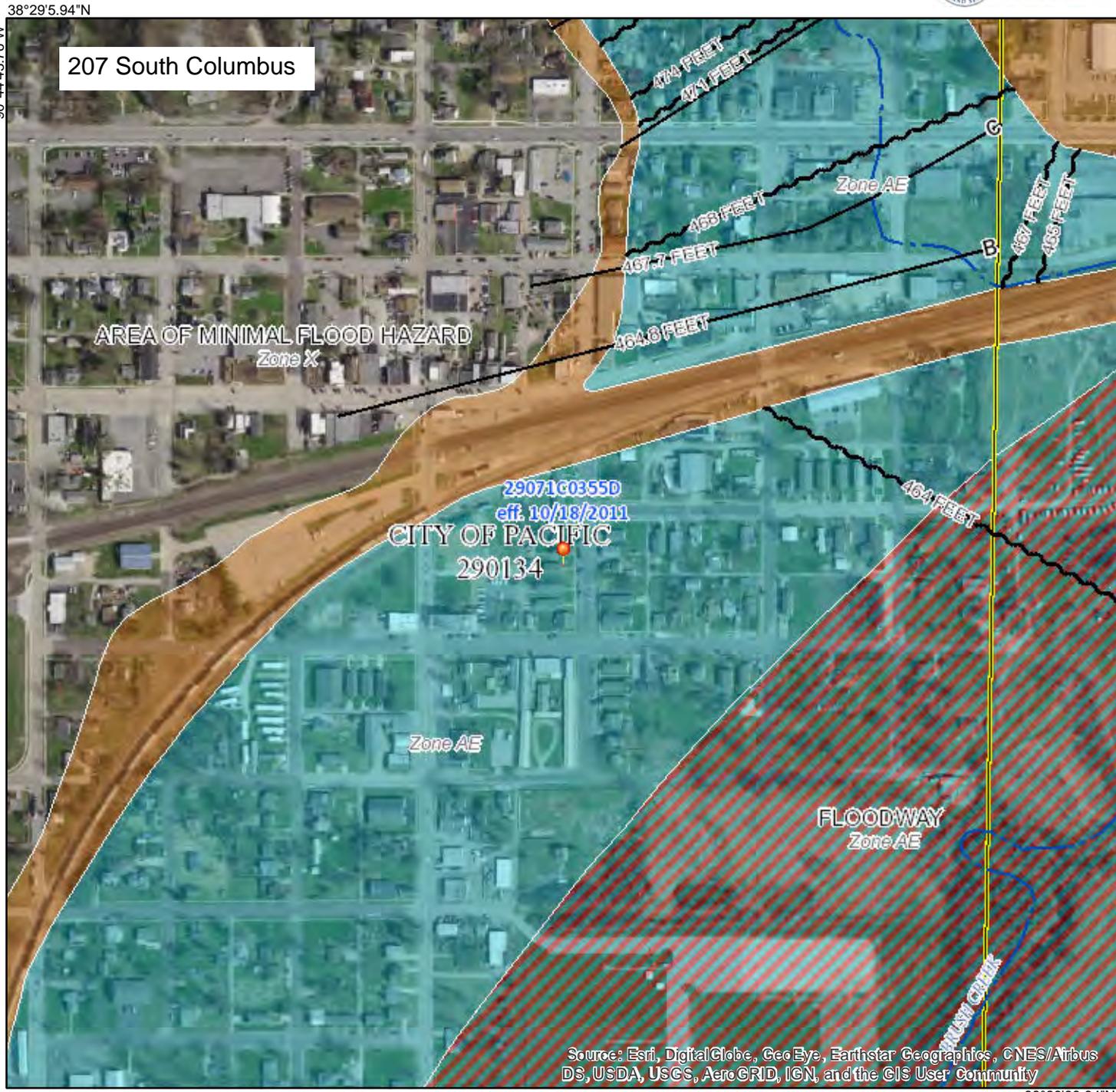


Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS		Without Base Flood Elevation (BFE) Zone A, V, A99
		With BFE or Depth
		Regulatory Floodway Zone AE, AO, AH, VE, AR
OTHER AREAS OF FLOOD HAZARD		0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
		Future Conditions 1% Annual Chance Flood Hazard Zone X
		Area with Reduced Flood Risk due to Levee. See Notes. Zone X
		Area with Flood Risk due to Levee Zone D
OTHER AREAS		Area of Minimal Flood Hazard Zone X
GENERAL STRUCTURES		Effective LOMRs
		Area of Undetermined Flood Hazard Zone D
		Channel, Culvert, or Storm Sewer
		Levee, Dike, or Floodwall
OTHER FEATURES		20.2 Cross Sections with 1% Annual Chance Water Surface Elevation
		17.5 Coastal Transect
		Base Flood Elevation Line (BFE)
		Limit of Study
		Jurisdiction Boundary
		Coastal Transect Baseline
		Profile Baseline
		Hydrographic Feature
MAP PANELS		Digital Data Available
		No Digital Data Available
		Unmapped

90°44'43.76"W



90°44'4.80"W

0 250 500 1,000 1,500 2,000 Feet 1:6,241.13 38°28'36.64"N

Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The base map shown complies with FEMA's base map accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 2/20/2018 at 12:30:29 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: base map imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

HMGP Property Site Inventory Form (PSI)

Use one page for each property

Owner Information:

First Name: Big Boy Properties LLC Last Name: _____ Co-Owner: _____
Property Address: 221 West Congress

City: Pacific State: MO Zip Code: 63069 County: Franklin

Title Holder Post Mitigation (community undertaking project): City of Pacific

Mitigation Property Site Action: Acquisition / Demolition **Mitigation Property Site Comments:** SF Res.

Property Information:

Age of Structure (year built):	<u>1880</u>	Total Square Feet of Living Space:	<u>1280</u>
Pre-Event Fair Market Value:	<u>\$80,436.00</u>	Type of Residence:	<u>Rental</u>
Parcel Number:	<u>19-1-12.0-</u>	Structure Type:	<u>1 story, w/o basement</u>
<u>4-003-183.000</u>		Foundation Type:	<u>Crawl Space</u>
Property Tax Id:	<u>19-1-</u>	Basement:	<u>No</u>
<u>12.0-4-003-183.000</u>		Base Flood Elevation:	<u>463.3</u>
Latitude:	<u>38.479470</u>	First Floor Elevation:	_____
Longitude:	<u>-90.743684</u>	Number of feet the lowest floor elevation of the structure is being raised above Base Flood Elevation (Only applicable when Property Action is Elevation):	<u>n/a</u>
SHPO Cleared: ☉	<u>Select...</u>	Damage Category:	<u>0-49% Damaged</u>
SHPO Cleared Date: ☉	_____	Post Mitigation Property Use:	<u>open space</u>
Benefit Cost Analysis:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If commercial property what is the primary usage, explain below in comments.	
Performed: By Whom:	<u>DPR</u>		
Benefit Cost Ratio:	<u>2.75</u>		
Average cost per square foot for residential & commercial construction in the community: <u>\$120</u>			

National Flood Insurance Program Information:

Flood Source: Riverine Flooding Structure Located in: Floodplain

Note: An NFIP repetitive loss structure is defined as building with 2 or more insured losses greater than \$1,000 within a 10-year period.

Repetitive Loss Structure: Unknown 2-3 insured Losses cumulatively <= building fair market value
Repetitive Loss Number: _____ 2-3 insured Losses cumulatively > building fair market value
 4 or more insured losses since 1978
 Not Applicable

NFIP Policy Number: ☉ _____ Insurance Policy Provider: ☉ _____

Is there a Flood Insurance Rate Map (FIRM) available? Yes No

Is the property site marked on the map? Yes, map attached

Flood Zone Designation:

VE or V 1-30 C or X (unshaded) AE or A 1-30 AO or AH
 B or X (shaded) Floodway A (no base flood elevation given)

FIRM Community Information:

Community: City of Pacific

Map Specific Information for Selected Community:

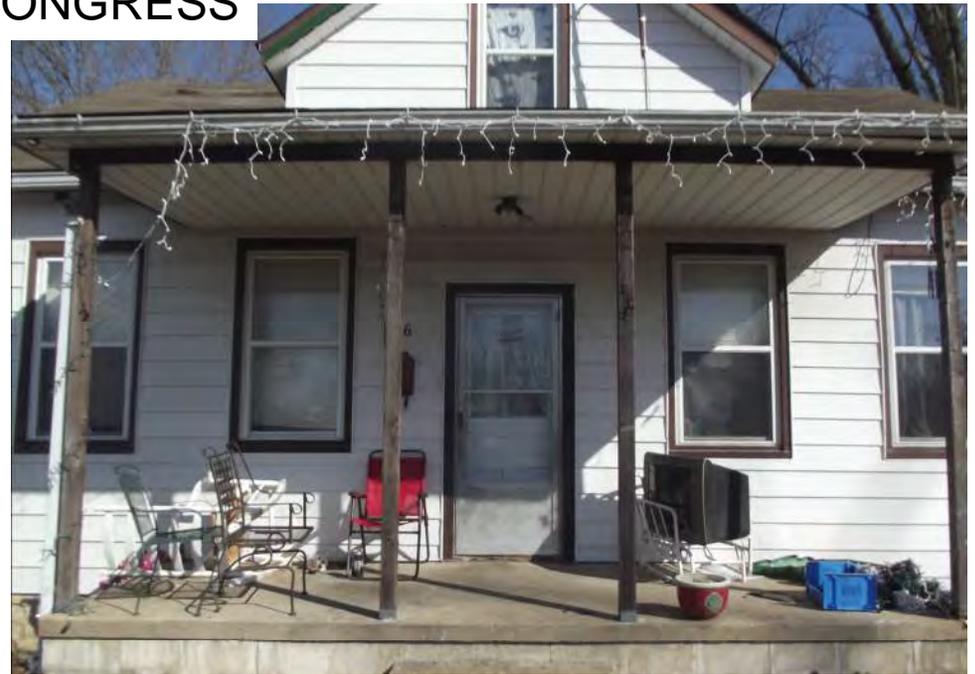
Panel Number: 290170355D Date: 10/18/2011

Legal Description: ☉ _____

Comments: Property has been flooded in 2015 and 2017

☉ (This information is not required until the project is approved, but would be helpful if you can provide it at the time of application.)

221 WEST CONGRESS



National Flood Hazard Layer FIRMette



Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

- SPECIAL FLOOD HAZARD AREAS**
 - Without Base Flood Elevation (BFE)
Zone A, V, A99
 - With BFE or Depth
 - Regulatory Floodway Zone AE, AO, AH, VE, AR

- OTHER AREAS OF FLOOD HAZARD**
 - 0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
 - Future Conditions 1% Annual Chance Flood Hazard Zone X
 - Area with Reduced Flood Risk due to Levee. See Notes. Zone X
 - Area with Flood Risk due to Levee Zone D

- OTHER AREAS**
 - NO SCREEN Area of Minimal Flood Hazard Zone X
 - Effective LOMRs
 - Area of Undetermined Flood Hazard Zone D

- GENERAL STRUCTURES**
 - Channel, Culvert, or Storm Sewer
 - Levee, Dike, or Floodwall

- OTHER FEATURES**
 - 20.2 Cross Sections with 1% Annual Chance Water Surface Elevation
 - 17.5 Coastal Transect
 - Base Flood Elevation Line (BFE)
 - Limit of Study
 - Jurisdiction Boundary
 - Coastal Transect Baseline
 - Profile Baseline
 - Hydrographic Feature

- MAP PANELS**
 - Digital Data Available
 - No Digital Data Available
 - Unmapped



38°29'0.77"N

90°44'56.67"W

221 West Congress

AREA OF MINIMAL FLOOD HAZARD
Zone X

290710355D
eff. 10/18/2011
CITY OF PACIFIC
290134

FLOODWAY
Zone AE

0 250 500 1,000 1,500 2,000 Feet 1:6,241.13 38°28'31.48"N

Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The base map shown complies with FEMA's base map accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on **2/20/2018 at 1:42:15 PM** and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: base map imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

90°44'17.11"W

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
DECLARATION AND RELEASE

O.M.B. No. 1660-0002
Expires July 31, 2017

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 2 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0002)
NOTE: Do not send your completed form to this address.

PRIVACY ACT STATEMENT

AUTHORITY: The Robert T. Stafford Disaster Relief and Emergency Assistance Act as amended, 42 U.S.C. § 5121 -5207 and Reorganization Plan No. 3 of 1978; 4 U.S.C. §§ 2904 and 2906; 4 C.F.R. § 206.2(a)(27); the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. 104-193) and Executive Order 13411. DHS asks for your SSN pursuant to the Debt Collection Improvement Act of 1996, 31 U.S.C. § 3325(d) and § 7701(c) (1).
PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of determining eligibility and administering financial assistance under a Presidentially-declared disaster. Additionally, information may be reviewed within FEMA for quality assurance purposes and used to assess FEMA's customer service to disaster assistance applicants.
ROUTINE USE(S): The information on this form may be shared outside of FEMA as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes sharing this information with state, tribal, local, and voluntary organizations to enable you to receive additional disaster assistance and as necessary and authorized by other routine uses published in DHS/FEMA-008 Disaster Recovery Assistance Files System of Records, 78 Fed. Reg. 25,282 (April 30, 2013), and upon written request, by agreement, or as required by law.
DISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving disaster assistance.

DECLARATION AND RELEASE

In order to be eligible to receive FEMA Disaster Assistance, a member of the household must be a citizen, non-citizen national or qualified alien of the United States. **Please read the form carefully, sign the sheet and return it to the Inspector, and show him/her a current form of photo identification.** Please feel free to consult with an attorney or other immigration expert if you have any questions.

I hereby declare, under penalty of perjury that (check one):

- I am a citizen or non-citizen national of the United States.
 I am a qualified alien of the United States.
 I am the parent or guardian of a minor child who resides with me and who is a citizen, non-citizen national or qualified alien of the United States. Print full name and age of minor child: _____

By my signature I certify that:

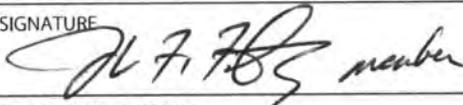
- * Only one application has been submitted for my household.
- * All information I have provided regarding my application for FEMA disaster assistance is true and correct to the best of my knowledge.
- * I will return any disaster aid money I received from FEMA or the State if I receive insurance or other money for the same loss, or if I do not use FEMA disaster aid money for the purpose for which it was intended.

I understand that, if I intentionally make false statements or conceal any information in an attempt to obtain disaster aid, it is a violation of federal and State laws, which carry severe criminal and civil penalties, including a fine up to \$250,000, imprisonment, or both (18 U.S.C. §§ 287, 1001, and 3571).

I understand that the information provided regarding my application for FEMA disaster assistance may be subject to sharing within the Department of Homeland Security (DHS) including, but not limited to, the Bureau of Immigration and Customs Enforcement.

I authorize FEMA to verify all information given by me about my property/place of residence, income, employment and dependents in order to determine my eligibility for disaster assistance; and

I authorize all custodians of records of my insurance, employer, any public or private entity, bank financial or credit data service to release information to FEMA and/or the State upon request.

NAME (print) Big Boy Properties LLC by John Freitag-member	SIGNATURE 	DATE OF BIRTH 9/30/1969	DATE SIGNED Feb 5, 2018
INSPECTOR ID #	FEMA APPLICATION #	DISASTER # DR 4317	
ADDRESS OF DAMAGED PROPERTY 221 W. Congress	CITY Pacific	STATE MO	ZIP CODE 63069

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
**Statement of Voluntary Participation for
Acquisition of Property for Purpose of Open Space
FEMA's Hazard Mitigation Assistance Programs**

O.M.B. No. 1660-0103
Expires August 31, 2011

THIS AGREEMENT is made and entered into this on (date) Feb 5, 2018, by and between (name of Subgrantee) City of Pacific, Missouri, hereinafter referred to as "Subgrantee," and (property owner) Big Boy Properties LLC, hereinafter referred to as "Seller." The parties agree as follows:

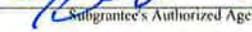
1. Seller affirms that I/we own the property located at (legal address) 221 W. Congress St, hereinafter referred to as "property."
2. Subgrantee has notified Seller that the Subgrantee may wish to purchase the referenced property, and, if Seller agrees to sell, Seller must permanently relocate from property.
3. Subgrantee has identified that the purchase offer valuation of the property as of (date) 1-19-2018 is \$ 80436, as determined by appropriate valuation procedures implemented by Subgrantee and based on FEMA acquisition requirements provided in 44 C.F.R. Part 80, and relevant program guidance as documented below (e.g., *Pre-Disaster Mitigation, Hazard Mitigation Grant Program, Flood Mitigation Assistance*).
4. Subgrantee has notified the Seller that **neither the State nor the Local Government will use its eminent domain authority to acquire the property for open-space purpose if the Seller chooses not to participate, or if negotiations fail.**
5. Subgrantee has notified Seller that if the Seller agrees to sell the property to the Subgrantee the transaction is voluntary and the Seller is not entitled to relocation benefits provided by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, which are available to property owners who must sell their properties involuntarily.
6. Subgrantee affirms that it has provided the notifications and explained the information described in the preceding paragraphs to the seller, and property identified above is not a part of an intended, planned, or designated project area where all or substantially all of the property within the area is to be acquired within specific time limits.
7. This Agreement shall expire on (date of closing) _____, unless Seller has voluntarily sold Property to the Subgrantee by that date.



Property Owner Signature



Property Owner Signature



Subgrantee's Authorized Agent Signature

2/5/18
Date

Date

Feb 5, 2018
Date

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1 hour per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is voluntary. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington VA 20598-3005, Paperwork Reduction Project (1660-0103) **NOTE: DO NOT SEND YOUR COMPLETED FORM TO THIS ADDRESS.**

HMGP Property Site Inventory Form (PSI)

Use one page for each property

Owner Information:

First Name: Charles Last Name: Phillips Co-Owner: _____
Property Address: 223 South Columbus

City: Pacific State: MO Zip Code: 63069 County: Franklin

Title Holder Post Mitigation (community undertaking project): City of Pacific

Mitigation Property Site Action: Acquisition / Demolition **Mitigation Property Site Comments:** SF Res.

Property Information:

Age of Structure (year built):	<u>1874</u>	Total Square Feet of Living Space:	<u>1474</u>
Pre-Event Fair Market Value:	<u>\$102,924</u>	Type of Residence:	<u>Other (Specify in Comments)</u>
Parcel Number:	<u>19-1-12.0-</u>	Structure Type:	<u>1 story, w/o basement</u>
<u>4-004-095.000</u>		Foundation Type:	<u>Slab on Grade</u>
Property Tax Id:	<u>19-1-</u>	Basement:	<u>No</u>
<u>12.0-4-004-095.000</u>		Base Flood Elevation:	<u>463.3</u>
Latitude:	<u>38.480399</u>	First Floor Elevation:	_____
Longitude:	<u>-90.740049</u>	Number of feet the lowest floor elevation of the structure is being raised above Base Flood Elevation (Only applicable when Property Action is Elevation):	<u>n/a</u>
SHPO Cleared: ☉	<u>Yes</u>	Damage Category:	<u>0-49% Damaged</u>
SHPO Cleared Date: ☉	<u>2/20/2018</u>	Post Mitigation Property Use:	<u>open space</u>
Benefit Cost Analysis:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If commercial property what is the primary usage, explain below in comments.	
Performed: By Whom:	<u>DPR</u>		
Benefit Cost Ratio:	<u>2.25</u>		
Average cost per square foot for residential & commercial construction in the community: <u>\$120</u>			

National Flood Insurance Program Information:

Flood Source: Riverine Flooding Structure Located in: Floodplain

Note: An NFIP repetitive loss structure is defined as building with 2 or more insured losses greater than \$1,000 within a 10-year period.

Repetitive Loss Structure: Unknown 2-3 insured Losses cumulatively <= building fair market value
Repetitive Loss Number: _____ 2-3 insured Losses cumulatively > building fair market value
 4 or more insured losses since 1978
 Not Applicable

NFIP Policy Number: ☉ _____ Insurance Policy Provider: ☉ _____

Is there a Flood Insurance Rate Map (FIRM) available? Yes No

Is the property site marked on the map? Yes, map attached

Flood Zone Designation:

VE or V 1-30 C or X (unshaded) AE or A 1-30 AO or AH
 B or X (shaded) Floodway A (no base flood elevation given)

FIRM Community Information:

Community: City of Pacific

Map Specific Information for Selected Community:

Panel Number: 290170355D Date: 10/18/2011

Legal Description: ☉ Lot 9 of Inks Addition

Comments: Property is not occupied because of substantial damage

☉ (This information is not required until the project is approved, but would be helpful if you can provide it at the time of application.)

Assessor Records

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[Sales](#)
[Photos](#)
[Sketches](#)

PIN: 19-1-12.0-4-004-095.000
 ENS:
 Master Tax Dist 111
Subd: INKS
Deedholders
 Acres: 0.0000
 Section
 Township
 Range
 PHILLIPS,CHARLES R&ANITA A
 12
DBA:

Situs Address:

Mailing Address:

Legal Description:

223 S COLUMBUS ST
PACIFIC MO 63069

PHILLIPS,CHARLES R&ANITA A
2634 SUNRISE DR
EUREKA MO 63025-0000

LOT:9 INKS ADDN

Property Market Value

	Land	Building	Total Value
Agricultural:	\$0	\$0	\$0
Residential:	\$15,150	\$70,620	\$85,770
Commercial:	\$0	\$0	\$0
Exempt:	0.0000	\$0	\$0
	Total Value:		\$85,770

Property Assessed Value

	Land	Building	Total Value
Agricultural:	\$0	\$0	\$0
Residential:	\$2,879	\$13,418	\$16,297
Commercial:	\$0	\$0	\$0
Exempt:	\$0	\$0	\$0
	Total Value:		\$16,297

Values are **2015 Certified**

223 South Columbus



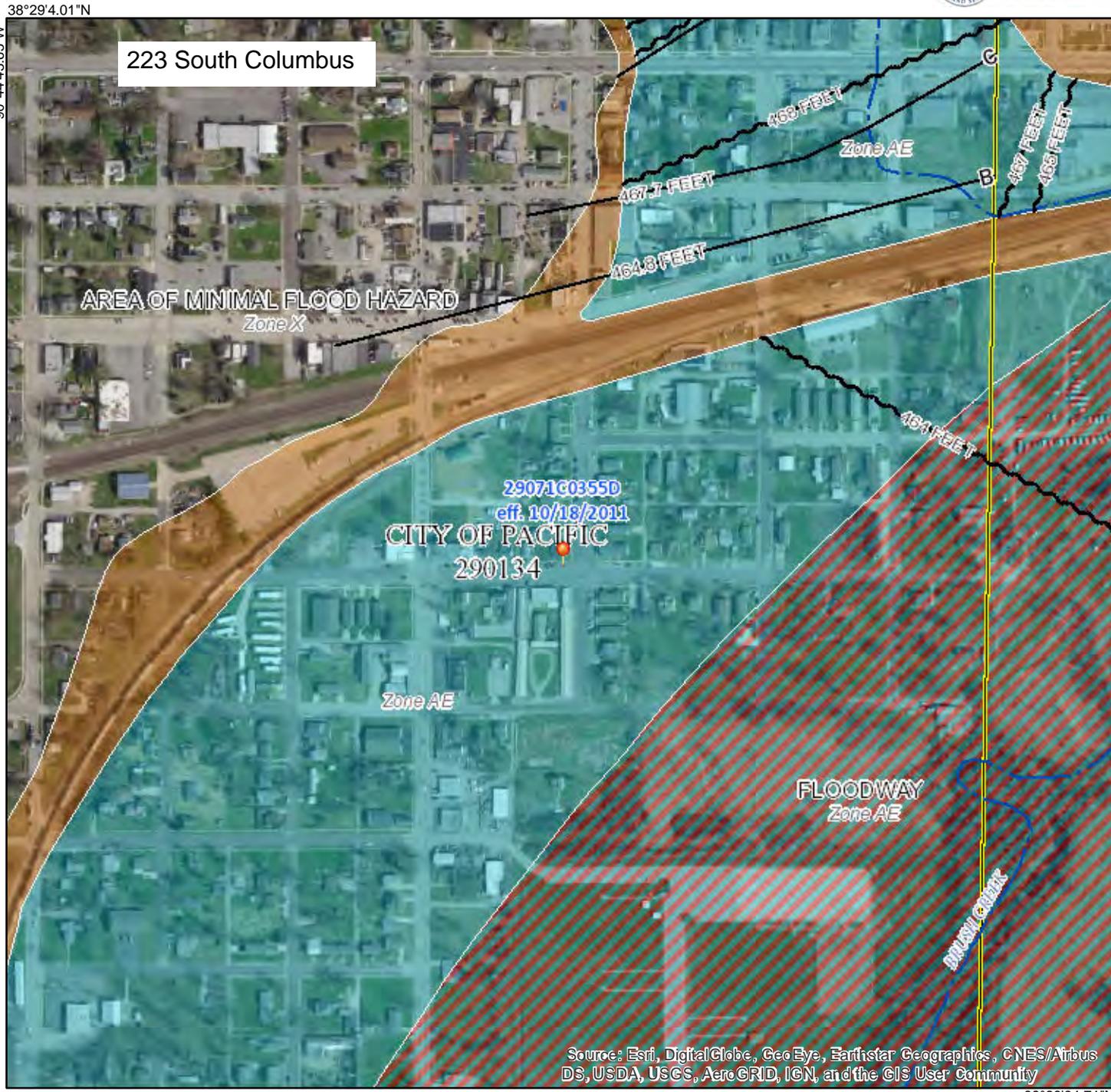
National Flood Hazard Layer FIRMette



Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

- | | | |
|------------------------------------|--|---|
| SPECIAL FLOOD HAZARD AREAS | | Without Base Flood Elevation (BFE)
Zone A, V, A99 |
| | | With BFE or Depth |
| | | Regulatory Floodway Zone AE, AO, AH, VE, AR |
| OTHER AREAS OF FLOOD HAZARD | | 0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X |
| | | Future Conditions 1% Annual Chance Flood Hazard Zone X |
| | | Area with Reduced Flood Risk due to Levee. See Notes. Zone X |
| | | Area with Flood Risk due to Levee Zone D |
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| | | Effective LOMRs |
| | | Area of Undetermined Flood Hazard Zone D |
| GENERAL STRUCTURES | | Channel, Culvert, or Storm Sewer |
| | | Levee, Dike, or Floodwall |
| OTHER FEATURES | | 20.2 Cross Sections with 1% Annual Chance Water Surface Elevation |
| | | 17.5 |
| | | Coastal Transect |
| | | Base Flood Elevation Line (BFE) |
| | | Limit of Study |
| | | Jurisdiction Boundary |
| | | Coastal Transect Baseline |
| | | Profile Baseline |
| | | Hydrographic Feature |
| MAP PANELS | | Digital Data Available |
| | | No Digital Data Available |
| | | Unmapped |



38°29'4.01"N

90°44'43.65"W

223 South Columbus

29071003550
eff. 10/18/2011
CITY OF PACIFIC
290134

Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community

0 250 500 1,000 1,500 2,000 Feet 1:6,241.13 38°28'34.71"N 90°44'4.69"W

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The base map shown complies with FEMA's base map accuracy standards

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DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
**Statement of Voluntary Participation for
Acquisition of Property for Purpose of Open Space
FEMA's Hazard Mitigation Assistance Programs**

O.M.B. No. 1660-0103
Expires August 31, 2011

THIS AGREEMENT is made and entered into this on (date) 1/17/2018, by and between (name of Subgrantee) CITY OF PACIFIC, hereinafter referred to as "Subgrantee," and (property owner) CHARLES R. PHILLIPS, hereinafter referred to as "Seller." The parties agree as follows:

1. Seller affirms that I own the property located at (legal address) 223 S. Columbus, hereinafter referred to as "property."
2. Subgrantee has notified Seller that the Subgrantee may wish to purchase the referenced property, and, if Seller agrees to sell, Seller must permanently relocate from property.
3. Subgrantee has identified that the purchase offer valuation of the property as of (date) 1-17-18 is \$ 102,924.00, as determined by appropriate valuation procedures implemented by Subgrantee and based on FEMA acquisition requirements provided in 44 C.F.R. Part 80, and relevant program guidance as documented below (e.g., *Pre-Disaster Mitigation, Hazard Mitigation Grant Program, Flood Mitigation Assistance*).
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5. Subgrantee has notified Seller that if the Seller agrees to sell the property to the Subgrantee the transaction is voluntary and the Seller is not entitled to relocation benefits provided by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, which are available to property owners who must sell their properties involuntarily.
6. Subgrantee affirms that it has provided the notifications and explained the information described in the preceding paragraphs to the seller, and property identified above is not a part of an intended, planned, or designated project area where all or substantially all of the property within the area is to be acquired within specific time limits.
7. This Agreement shall expire on (date of closing) _____, unless Seller has voluntarily sold Property to the Subgrantee by that date.

Charles R. Phillips

Property Owner Signature

1-17-2018

Date

Charles R. Phillips

Property Owner Signature

1-17-2018

Date

[Signature]
Subgrantee's Authorized Agent Signature

1-17-18

Date

PAPERWORK BURDEN DISCLOSURE NOTICE

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DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
DECLARATION AND RELEASE

O.M.B. No. 1660-0002
Expires July 31, 2017

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AUTHORITY: The Robert T. Stafford Disaster Relief and Emergency Assistance Act as amended, 42 U.S.C. § 5121 -5207 and Reorganization Plan No. 3 of 1978; 4 U.S.C. §§ 2904 and 2906; 4 C.F.R. § 206.2(a)(27); the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. 104-193) and Executive Order 13411. DHS asks for your SSN pursuant to the Debt Collection Improvement Act of 1996, 31 U.S.C. § 3325(d) and § 7701(c) (1).
PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of determining eligibility and administering financial assistance under a Presidentially-declared disaster. Additionally, information may be reviewed within FEMA for quality assurance purposes and used to assess FEMA's customer service to disaster assistance applicants.
ROUTINE USE(S): The information on this form may be shared outside of FEMA as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes sharing this information with state, tribal, local, and voluntary organizations to enable you to receive additional disaster assistance and as necessary and authorized by other routine uses published in DHS/FEMA-008 Disaster Recovery Assistance Files System of Records, 78 Fed. Reg. 25,282 (April 30, 2013), and upon written request, by agreement, or as required by law.
DISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving disaster assistance.

DECLARATION AND RELEASE

In order to be eligible to receive FEMA Disaster Assistance, a member of the household must be a citizen, non-citizen national or qualified alien of the United States. **Please read the form carefully, sign the sheet and return it to the Inspector, and show him/her a current form of photo identification.** Please feel free to consult with an attorney or other immigration expert if you have any questions.

I hereby declare, under penalty of perjury that (check one):

- I am a citizen or non-citizen national of the United States.
- I am a qualified alien of the United States.
- I am the parent or guardian of a minor child who resides with me and who is a citizen, non-citizen national or qualified alien of the United States. Print full name and age of minor child: _____

By my signature I certify that:

- * Only one application has been submitted for my household.
- * All information I have provided regarding my application for FEMA disaster assistance is true and correct to the best of my knowledge.
- * I will return any disaster aid money I received from FEMA or the State if I receive insurance or other money for the same loss, or if I do not use FEMA disaster aid money for the purpose for which it was intended.

I understand that, if I intentionally make false statements or conceal any information in an attempt to obtain disaster aid, it is a violation of federal and State laws, which carry severe criminal and civil penalties, including a fine up to \$250,000, imprisonment, or both (18 U.S.C. §§ 287, 1001, and 3571).

I understand that the information provided regarding my application for FEMA disaster assistance may be subject to sharing within the Department of Homeland Security (DHS) including, but not limited to, the Bureau of Immigration and Customs Enforcement.

I authorize FEMA to verify all information given by me about my property/place of residence, income, employment and dependents in order to determine my eligibility for disaster assistance; and

I authorize all custodians of records of my insurance, employer, any public or private entity, bank financial or credit data service to release information to FEMA and/or the State upon request.

NAME (print) CHARLES R. PHILLIPS	SIGNATURE <i>Charles R. Phillips</i>	DATE OF BIRTH 1/10/1950	DATE SIGNED 1-17-2018
INSPECTOR ID #	FEMA APPLICATION #	DISASTER #	
ADDRESS OF DAMAGED PROPERTY 223 S. COLUMBUS	CITY PACIFIC	STATE MO.	ZIP CODE 63069

HMGP Property Site Inventory Form (PSI)

Use one page for each property

Owner Information:

First Name: Les Last Name: Takacs Co-Owner: _____
Property Address: 321 East Orleans

City: Pacific State: MO Zip Code: 63069 County: Franklin

Title Holder Post Mitigation (community undertaking project): City of Pacific

Mitigation Property Site Action: Acquisition / Demolition **Mitigation Property Site Comments:** Comm

Property Information:

Age of Structure (year built):	<u>1968</u>	Total Square Feet of Living Space:	<u>3700</u>
Pre-Event Fair Market Value:	<u>\$171,132</u>	Type of Residence:	<u>Other (Specify in Comments)</u>
Parcel Number:	<u>19-1-12.0-</u>	Structure Type:	<u>1 story, w/o basement</u>
<u>4-004-149.000</u>		Foundation Type:	<u>Crawl Space</u>
Property Tax Id:	<u>19-1-</u>	Basement:	<u>No</u>
<u>12.0-4-004-149.000</u>		Base Flood Elevation:	<u>463.3</u>
Latitude:	<u>38.480509</u>	First Floor Elevation:	_____
Longitude:	<u>-90.737016</u>	Number of feet the lowest floor elevation of the structure is being raised above Base Flood Elevation (Only applicable when Property Action is Elevation):	<u>n/a</u>
SHPO Cleared: ☉	<u>Yes</u>	Damage Category:	<u>0-49% Damaged</u>
SHPO Cleared Date: ☉	<u>2/22/2018</u>	Post Mitigation Property Use:	<u>open space</u>
Benefit Cost Analysis:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If commercial property what is the primary usage, explain below in comments.	
Performed: By Whom: <u>DPR</u>			
Benefit Cost Ratio:	<u>1.70</u>		
Average cost per square foot for residential & commercial construction in the community: <u>\$120</u>			

National Flood Insurance Program Information:

Flood Source: Riverine Flooding Structure Located in: Floodplain

Note: An NFIP repetitive loss structure is defined as building with 2 or more insured losses greater than \$1,000 within a 10-year period.

Repetitive Loss Structure: Unknown 2-3 insured Losses cumulatively <= building fair market value
Repetitive Loss Number: _____ 2-3 insured Losses cumulatively > building fair market value
 4 or more insured losses since 1978
 Not Applicable

NFIP Policy Number: ☉ _____ Insurance Policy Provider: ☉ _____

Is there a Flood Insurance Rate Map (FIRM) available? Yes No

Is the property site marked on the map? Yes, map attached

Flood Zone Designation:

VE or V 1-30 C or X (unshaded) AE or A 1-30 AO or AH
 B or X (shaded) Floodway A (no base flood elevation given)

FIRM Community Information:

Community: City of Pacific

Map Specific Information for Selected Community:

Panel Number: 290170355D Date: 10/18/2011

Legal Description: ☉ LOT:7 INKS ADDN

Comments: Commercial Structure that provides meeting space for various service orgs

☉ (This information is not required until the project is approved, but would be helpful if you can provide it at the time of application.)

Assessor Records

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[Ag Buildings](#)
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[Sales](#)
[Photos](#)
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PIN: 19-1-12.0-4-004-149.000
 ENS:
 Master Tax Dist 111
Subd: INKS
Deedholders
 Acres: 0.1630
 Section 12
 Township
 Range
 ALLENTON FOUNDATION INC
 DBA: ALLENTON FOUNDATION INC

Situs Address:

Mailing Address:

Legal Description:

321 E ORLEANS ST
PACIFIC MO 63069-0000

ALLENTON FOUNDATION INC
PO BOX 393
PACIFIC MO 63069-0000

LOT:7 INKS ADDN

Property Market Value

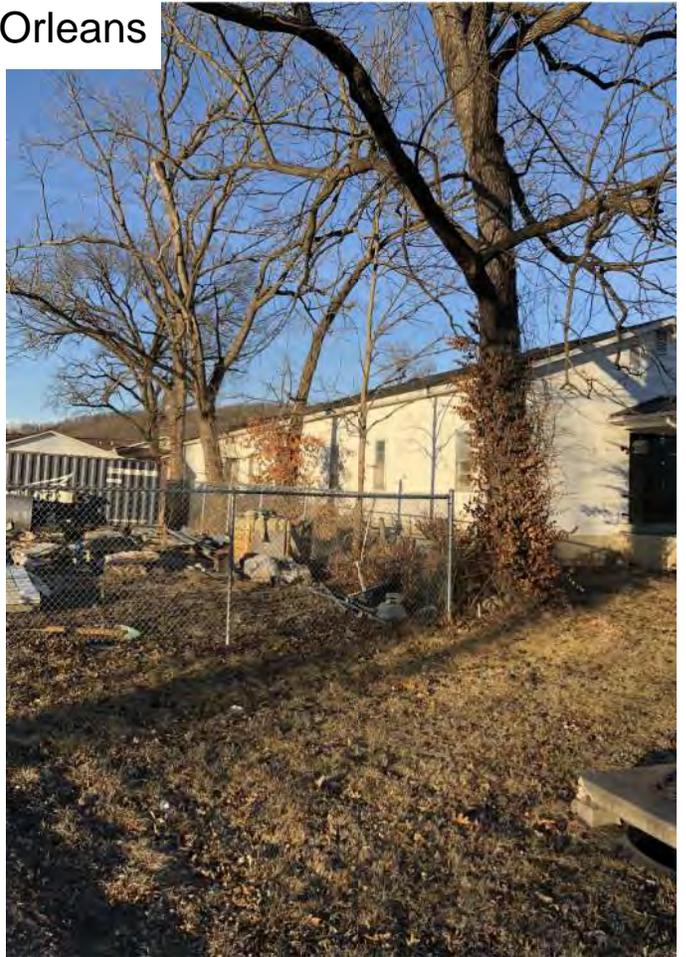
	Land	Building	Total Value
Agricultural:	\$0	\$0	\$0
Residential:	\$0	\$0	\$0
Commercial:	\$0	\$0	\$0
Exempt:	8880.0000	\$133,730	\$142,610
		Total Value:	\$142,610

Property Assessed Value

	Land	Building	Total Value
Agricultural:	\$0	\$0	\$0
Residential:	\$0	\$0	\$0
Commercial:	\$0	\$0	\$0
Exempt:	\$0	\$0	\$0
		Total Value:	\$0

Values are **2015 Certified**

321 East Orleans



National Flood Hazard Layer FIRMette



Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS		Without Base Flood Elevation (BFE) Zone A, V, A99
		With BFE or Depth
		Regulatory Floodway Zone AE, AO, AH, VE, AR

OTHER AREAS OF FLOOD HAZARD		0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
		Future Conditions 1% Annual Chance Flood Hazard Zone X
		Area with Reduced Flood Risk due to Levee. See Notes. Zone X
		Area with Flood Risk due to Levee Zone D

OTHER AREAS		NO SCREEN Area of Minimal Flood Hazard Zone X
		Effective LOMRs
		Area of Undetermined Flood Hazard Zone D

GENERAL STRUCTURES		Channel, Culvert, or Storm Sewer
		Levee, Dike, or Floodwall

OTHER FEATURES		20.2 Cross Sections with 1% Annual Chance
		17.5 Water Surface Elevation
		Coastal Transect
		Base Flood Elevation Line (BFE)
		Limit of Study
		Jurisdiction Boundary
		Coastal Transect Baseline
		Profile Baseline
		Hydrographic Feature

MAP PANELS		Digital Data Available
		No Digital Data Available
		Unmapped

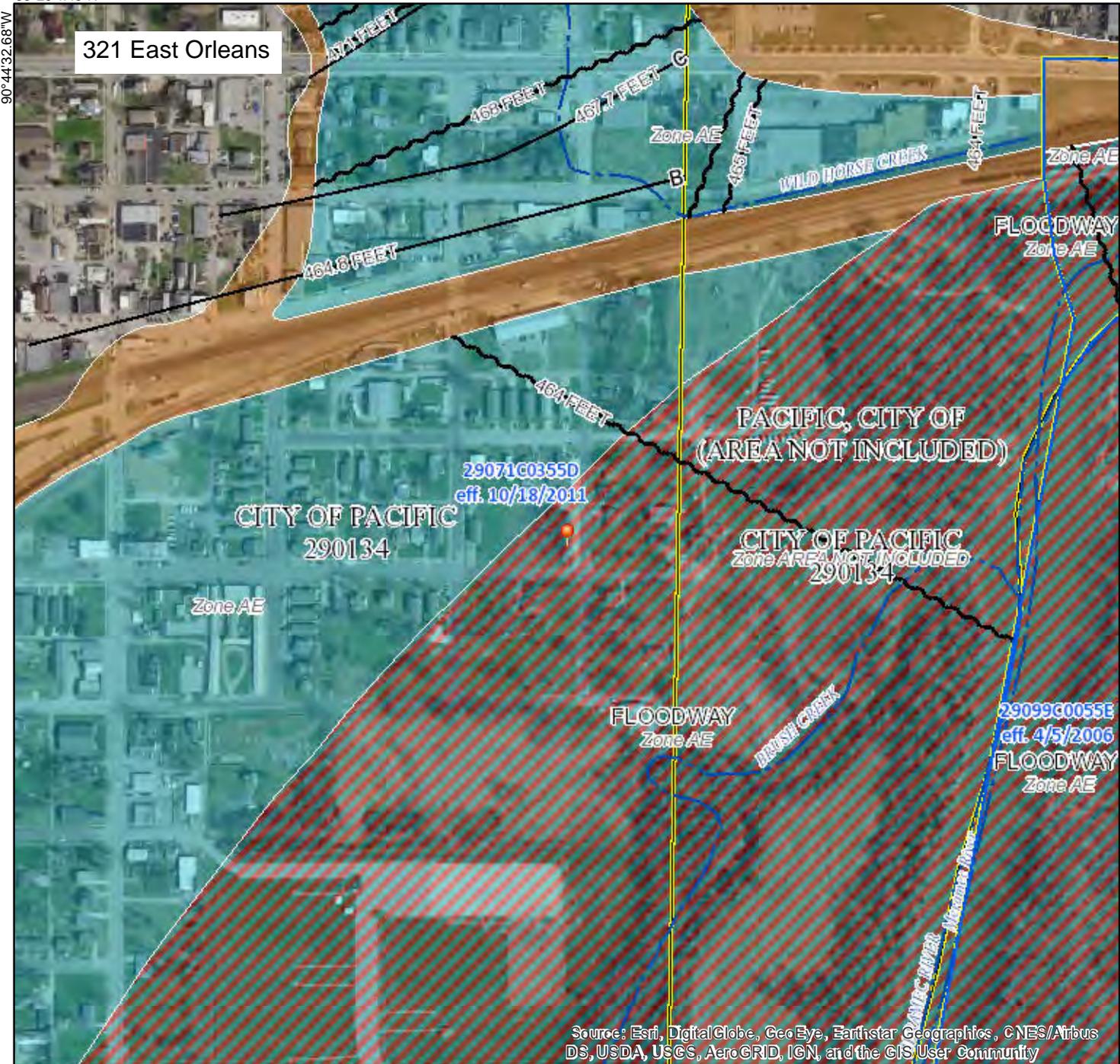


This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The base map shown complies with FEMA's base map accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on **2/15/2018 at 11:55:13 AM** and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: base map imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

38°29'4.45"N
90°44'32.68"W



Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
**Statement of Voluntary Participation for
Acquisition of Property for Purpose of Open Space
FEMA's Hazard Mitigation Assistance Programs**

O.M.B. No. 1660-0103
Expires August 31, 2011

THIS AGREEMENT is made and entered into this on (date) Jan 31, 2018, by and between (name of Sub grantee) City of Pacific, Missouri, hereinafter referred to as "Subgrantee," and (property owner) Allenton Foundation Inc., hereinafter referred to as "Seller." The parties agree as follows:

1. Seller affirms that I/we own the property located at (legal address) 321 E. Orleans St, hereinafter referred to as "property."
2. Subgrantee has notified Seller that the Subgrantee may wish to purchase the referenced property, and, if Seller agrees to sell, Seller must permanently relocate from property.
3. Subgrantee has identified that the purchase offer valuation of the property as of (date) 1-19-2018 is \$ 171,132, as determined by appropriate valuation procedures implemented by Subgrantee and based on FEMA acquisition requirements provided in 44 C.F.R. Part 80, and relevant program guidance as documented below (e.g., *Pre-Disaster Mitigation, Hazard Mitigation Grant Program, Flood Mitigation Assistance*).
4. Subgrantee has notified the Seller that **neither the State nor the Local Government will use its eminent domain authority to acquire the property for open-space purpose if the Seller chooses not to participate, or if negotiations fail.**
5. Subgrantee has notified Seller that if the Seller agrees to sell the property to the Subgrantee the transaction is voluntary and the Seller is not entitled to relocation benefits provided by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, which are available to property owners who must sell their properties involuntarily.
6. Subgrantee affirms that it has provided the notifications and explained the information described in the preceding paragraphs to the seller, and property identified above is not a part of an intended, planned, or designated project area where all or substantially all of the property within the area is to be acquired within specific time limits.
7. This Agreement shall expire on (date of closing) _____, unless Seller has voluntarily sold Property to the Sub grantee by that date.


Property Owner Signature

2/5/18
Date


Subgrantee's Authorized Agent Signature

Date

Jan 31, 2018
Date

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1 hour per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is voluntary. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington VA 20598-3005, Paperwork Reduction Project (1660-0103). **NOTE: DO NOT SEND YOUR COMPLETED FORM TO THIS ADDRESS.**

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
DECLARATION AND RELEASE

O.M.B. No. 1660-0002
Expires July 31, 2017

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 2 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0002)
NOTE: Do not send your completed form to this address.

PRIVACY ACT STATEMENT

AUTHORITY: The Robert T. Stafford Disaster Relief and Emergency Assistance Act as amended, 42 U.S.C. § 5121 -5207 and Reorganization Plan No. 3 of 1978; 4 U.S.C. §§ 2904 and 2906; 4 C.F.R. § 206 2(a)(27); the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. 104-193) and Executive Order 13411. DHS asks for your SSN pursuant to the Debt Collection Improvement Act of 1996, 31 U.S.C. § 3325(d) and § 7701(c) (1).

PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of determining eligibility and administering financial assistance under a Presidentially-declared disaster. Additionally, information may be reviewed within FEMA for quality assurance purposes and used to assess FEMA's customer service to disaster assistance applicants.

ROUTINE USE(S): The information on this form may be shared outside of FEMA as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes sharing this information with state, tribal, local, and voluntary organizations to enable you to receive additional disaster assistance and as necessary and authorized by other routine uses published in DHS/FEMA-008 Disaster Recovery Assistance Files System of Records, 78 Fed. Reg. 25,282 (April 30, 2013), and upon written request, by agreement, or as required by law.

DISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving disaster assistance.

DECLARATION AND RELEASE

In order to be eligible to receive FEMA Disaster Assistance, a member of the household must be a citizen, non-citizen national or qualified alien of the United States. **Please read the form carefully, sign the sheet and return it to the Inspector, and show him/her a current form of photo identification.** Please feel free to consult with an attorney or other immigration expert if you have any questions.

I hereby declare, under penalty of perjury that (check one):

- I am a citizen or non-citizen national of the United States.
- I am a qualified alien of the United States.
- I am the parent or guardian of a minor child who resides with me and who is a citizen, non-citizen national or qualified alien of the United States. Print full name and age of minor child: _____

By my signature I certify that:

- * Only one application has been submitted for my household
- * All information I have provided regarding my application for FEMA disaster assistance is true and correct to the best of my knowledge.
- * I will return any disaster aid money I received from FEMA or the State if I receive insurance or other money for the same loss, or if I do not use FEMA disaster aid money for the purpose for which it was intended.

I understand that, if I intentionally make false statements or conceal any information in an attempt to obtain disaster aid, it is a violation of federal and State laws, which carry severe criminal and civil penalties, including a fine up to \$250,000, imprisonment, or both (18 U.S.C. §§ 287, 1001, and 3571).

I understand that the information provided regarding my application for FEMA disaster assistance may be subject to sharing within the Department of Homeland Security (DHS) including, but not limited to, the Bureau of Immigration and Customs Enforcement

I authorize FEMA to verify all information given by me about my property/place of residence, income, employment and dependents in order to determine my eligibility for disaster assistance; and

I authorize all custodians of records of my insurance, employer, any public or private entity, bank financial or credit data service to release information to FEMA and/or the State upon request.

NAME (print) <i>Leslie J TAKACS</i>	SIGNATURE <i>Leslie J Takacs</i>	DATE OF BIRTH <i>3/11/46</i>	DATE SIGNED <i>2/2/18</i>
INSPECTOR ID #	FEMA APPLICATION #	DISASTER # DR 4317	
ADDRESS OF DAMAGED PROPERTY <i>321 EAST ORLEANS</i>	CITY <i>PACIFIC</i>	STATE <i>MO.</i>	ZIP CODE <i>63069</i>

HMGP Property Site Inventory Form (PSI)

Use one page for each property

Owner Information:

First Name: Margaret Last Name: Flannery Co-Owner: Stephen W Jr.
Property Address: 405 South Third

City: Pacific State: MO Zip Code: 63069 County: Franklin

Title Holder Post Mitigation (community undertaking project): City of Pacific

Mitigation Property Site Action: Acquisition / Demolition **Mitigation Property Site Comments:** SF Res.

Property Information:

Age of Structure (year built):	<u>1930</u>	Total Square Feet of Living Space:	<u>512</u>
Pre-Event Fair Market Value:	<u>\$29,220.00</u>	Type of Residence:	<u>Rental</u>
Parcel Number:	<u>19-1-12.0-</u>	Structure Type:	<u>1 story, w/o basement</u>
<u>4-003-221.000</u>		Foundation Type:	<u>Slab on Grade</u>
Property Tax Id:	<u>19-1-</u>	Basement:	<u>No</u>
<u>12.0-4-003-221.000</u>		Base Flood Elevation:	<u>463.3</u>
Latitude:	<u>38.478888</u>	First Floor Elevation:	<u> </u>
Longitude:	<u>-90.744056</u>	Number of feet the lowest floor elevation of the structure is being raised above Base Flood Elevation (Only applicable when Property Action is Elevation):	<u>n/a</u>
SHPO Cleared: ☉	<u>Select...</u>	Damage Category:	<u>0-49% Damaged</u>
SHPO Cleared Date: ☉	<u> </u>	Post Mitigation Property Use:	<u>open space</u>
Benefit Cost Analysis:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If commercial property what is the primary usage, explain below in comments.	
Performed: By Whom:	<u>DPR</u>		
Benefit Cost Ratio:	<u>5.61</u>		
Average cost per square foot for residential & commercial construction in the community: <u>\$120</u>			

National Flood Insurance Program Information:

Flood Source: Riverine Flooding Structure Located in: Floodplain

Note: An NFIP repetitive loss structure is defined as building with 2 or more insured losses greater than \$1,000 within a 10-year period.

Repetitive Loss Structure: Unknown 2-3 insured Losses cumulatively <= building fair market value
Repetitive Loss Number: 2-3 insured Losses cumulatively > building fair market value
 4 or more insured losses since 1978
 Not Applicable

NFIP Policy Number: ☉ Insurance Policy Provider: ☉

Is there a Flood Insurance Rate Map (FIRM) available? Yes No

Is the property site marked on the map? Yes, map attached

Flood Zone Designation:

VE or V 1-30 C or X (unshaded) AE or A 1-30 AO or AH
 B or X (shaded) Floodway A (no base flood elevation given)

FIRM Community Information:

Community: City of Pacific

Map Specific Information for Selected Community:

Panel Number: 290170355D Date: 10/18/2011

Legal Description: ☉ LOT:PT211&PT212 O T OF FRANKLIN

Comments: property has had flood damage in 2008, 2015 and 2017

☉ (This information is not required until the project is approved, but would be helpful if you can provide it at the time of application.)

Assessor Records

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[Land/Yard Imps](#)
[Residential](#)
[Ag Buildings](#)
[Commercial](#)
[Sales](#)
[Photos](#)
[Sketches](#)

PIN: 19-1-12.0-4-003-221.000
Deedholders: FLANNERY,MARGARET&STEPHEN W JR
ENS: O T OF FRANKLIN
Subd: O T OF FRANKLIN
Acres: 0.0000
DBA:
Master Tax Dist: 111
Section: 12
Township:
Range:

Situs Address:

Mailing Address:

Legal Description:

405 S THIRD ST
PACIFIC MO 63069

FLANNERY,MARGARET&STEPHEN W JR
305 W PACIFIC ST
PACIFIC MO 63069-0000

LOT:PT211&PT212 O T OF FRANKLIN

Property Market Value

	Land	Building	Total Value
Agricultural:	\$0	\$0	\$0
Residential:	\$16,590	\$7,760	\$24,350
Commercial:	\$0	\$0	\$0
Exempt:	0.0000	\$0	\$0
Total Value:			\$24,350

Property Assessed Value

	Land	Building	Total Value
Agricultural:	\$0	\$0	\$0
Residential:	\$3,152	\$1,474	\$4,626
Commercial:	\$0	\$0	\$0
Exempt:	\$0	\$0	\$0
Total Value:			\$4,626

Values are **2015 Certified**

405 South Third



National Flood Hazard Layer FIRMette



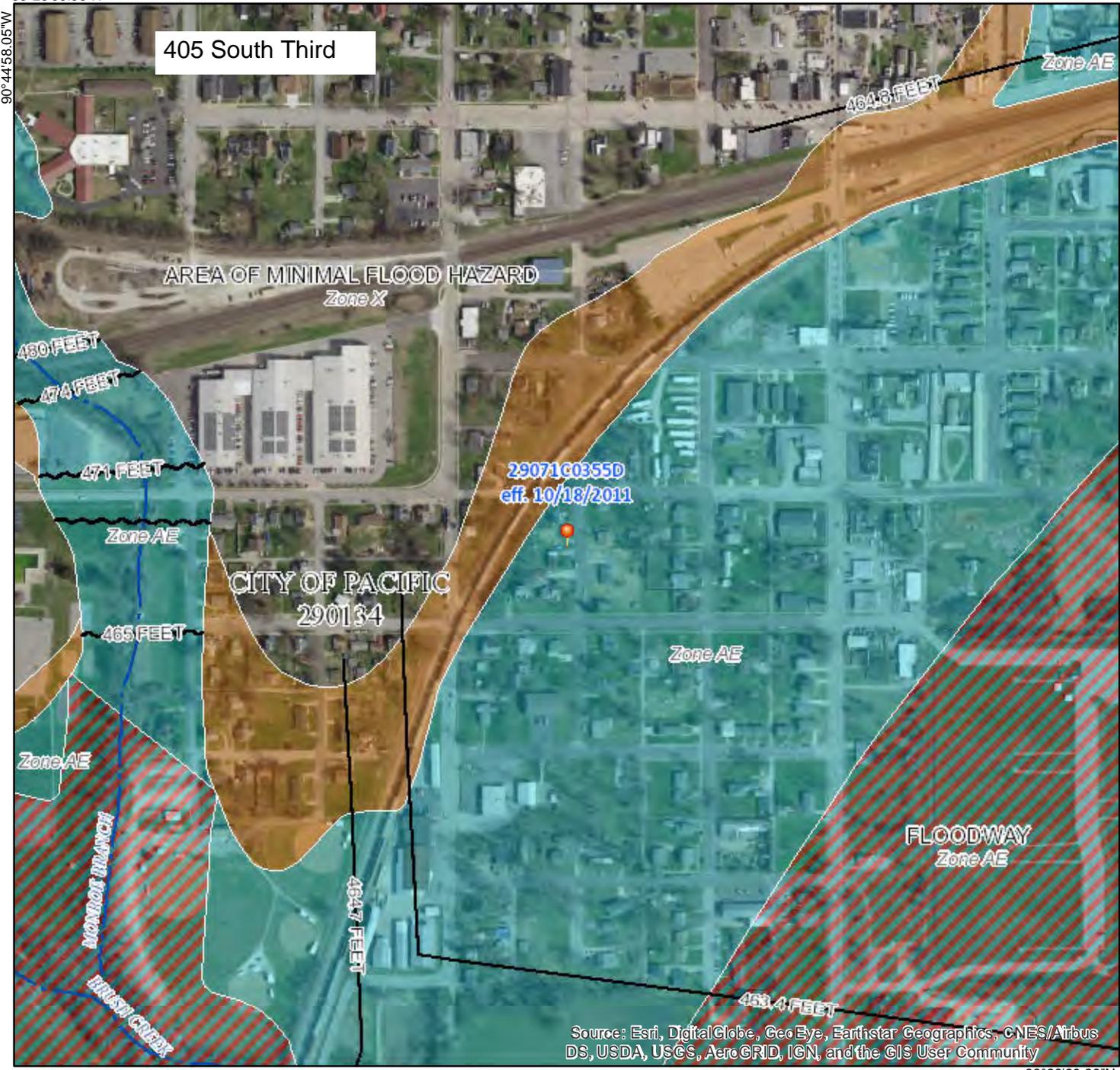
Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

- | | | |
|------------------------------------|--|---|
| SPECIAL FLOOD HAZARD AREAS | | Without Base Flood Elevation (BFE)
Zone A, V, A99 |
| | | With BFE or Depth |
| | | Regulatory Floodway Zone AE, AO, AH, VE, AR |
| OTHER AREAS OF FLOOD HAZARD | | 0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X |
| | | Future Conditions 1% Annual Chance Flood Hazard Zone X |
| | | Area with Reduced Flood Risk due to Levee. See Notes. Zone X |
| | | Area with Flood Risk due to Levee Zone D |
| OTHER AREAS | | Area of Minimal Flood Hazard Zone X |
| | | Effective LOMRs |
| | | Area of Undetermined Flood Hazard Zone D |
| GENERAL STRUCTURES | | Channel, Culvert, or Storm Sewer |
| | | Levee, Dike, or Floodwall |
| OTHER FEATURES | | Cross Sections with 1% Annual Chance Water Surface Elevation |
| | | Coastal Transect |
| | | Base Flood Elevation Line (BFE) |
| | | Limit of Study |
| | | Jurisdiction Boundary |
| | | Coastal Transect Baseline |
| | | Profile Baseline |
| | | Hydrographic Feature |
| MAP PANELS | | Digital Data Available |
| | | No Digital Data Available |
| | | Unmapped |



38°28'58.58"N
90°44'58.05"W



90°44'19.08"W

Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community

0 250 500 1,000 1,500 2,000 Feet 1:6,241.13 38°28'29.28"N

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The base map shown complies with FEMA's base map accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on **2/20/2018 at 4:13:24 PM** and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: base map imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
**Statement of Voluntary Participation for
Acquisition of Property for Purpose of Open Space
FEMA's Hazard Mitigation Assistance Programs**

O.M.B. No. 1660-0103
Expires August 31, 2011

THIS AGREEMENT is made and entered into this on (date) Feb 14, 2018, by and between (name of Subgrantee) City of Pacific, Missouri, hereinafter referred to as "Subgrantee," and (property owner) Margaret and Stephen W. Flannery, Jr, hereinafter referred to as "Seller." The parties agree as follows:

1. Seller affirms that I/we own the property located at (legal address) 405 S Third Street, hereinafter referred to as "property."
2. Subgrantee has notified Seller that the Subgrantee may wish to purchase the referenced property, and, if Seller agrees to sell, Seller must permanently relocate from property.
3. Subgrantee has identified that the purchase offer valuation of the property as of (date) 1-19-2018 is \$ 29220, as determined by appropriate valuation procedures implemented by Subgrantee and based on FEMA acquisition requirements provided in 44 C.F.R. Part 80, and relevant program guidance as documented below (e.g., *Pre-Disaster Mitigation, Hazard Mitigation Grant Program, Flood Mitigation Assistance*). _____
4. Subgrantee has notified the Seller that **neither the State nor the Local Government will use its eminent domain authority to acquire the property for open-space purpose if the Seller chooses not to participate, or if negotiations fail.**
5. Subgrantee has notified Seller that if the Seller agrees to sell the property to the Subgrantee the transaction is voluntary and the Seller is not entitled to relocation benefits provided by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, which are available to property owners who must sell their properties involuntarily.
6. Subgrantee affirms that it has provided the notifications and explained the information described in the preceding paragraphs to the seller, and property identified above is not a part of an intended, planned, or designated project area where all or substantially all of the property within the area is to be acquired within specific time limits.
7. This Agreement shall expire on (date of closing) _____, unless Seller has voluntarily sold Property to the Subgrantee by that date.

Margaret A. Flannery
Property Owner Signature
SW Flannery
Property Owner Signature
[Signature]
Subgrantee's Authorized Agent Signature

02/21/2018
Date
02/21/2018
Date
Feb 14, 2018
Date

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1 hour per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is voluntary. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington VA 20598-3005, Paperwork Reduction Project (1660-0103). **NOTE: DO NOT SEND YOUR COMPLETED FORM TO THIS ADDRESS.**

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
DECLARATION AND RELEASE

O.M.B. No. 1660-0002
Expires July 31, 2017

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 2 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0002)
NOTE: Do not send your completed form to this address.

PRIVACY ACT STATEMENT

AUTHORITY: The Robert T. Stafford Disaster Relief and Emergency Assistance Act as amended, 42 U.S.C. § 5121 -5207 and Reorganization Plan No. 3 of 1978; 4 U.S.C. §§ 2904 and 2906; 4 C.F.R. § 206.2(a)(27); the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. 104-193) and Executive Order 13411. DHS asks for your SSN pursuant to the Debt Collection Improvement Act of 1996, 31 U.S.C. § 3325(d) and § 7701(c) (1).

PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of determining eligibility and administering financial assistance under a Presidentially-declared disaster. Additionally, information may be reviewed within FEMA for quality assurance purposes and used to assess FEMA's customer service to disaster assistance applicants.

ROUTINE USE(S): The information on this form may be shared outside of FEMA as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes sharing this information with state, tribal, local, and voluntary organizations to enable you to receive additional disaster assistance and as necessary and authorized by other routine uses published in DHS/FEMA-008 Disaster Recovery Assistance Files System of Records, 78 Fed. Reg. 25,282 (April 30, 2013), and upon written request, by agreement, or as required by law.

DISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving disaster assistance.

DECLARATION AND RELEASE

In order to be eligible to receive FEMA Disaster Assistance, a member of the household must be a citizen, non-citizen national or qualified alien of the United States. **Please read the form carefully, sign the sheet and return it to the Inspector, and show him/her a current form of photo identification.** Please feel free to consult with an attorney or other immigration expert if you have any questions.

I hereby declare, under penalty of perjury that (check one):

- I am a citizen or non-citizen national of the United States.
 I am a qualified alien of the United States.
 I am the parent or guardian of a minor child who resides with me and who is a citizen, non-citizen national or qualified alien of the United States. Print full name and age of minor child: _____

By my signature I certify that:

- * Only one application has been submitted for my household.
- * All information I have provided regarding my application for FEMA disaster assistance is true and correct to the best of my knowledge.
- * I will return any disaster aid money I received from FEMA or the State if I receive insurance or other money for the same loss, or if I do not use FEMA disaster aid money for the purpose for which it was intended.

I understand that, if I intentionally make false statements or conceal any information in an attempt to obtain disaster aid, it is a violation of federal and State laws, which carry severe criminal and civil penalties, including a fine up to \$250,000, imprisonment, or both (18 U.S.C. §§ 287, 1001, and 3571).

I understand that the information provided regarding my application for FEMA disaster assistance may be subject to sharing within the Department of Homeland Security (DHS) including, but not limited to, the Bureau of Immigration and Customs Enforcement.

I authorize FEMA to verify all information given by me about my property/place of residence, income, employment and dependents in order to determine my eligibility for disaster assistance; and

I authorize all custodians of records of my insurance, employer, any public or private entity, bank financial or credit data service to release information to FEMA and/or the State upon request.

NAME (print) <i>MARGARET S. FLANNERY</i> <i>Stephen W. Flannery JR.</i>	SIGNATURE <i>Margaret S. Flannery</i> <i>Stephen W. Flannery JR.</i>	DATE OF BIRTH <i>9/27/1953</i> <i>12/11/1953</i>	DATE SIGNED <i>02/21/2018</i>
INSPECTOR ID #	FEMA APPLICATION #	DISASTER # DR 4317	
ADDRESS OF DAMAGED PROPERTY 405 S. Third Street	CITY Pacific	STATE MO	ZIP CODE 63069

HMGP Property Site Inventory Form (PSI)

Use one page for each property

Owner Information:

First Name: Cheryl Last Name: Bright Co-Owner: _____
Property Address: 412 South Third

City: Pacific State: MO Zip Code: 63069 County: Franklin

Title Holder Post Mitigation (community undertaking project): City of Pacific

Mitigation Property Site Action: Acquisition / Demolition **Mitigation Property Site Comments:** SF Res.

Property Information:

Age of Structure (year built):	<u>1957</u>	Total Square Feet of Living Space:	<u>2450</u>
Pre-Event Fair Market Value:	<u>\$114,036.00</u>	Type of Residence:	<u>Rental</u>
Parcel Number:	<u>19-1-12.0-</u>	Structure Type:	<u>1 or 2 story, with basement</u>
<u>4-003-227.000</u>		Foundation Type:	<u>Basement</u>
Property Tax Id:	<u>19-1-</u>	Basement:	<u>Yes</u>
<u>12.0-4-003-227.000</u>		Base Flood Elevation:	<u>463.3</u>
Latitude:	<u>38.478550</u>	First Floor Elevation:	_____
Longitude:	<u>-90.743666</u>	Number of feet the lowest floor elevation of the structure is being raised above Base Flood Elevation (Only applicable when Property Action is Elevation):	<u>n/a</u>
SHPO Cleared: ☉	<u>Yes</u>	Damage Category:	<u>0-49% Damaged</u>
SHPO Cleared Date: ☉	<u>2/22/2018</u>	Post Mitigation Property Use:	<u>open space</u>
Benefit Cost Analysis:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If commercial property what is the primary usage, explain below in comments.	
Performed: By Whom:	<u>DPR</u>		
Benefit Cost Ratio:	<u>2.06</u>		

Average cost per square foot for residential & commercial construction in the community: \$120

National Flood Insurance Program Information:

Flood Source: Riverine Flooding Structure Located in: Floodplain

Note: An NFIP repetitive loss structure is defined as building with 2 or more insured losses greater than \$1,000 within a 10-year period.

Repetitive Loss Structure: Yes No
Repetitive Loss Number: 0256539

2-3 insured Losses cumulatively <= building fair market value
 2-3 insured Losses cumulatively > building fair market value
 4 or more insured losses since 1978
 Not Applicable

NFIP Policy Number: ☉ _____ Insurance Policy Provider: ☉ _____

Is there a Flood Insurance Rate Map (FIRM) available? Yes No

Is the property site marked on the map? Yes, map attached

Flood Zone Designation:

VE or V 1-30 C or X (unshaded) AE or A 1-30 AO or AH
 B or X (shaded) Floodway A (no base flood elevation given)

FIRM Community Information:

Community: City of Pacific

Map Specific Information for Selected Community:

Panel Number: 290170355D Date: 10/18/2011

Legal Description: ☉ LOT:208&209 O T OF FRANKLIN

Comments: Property not currently occupied. Flooding in 2008, 2015, 2017

Assessor Records

[Search GIS](#)

[Search Assessor](#)

[Search Collector](#)

[General](#)

[Land/Yard Imps](#)

[Residential](#)

[Ag Buildings](#)

[Commercial](#)

[Sales](#)

[Photos](#)

[Sketches](#)

PIN: 19-1-12.0-4-003-227.000
 ENS:
 Subd: O T OF FRANKLIN
 Master Tax Dist: 111
Deedholders: SOWARDS,JAMES D
 Acres: 0.0000
 Section: 12
 Township:
 Range:

Situs Address:

Mailing Address:

Legal Description:

412 S THIRD ST
PACIFIC MO 63069

SOWARDS,JAMES D
422 S THIRD ST
PACIFIC MO 63069-0000

LOT:208&209 O T OF FRANKLIN

Property Market Value

	Land	Building	Total Value
Agricultural:	\$0	\$0	\$0
Residential:	\$27,540	\$67,490	\$95,030
Commercial:	\$0	\$0	\$0
Exempt:	0.0000	\$0	\$0
Total Value:			\$95,030

Property Assessed Value

	Land	Building	Total Value
Agricultural:	\$0	\$0	\$0
Residential:	\$5,233	\$12,823	\$18,056
Commercial:	\$0	\$0	\$0
Exempt:	\$0	\$0	\$0
Total Value:			\$18,056

Values are **2015 Certified**

412 South Third



National Flood Hazard Layer FIRMette



Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS		Without Base Flood Elevation (BFE) Zone A, V, A99
		With BFE or Depth Regulatory Floodway Zone AE, AO, AH, VE, AR

OTHER AREAS OF FLOOD HAZARD		0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
		Future Conditions 1% Annual Chance Flood Hazard Zone X
		Area with Reduced Flood Risk due to Levee. See Notes. Zone X
		Area with Flood Risk due to Levee Zone D

OTHER AREAS		NO SCREEN Area of Minimal Flood Hazard Zone X
		Effective LOMRs
		Area of Undetermined Flood Hazard Zone D

GENERAL STRUCTURES		Channel, Culvert, or Storm Sewer
		Levee, Dike, or Floodwall

OTHER FEATURES		20.2 Cross Sections with 1% Annual Chance
		17.5 Water Surface Elevation
		Coastal Transect
		Base Flood Elevation Line (BFE)
		Limit of Study
		Jurisdiction Boundary
OTHER FEATURES		Coastal Transect Baseline
		Profile Baseline
		Hydrographic Feature

MAP PANELS		Digital Data Available
		No Digital Data Available
		Unmapped



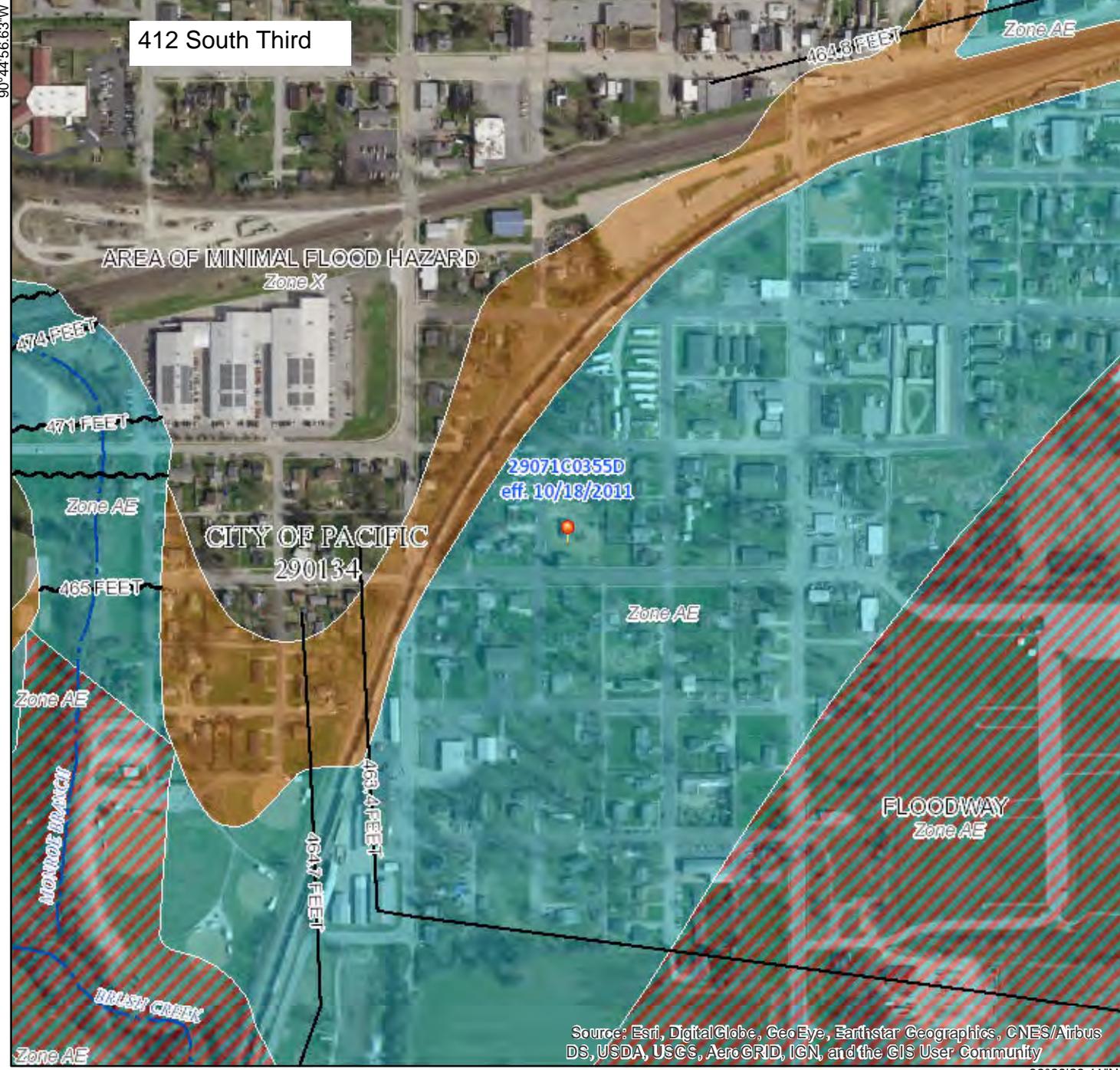
This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The base map shown complies with FEMA's base map accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on **2/15/2018 at 12:10:02 PM** and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: base map imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

38°28'57.41"N

90°44'56.63"W



Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community

0 250 500 1,000 1,500 2,000 Feet 1:6,241.13 38°28'28.11"N 90°44'17.67"W

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
**Statement of Voluntary Participation for
Acquisition of Property for Purpose of Open Space
FEMA's Hazard Mitigation Assistance Programs**

O.M.B. No. 1660-0103
Expires August 31, 2011

THIS AGREEMENT is made and entered into this on (date) 1/17/18, by and between (name of Subgrantee) _____, hereinafter referred to as "Subgrantee," and (property owner) George & Cheryl Bright, hereinafter referred to as "Seller." The parties agree as follows:

1. Seller affirms that I/we own the property located at (legal address) 412 South Third Street
Pacific MO hereinafter referred to as "property."
2. Subgrantee has notified Seller that the Subgrantee may wish to purchase the referenced property, and, if Seller agrees to sell, Seller must permanently relocate from property.
3. Subgrantee has identified that the purchase offer valuation of the property as of (date) 1/17/2018 is \$ 114,036, as determined by appropriate valuation procedures implemented by Subgrantee and based on FEMA acquisition requirements provided in 44 C.F.R. Part 80, and relevant program guidance as documented below (e.g., *Pre-Disaster Mitigation, Hazard Mitigation Grant Program, Flood Mitigation Assistance*). _____
4. Subgrantee has notified the Seller that **neither the State nor the Local Government will use its eminent domain authority to acquire the property for open-space purpose if the Seller chooses not to participate, or if negotiations fail.**
5. Subgrantee has notified Seller that if the Seller agrees to sell the property to the Subgrantee the transaction is voluntary and the Seller is not entitled to relocation benefits provided by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, which are available to property owners who must sell their properties involuntarily.
6. Subgrantee affirms that it has provided the notifications and explained the information described in the preceding paragraphs to the seller, and property identified above is not a part of an intended, planned, or designated project area where all or substantially all of the property within the area is to be acquired within specific time limits.
7. This Agreement shall expire on (date of closing) _____, unless Seller has voluntarily sold Property to the Subgrantee by that date.

[Signature]
Property Owner Signature
Cheryl K. Bright
Property Owner Signature
[Signature]
Subgrantee's Authorized Agent Signature

1/17/18
Date
1/17/18
Date
1-17-18
Date

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1 hour per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is voluntary. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington VA 20598-3005, Paperwork Reduction Project (1660-0103). **NOTE: DO NOT SEND YOUR COMPLETED FORM TO THIS ADDRESS.**

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
DECLARATION AND RELEASE

O.M.B. No. 1660-0002
Expires July 31, 2017

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 2 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0002)
NOTE: Do not send your completed form to this address.

PRIVACY ACT STATEMENT

AUTHORITY: The Robert T. Stafford Disaster Relief and Emergency Assistance Act as amended, 42 U.S.C. § 5121 -5207 and Reorganization Plan No. 3 of 1978; 4 U.S.C. §§ 2904 and 2906; 4 C.F.R. § 206.2(a)(27); the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. 104-193) and Executive Order 13411. DHS asks for your SSN pursuant to the Debt Collection Improvement Act of 1996, 31 U.S.C. § 3325(d) and § 7701(c) (1).
PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of determining eligibility and administering financial assistance under a Presidentially-declared disaster. Additionally, information may be reviewed within FEMA for quality assurance purposes and used to assess FEMA's customer service to disaster assistance applicants.
ROUTINE USE(S): The information on this form may be shared outside of FEMA as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes sharing this information with state, tribal, local, and voluntary organizations to enable you to receive additional disaster assistance and as necessary and authorized by other routine uses published in DHS/FEMA-008 Disaster Recovery Assistance Files System of Records, 78 Fed. Reg. 25,282 (April 30, 2013), and upon written request, by agreement, or as required by law.
DISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving disaster assistance.

DECLARATION AND RELEASE

In order to be eligible to receive FEMA Disaster Assistance, a member of the household must be a citizen, non-citizen national or qualified alien of the United States. **Please read the form carefully, sign the sheet and return it to the Inspector, and show him/her a current form of photo identification.** Please feel free to consult with an attorney or other immigration expert if you have any questions.

I hereby declare, under penalty of perjury that (check one):

- I am a citizen or non-citizen national of the United States.
- I am a qualified alien of the United States.
- I am the parent or guardian of a minor child who resides with me and who is a citizen, non-citizen national or qualified alien of the United States. Print full name and age of minor child: _____

By my signature I certify that:

- * Only one application has been submitted for my household.
- * All information I have provided regarding my application for FEMA disaster assistance is true and correct to the best of my knowledge.
- * I will return any disaster aid money I received from FEMA or the State if I receive insurance or other money for the same loss, or if I do not use FEMA disaster aid money for the purpose for which it was intended.

I understand that, if I intentionally make false statements or conceal any information in an attempt to obtain disaster aid, it is a violation of federal and State laws, which carry severe criminal and civil penalties, including a fine up to \$250,000, imprisonment, or both (18 U.S.C. §§ 287, 1001, and 3571).

I understand that the information provided regarding my application for FEMA disaster assistance may be subject to sharing within the Department of Homeland Security (DHS) including, but not limited to, the Bureau of Immigration and Customs Enforcement.

I authorize FEMA to verify all information given by me about my property/place of residence, income, employment and dependents in order to determine my eligibility for disaster assistance; and

I authorize all custodians of records of my insurance, employer, any public or private entity, bank financial or credit data service to release information to FEMA and/or the State upon request.

NAME (print) George and Cheryl Bright	SIGNATURE <i>George Bright</i> <i>Cheryl Bright</i>	DATE OF BIRTH 5/24/59 8/28/59	DATE SIGNED 1/17/18
INSPECTOR ID #	FEMA APPLICATION #	DISASTER #	
ADDRESS OF DAMAGED PROPERTY 412 South Third Street	CITY Pacific	STATE MO	ZIP CODE 63069

HMGP Property Site Inventory Form (PSI)

Use one page for each property

Owner Information:

First Name: Margaret Last Name: Flannery Co-Owner: _____
Property Address: 413 South Third

City: Pacific State: MO Zip Code: 63069 County: Franklin

Title Holder Post Mitigation (community undertaking project): City of Pacific

Mitigation Property Site Action: Acquisition / Demolition **Mitigation Property Site Comments:** SF Res.

Property Information:

Age of Structure (year built):	<u>1930</u>	Total Square Feet of Living Space:	<u>2145</u>
Pre-Event Fair Market Value:	<u>\$142,908.00</u>	Type of Residence:	<u>Owner Occupied - Principal Residence</u>
Parcel Number:	<u>19-1-12.0-</u>	Structure Type:	<u>1 or 2 story, with basement</u>
<u>4-003-222.000</u>		Foundation Type:	<u>Basement</u>
Property Tax Id:	<u>19-1-</u>	Basement:	<u>Yes</u>
<u>12.0-4-003-222.000</u>		Base Flood Elevation:	<u>463.3</u>
Latitude:	<u>38.478421</u>	First Floor Elevation:	_____
Longitude:	<u>-90.744207</u>	Number of feet the lowest floor elevation of the structure is being raised above Base Flood Elevation (Only applicable when Property Action is Elevation):	<u>n/a</u>
SHPO Cleared: ☉	<u>Select...</u>	Damage Category:	<u>0-49% Damaged</u>
SHPO Cleared Date: ☉	_____	Post Mitigation Property Use:	<u>open space</u>
Benefit Cost Analysis:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If commercial property what is the primary usage, explain below in comments.	
Performed: By Whom:	<u>DPR</u>		
Benefit Cost Ratio:	<u>1.69</u>		

Average cost per square foot for residential & commercial construction in the community: \$120

National Flood Insurance Program Information:

Flood Source: Riverine Flooding Structure Located in: Floodplain

Note: An NFIP repetitive loss structure is defined as building with 2 or more insured losses greater than \$1,000 within a 10-year period.

Repetitive Loss Structure: Unknown 2-3 insured Losses cumulatively <= building fair market value
Repetitive Loss Number: _____ 2-3 insured Losses cumulatively > building fair market value
 4 or more insured losses since 1978
 Not Applicable

NFIP Policy Number: ☉ _____ Insurance Policy Provider: ☉ _____

Is there a Flood Insurance Rate Map (FIRM) available? Yes No

Is the property site marked on the map? Yes, map attached

Flood Zone Designation:

VE or V 1-30 C or X (unshaded) AE or A 1-30 AO or AH
 B or X (shaded) Floodway A (no base flood elevation given)

FIRM Community Information:

Community: City of Pacific

Map Specific Information for Selected Community:

Panel Number: 290170355D Date: 10/18/2011

Legal Description: ☉ LOT:PT211&PT212 O T OF FRANKLIN

Comments: property has had flood damage in 2008, 2015 and 2017

Assessor Records

PIN: 19-1-12.0-4-003-222.000
 ENS:
 Master Tax Dist 111
Subd: O T OF FRANKLIN
Deedholders
 Acres:
 Section
 Township
 Range
 FLANNERY,MARGARET SUE
 0.0000
 12

Situs Address:
 Mailing Address:
 Legal Description:

 413 S THIRD ST
 FLANNERY,MARGARET SUE
 LOT:213,PT214&PT215 O T OF FRANKLIN
 PACIFIC MO 63069
 305 W PACIFIC ST
 305 W PACIFIC ST ON PARCEL
 PACIFIC MO 63069-0000

Property Market Value			Property Assessed Value				
	Land	Building	Total Value		Land	Building	Total Value
Agricultural:	\$0	\$0	\$0	Agricultural:	\$0	\$0	\$0
Residential:	\$28,220	\$90,870	\$119,090	Residential:	\$5,362	\$17,265	\$22,627
Commercial:	\$0	\$0	\$0	Commercial:	\$0	\$0	\$0
Exempt:	0.0000	\$0	\$0	Exempt:	\$0	\$0	\$0
		Total Value:	\$119,090			Total Value:	\$22,627

Values are **2015 Certified**

413 South Third - A



413 SOUTH THIRD - B



National Flood Hazard Layer FIRMette



Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS	Without Base Flood Elevation (BFE) Zone A, V, A99	With BFE or Depth
	Regulatory Floodway Zone AE, AO, AH, VE, AR	

OTHER AREAS OF FLOOD HAZARD	
	0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
	Future Conditions 1% Annual Chance Flood Hazard Zone X
	Area with Reduced Flood Risk due to Levee. See Notes. Zone X
	Area with Flood Risk due to Levee Zone D

OTHER AREAS	
	NO SCREEN Area of Minimal Flood Hazard Zone X
	Effective LOMRs
	Area of Undetermined Flood Hazard Zone D

GENERAL STRUCTURES	
	Channel, Culvert, or Storm Sewer
	Levee, Dike, or Floodwall

OTHER FEATURES	
	Cross Sections with 1% Annual Chance Water Surface Elevation
	Coastal Transect Base Flood Elevation Line (BFE)
	Limit of Study
	Jurisdiction Boundary
	Coastal Transect Baseline
	Profile Baseline
	Hydrographic Feature

MAP PANELS	
	Digital Data Available
	No Digital Data Available
	Unmapped

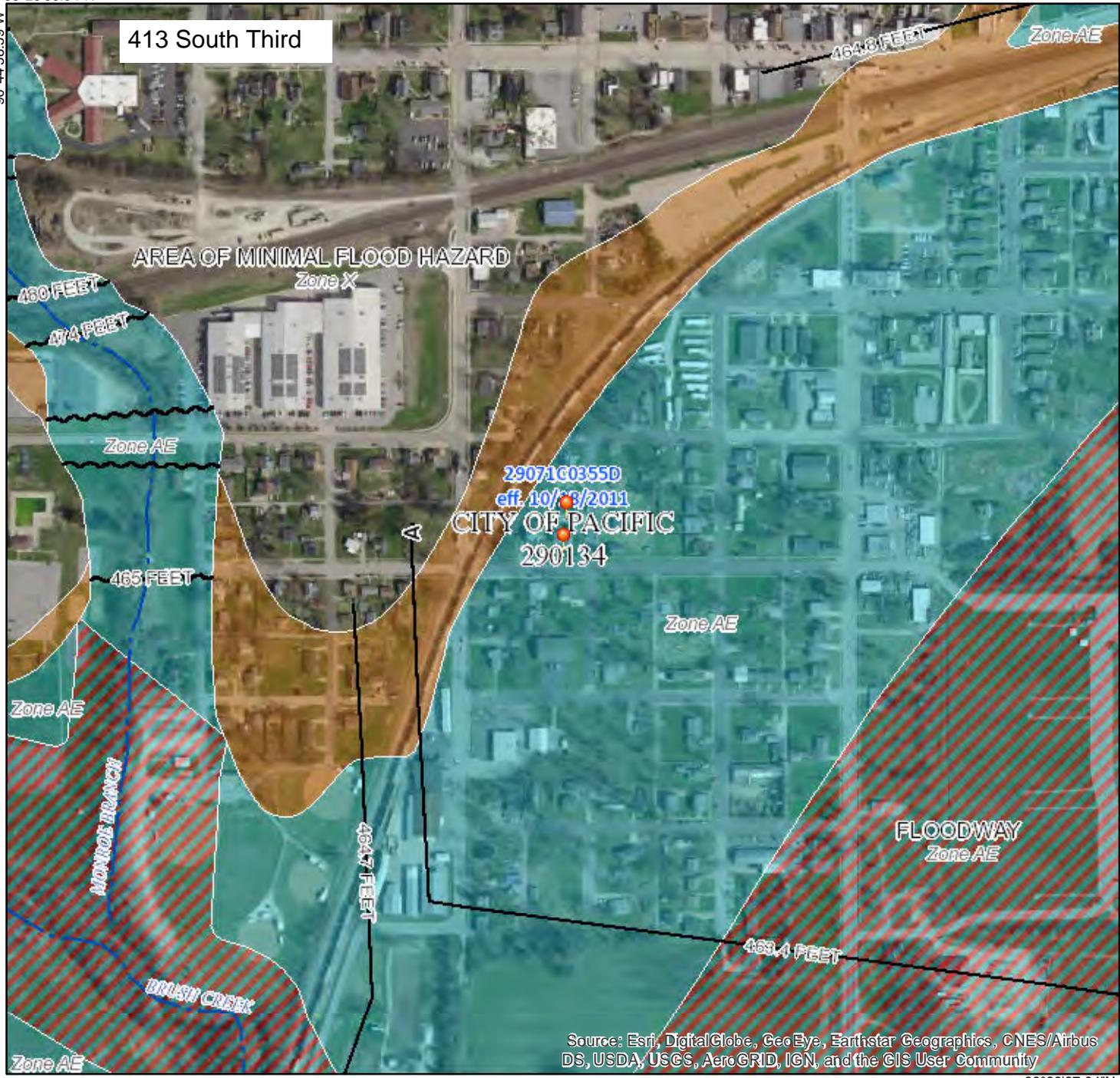


This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The base map shown complies with FEMA's base map accuracy standards

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This map image is void if the one or more of the following map elements do not appear: base map imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

38°28'56.94"N
90°44'58.59"W



Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
**Statement of Voluntary Participation for
Acquisition of Property for Purpose of Open Space
FEMA's Hazard Mitigation Assistance Programs**

O.M.B. No. 1660-0103
Expires August 31, 2011

THIS AGREEMENT is made and entered into this on (date) Feb 14, 2018, by and between (name of Subgrantee) City of Pacific, Missouri, hereinafter referred to as "Subgrantee," and (property owner) Margaret Sue Flannery, hereinafter referred to as "Seller." The parties agree as follows:

1. Seller affirms that I/we own the property located at (legal address) 413 S Third St, hereinafter referred to as "property."
2. Subgrantee has notified Seller that the Subgrantee may wish to purchase the referenced property, and, if Seller agrees to sell, Seller must permanently relocate from property.
3. Subgrantee has identified that the purchase offer valuation of the property as of (date) 1-19-2018 is \$ 142908, as determined by appropriate valuation procedures implemented by Subgrantee and based on FEMA acquisition requirements provided in 44 C.F.R. Part 80, and relevant program guidance as documented below (e.g., *Pre-Disaster Mitigation, Hazard Mitigation Grant Program, Flood Mitigation Assistance*).
4. Subgrantee has notified the Seller that **neither the State nor the Local Government will use its eminent domain authority to acquire the property for open-space purpose if the Seller chooses not to participate, or if negotiations fail.**
5. Subgrantee has notified Seller that if the Seller agrees to sell the property to the Subgrantee the transaction is voluntary and the Seller is not entitled to relocation benefits provided by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, which are available to property owners who must sell their properties involuntarily.
6. Subgrantee affirms that it has provided the notifications and explained the information described in the preceding paragraphs to the seller, and property identified above is not a part of an intended, planned, or designated project area where all or substantially all of the property within the area is to be acquired within specific time limits.
7. This Agreement shall expire on (date of closing) _____, unless Seller has voluntarily sold Property to the Subgrantee by that date.

Margaret S. Flannery
Property Owner Signature

[Signature]
Property Owner Signature

[Signature]
Subgrantee's Authorized Agent Signature

02/21/2018
Date

Date

Feb 14, 2018
Date

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1 hour per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is voluntary. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington VA 20598-3005, Paperwork Reduction Project (1660-0103). **NOTE: DO NOT SEND YOUR COMPLETED FORM TO THIS ADDRESS.**

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
DECLARATION AND RELEASE

O.M.B. No. 1660-0002
Expires July 31, 2017

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 2 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0002)
NOTE: Do not send your completed form to this address.

PRIVACY ACT STATEMENT

AUTHORITY: The Robert T. Stafford Disaster Relief and Emergency Assistance Act as amended, 42 U.S.C. § 5121 -5207 and Reorganization Plan No. 3 of 1978; 4 U.S.C. §§ 2904 and 2906; 4 C.F.R. § 206.2(a)(27); the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. 104-193) and Executive Order 13411. DHS asks for your SSN pursuant to the Debt Collection Improvement Act of 1996, 31 U.S.C. § 3325(d) and § 7701(c) (1).
PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of determining eligibility and administering financial assistance under a Presidentially-declared disaster. Additionally, information may be reviewed within FEMA for quality assurance purposes and used to assess FEMA's customer service to disaster assistance applicants.
ROUTINE USE(S): The information on this form may be shared outside of FEMA as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes sharing this information with state, tribal, local, and voluntary organizations to enable you to receive additional disaster assistance and as necessary and authorized by other routine uses published in DHS/FEMA-008 Disaster Recovery Assistance Files System of Records, 78 Fed. Reg. 25,282 (April 30, 2013), and upon written request, by agreement, or as required by law.
DISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving disaster assistance.

DECLARATION AND RELEASE

In order to be eligible to receive FEMA Disaster Assistance, a member of the household must be a citizen, non-citizen national or qualified alien of the United States. **Please read the form carefully, sign the sheet and return it to the Inspector, and show him/her a current form of photo identification.** Please feel free to consult with an attorney or other immigration expert if you have any questions.

I hereby declare, under penalty of perjury that (check one):

- I am a citizen or non-citizen national of the United States.
- I am a qualified alien of the United States.
- I am the parent or guardian of a minor child who resides with me and who is a citizen, non-citizen national or qualified alien of the United States. Print full name and age of minor child: _____

By my signature I certify that:

- * Only one application has been submitted for my household.
- * All information I have provided regarding my application for FEMA disaster assistance is true and correct to the best of my knowledge.
- * I will return any disaster aid money I received from FEMA or the State if I receive insurance or other money for the same loss, or if I do not use FEMA disaster aid money for the purpose for which it was intended.

I understand that, if I intentionally make false statements or conceal any information in an attempt to obtain disaster aid, it is a violation of federal and State laws, which carry severe criminal and civil penalties, including a fine up to \$250,000, imprisonment, or both (18 U.S.C. §§ 287, 1001, and 3571).

I understand that the information provided regarding my application for FEMA disaster assistance may be subject to sharing within the Department of Homeland Security (DHS) including, but not limited to, the Bureau of Immigration and Customs Enforcement.

I authorize FEMA to verify all information given by me about my property/place of residence, income, employment and dependents in order to determine my eligibility for disaster assistance; and

I authorize all custodians of records of my insurance, employer, any public or private entity, bank financial or credit data service to release information to FEMA and/or the State upon request.

NAME (print) <i>MARGARET S. FLANNERY</i>	SIGNATURE <i>Margaret S. Flannery</i>	DATE OF BIRTH <i>09/27/1953</i>	DATE SIGNED <i>02/21/2018</i>
INSPECTOR ID #	FEMA APPLICATION #	DISASTER # DR 4317	
ADDRESS OF DAMAGED PROPERTY 413 S. Third Street	CITY Pacific	STATE MO	ZIP CODE 63069

HMGP Property Site Inventory Form (PSI)

Use one page for each property

Owner Information:

First Name: Cheryl Last Name: Bright Co-Owner: _____
Property Address: 422 South Third

City: Pacific State: MO Zip Code: 63069 County: Franklin

Title Holder Post Mitigation (community undertaking project): City of Pacific

Mitigation Property Site Action: Acquisition / Demolition **Mitigation Property Site Comments:** SF Res.

Property Information:

Age of Structure (year built):	<u>1939</u>	Total Square Feet of Living Space:	<u>820</u>
Pre-Event Fair Market Value:	<u>\$20,928</u>	Type of Residence:	<u>Other (Specify in Comments)</u>
Parcel Number:	<u>19-1-12.0-</u>	Structure Type:	<u>1 story, w/o basement</u>
<u>4-003-228.000</u>		Foundation Type:	<u>Crawl Space</u>
Property Tax Id:	<u>19-1-</u>	Basement:	<u>No</u>
<u>12.0-4-003-228.000</u>		Base Flood Elevation:	<u>463.3</u>
Latitude:	<u>38.478337</u>	First Floor Elevation:	_____
Longitude:	<u>-90.743684</u>	Number of feet the lowest floor elevation of the structure is being raised above Base Flood Elevation (Only applicable when Property Action is Elevation):	<u>n/a</u>
SHPO Cleared: ☉	<u>Yes</u>	Damage Category:	<u>50-100% Damaged</u>
SHPO Cleared Date: ☉	<u>2/20/2018</u>	Post Mitigation Property Use:	<u>open space</u>
Benefit Cost Analysis:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If commercial property what is the primary usage, explain below in comments.	
Performed: By Whom:	<u>DPR</u>		
Benefit Cost Ratio:	<u>6.74</u>		
Average cost per square foot for residential & commercial construction in the community: <u>\$120</u>			

National Flood Insurance Program Information:

Flood Source: Riverine Flooding Structure Located in: Floodplain

Note: An NFIP repetitive loss structure is defined as building with 2 or more insured losses greater than \$1,000 within a 10-year period.

Repetitive Loss Structure: Unknown 2-3 insured Losses cumulatively <= building fair market value
Repetitive Loss Number: _____ 2-3 insured Losses cumulatively > building fair market value
 4 or more insured losses since 1978
 Not Applicable

NFIP Policy Number: ☉ _____ Insurance Policy Provider: ☉ _____

Is there a Flood Insurance Rate Map (FIRM) available? Yes No

Is the property site marked on the map? Yes, map attached

Flood Zone Designation:

VE or V 1-30 C or X (unshaded) AE or A 1-30 AO or AH
 B or X (shaded) Floodway A (no base flood elevation given)

FIRM Community Information:

Community: City of Pacific

Map Specific Information for Selected Community:

Panel Number: 290170355D Date: 10/18/2011

Legal Description: ☉ Lot 210 Old Town of Franklin

Comments: Property is not occupied because of substantial damage. Severe flooding in 2015 and 2017

☉ (This information is not required until the project is approved, but would be helpful if you can provide it at the time of application.)

Assessor Records

PIN: 19-1-12.0-4-003-228.000
Deedholders: SOWARDS,JAMES
ENS: O T OF FRANKLIN
Subd: O T OF FRANKLIN
Acres: 0.0000
DBA:
Master Tax Dist: 111
Section: 12
Township:
Range:

Situs Address: 422 S THIRD ST PACIFIC MO 63069
Mailing Address: SOWARDS,JAMES 422 S THIRD ST PACIFIC MO 63069
Legal Description: LOT:210 O T OF FRANKLIN

Property Market Value			Property Assessed Value				
	Land	Building	Total Value		Land	Building	Total Value
Agricultural:	\$0	\$0	\$0	Agricultural:	\$0	\$0	\$0
Residential:	\$17,440	\$0	\$17,440	Residential:	\$3,314	\$0	\$3,314
Commercial:	\$0	\$0	\$0	Commercial:	\$0	\$0	\$0
Exempt:	0.0000	\$0	\$0	Exempt:	\$0	\$0	\$0
		Total Value:	\$17,440*		Total Value:		\$3,314

Values are **2015 Certified**

*There is a value discrepancy between the *Voluntary Participation Form* and the Franklin County Assessor value because the Assessors office recently removed the building value. The offer amount on the form includes the structure value.

422 South Third



National Flood Hazard Layer FIRMette



Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS		Without Base Flood Elevation (BFE) Zone A, V, A99
		With BFE or Depth
		Regulatory Floodway Zone AE, AO, AH, VE, AR

OTHER AREAS OF FLOOD HAZARD		0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
		Future Conditions 1% Annual Chance Flood Hazard Zone X
		Area with Reduced Flood Risk due to Levee. See Notes. Zone X
		Area with Flood Risk due to Levee Zone D

OTHER AREAS		NO SCREEN Area of Minimal Flood Hazard Zone X
		Effective LOMRs
		Area of Undetermined Flood Hazard Zone D

GENERAL STRUCTURES		Channel, Culvert, or Storm Sewer
		Levee, Dike, or Floodwall

OTHER FEATURES		20.2 Cross Sections with 1% Annual Chance Water Surface Elevation
		17.5 Coastal Transect
		Base Flood Elevation Line (BFE)
		Limit of Study
		Jurisdiction Boundary
		Coastal Transect Baseline
		Profile Baseline
		Hydrographic Feature

MAP PANELS		Digital Data Available
		No Digital Data Available
		Unmapped



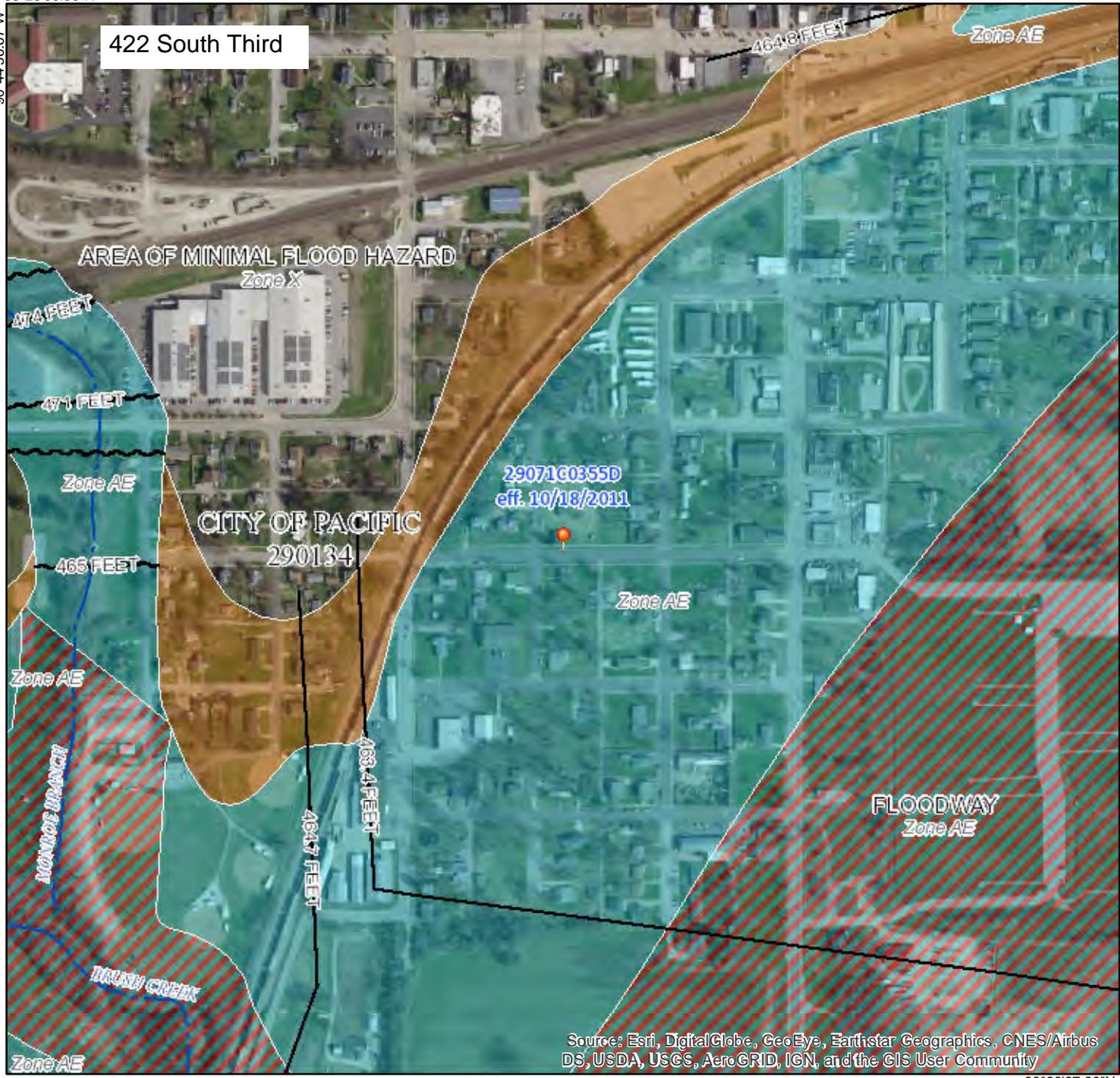
This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The base map shown complies with FEMA's base map accuracy standards

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This map image is void if the one or more of the following map elements do not appear: base map imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

38°28'56.59"N

90°44'56.67"W



90°44'17.71"W

Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community



DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
**Statement of Voluntary Participation for
Acquisition of Property for Purpose of Open Space
FEMA's Hazard Mitigation Assistance Programs**

O.M.B. No. 1660-0103
Expires August 31, 2011

THIS AGREEMENT is made and entered into this on (date) 1/17/18, by and between (name of Subgrantee) _____, hereinafter referred to as "Subgrantee," and (property owner) _____, hereinafter referred to as "Seller." The parties agree as follows:

1. Seller affirms that I/we own the property located at (legal address) 422 South Third Street Pacific Mo. hereinafter referred to as "property."
2. Subgrantee has notified Seller that the Subgrantee may wish to purchase the referenced property, and, if Seller agrees to sell, Seller must permanently relocate from property.
3. Subgrantee has identified that the purchase offer valuation of the property as of (date) 1/17/2018 is \$ 29,928, as determined by appropriate valuation procedures implemented by Subgrantee and based on FEMA acquisition requirements provided in 44 C.F.R. Part 80, and relevant program guidance as documented below (e.g., *Pre-Disaster Mitigation, Hazard Mitigation Grant Program, Flood Mitigation Assistance*). _____
4. Subgrantee has notified the Seller that **neither the State nor the Local Government will use its eminent domain authority to acquire the property for open-space purpose if the Seller chooses not to participate, or if negotiations fail.**
5. Subgrantee has notified Seller that if the Seller agrees to sell the property to the Subgrantee the transaction is voluntary and the Seller is not entitled to relocation benefits provided by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, which are available to property owners who must sell their properties involuntarily.
6. Subgrantee affirms that it has provided the notifications and explained the information described in the preceding paragraphs to the seller, and property identified above is not a part of an intended, planned, or designated project area where all or substantially all of the property within the area is to be acquired within specific time limits.
7. This Agreement shall expire on (date of closing) _____, unless Seller has voluntarily sold Property to the Subgrantee by that date.

Property Owner Signature

Property Owner Signature

Subgrantee's Authorized Agent Signature

Date

Date

Date

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1 hour per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is voluntary. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington VA 20598-3005, Paperwork Reduction Project (1660-0103). **NOTE: DO NOT SEND YOUR COMPLETED FORM TO THIS ADDRESS.**

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
DECLARATION AND RELEASE

O.M.B. No. 1660-0002
Expires July 31, 2017

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 2 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0002)
NOTE: Do not send your completed form to this address.

PRIVACY ACT STATEMENT

AUTHORITY: The Robert T. Stafford Disaster Relief and Emergency Assistance Act as amended, 42 U.S.C. § 5121 -5207 and Reorganization Plan No. 3 of 1978; 4 U.S.C. §§ 2904 and 2906; 4 C.F.R. § 206.2(a)(27); the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. 104-193) and Executive Order 13411. DHS asks for your SSN pursuant to the Debt Collection Improvement Act of 1996, 31 U.S.C. § 3325(d) and § 7701(c) (1).
PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of determining eligibility and administering financial assistance under a Presidentially-declared disaster. Additionally, information may be reviewed within FEMA for quality assurance purposes and used to assess FEMA's customer service to disaster assistance applicants.
ROUTINE USE(S): The information on this form may be shared outside of FEMA as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes sharing this information with state, tribal, local, and voluntary organizations to enable you to receive additional disaster assistance and as necessary and authorized by other routine uses published in DHS/FEMA-008 Disaster Recovery Assistance Files System of Records, 78 Fed. Reg. 25,282 (April 30, 2013), and upon written request, by agreement, or as required by law.
DISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving disaster assistance.

DECLARATION AND RELEASE

In order to be eligible to receive FEMA Disaster Assistance, a member of the household must be a citizen, non-citizen national or qualified alien of the United States. **Please read the form carefully, sign the sheet and return it to the Inspector, and show him/her a current form of photo identification.** Please feel free to consult with an attorney or other immigration expert if you have any questions.

I hereby declare, under penalty of perjury that (check one):

- I am a citizen or non-citizen national of the United States.
- I am a qualified alien of the United States.
- I am the parent or guardian of a minor child who resides with me and who is a citizen, non-citizen national or qualified alien of the United States. Print full name and age of minor child: _____

By my signature I certify that:

- * Only one application has been submitted for my household.
- * All information I have provided regarding my application for FEMA disaster assistance is true and correct to the best of my knowledge.
- * I will return any disaster aid money I received from FEMA or the State if I receive insurance or other money for the same loss, or if I do not use FEMA disaster aid money for the purpose for which it was intended.

I understand that, if I intentionally make false statements or conceal any information in an attempt to obtain disaster aid, it is a violation of federal and State laws, which carry severe criminal and civil penalties, including a fine up to \$250,000, imprisonment, or both (18 U.S.C. §§ 287, 1001, and 3571).

I understand that the information provided regarding my application for FEMA disaster assistance may be subject to sharing within the Department of Homeland Security (DHS) including, but not limited to, the Bureau of Immigration and Customs Enforcement.

I authorize FEMA to verify all information given by me about my property/place of residence, income, employment and dependents in order to determine my eligibility for disaster assistance; and

I authorize all custodians of records of my insurance, employer, any public or private entity, bank financial or credit data service to release information to FEMA and/or the State upon request.

NAME (print) <i>George + Cheryl Bright</i>	SIGNATURE <i>George Bright</i>	DATE OF BIRTH <i>5/24/59 8/28/59</i>	DATE SIGNED <i>1/7/18</i>
INSPECTOR ID #	FEMA APPLICATION #	DISASTER # <i>4317</i>	
ADDRESS OF DAMAGED PROPERTY <i>422 South Third Street</i>	CITY <i>Pacific</i>	STATE <i>MO</i>	ZIP CODE

HMGP Property Site Inventory Form (PSI)

Use one page for each property

Owner Information:

First Name: Gregory Last Name: Swetz Co-Owner: _____
Property Address: 502 South Third

City: Pacific State: MO Zip Code: 63069 County: Franklin

Title Holder Post Mitigation (community undertaking project): City of Pacific

Mitigation Property Site Action: Acquisition / Demolition **Mitigation Property Site Comments:** SF Res.

Property Information:

Age of Structure (year built): 1945 Total Square Feet of Living Space: _____
Pre-Event Fair Market Value: \$22,032.00 Type of Residence: Other (Specify in Comments)
Parcel Number: 19-1-12.0- Structure Type: 1 story, w/o basement
4-003-247.000 Foundation Type: Crawl Space
Property Tax Id: 19-1- Basement: No
12.0-4-003-247.000 Base Flood Elevation: 463.3
Latitude: 38.478034 First Floor Elevation: _____
Longitude: -90.743635 Number of feet the lowest floor elevation of the structure is
SHPO Cleared: ☉ Yes being raised above Base Flood Elevation (Only applicable
SHPO Cleared Date: ☉ 2/22/2018 when Property Action is Elevation): n/a
Damage Category: Select...
Benefit Cost Analysis: Yes No Post Mitigation Property Use: open space
Performed: By Whom: DPR If commercial property what is the primary usage, explain
Benefit Cost Ratio: 6.57 below in comments.
Average cost per square foot for residential & commercial construction in the community: \$120

National Flood Insurance Program Information:

Flood Source: Riverine Flooding Structure Located in: Floodplain

Note: An NFIP repetitive loss structure is defined as building with 2 or more insured losses greater than \$1,000 within a 10-year period.

Repetitive Loss Structure: Yes No 2-3 insured Losses cumulatively <= building fair market value
Repetitive Loss Number: 0245526 2-3 insured Losses cumulatively > building fair market value
 4 or more insured losses since 1978
 Not Applicable

NFIP Policy Number: ☉ _____ Insurance Policy Provider: ☉ _____

Is there a Flood Insurance Rate Map (FIRM) available? Yes No

Is the property site marked on the map? Yes, map attached

Flood Zone Designation:

VE or V 1-30 C or X (unshaded) AE or A 1-30 AO or AH
 B or X (shaded) Floodway A (no base flood elevation given)

FIRM Community Information:

Community: City of Pacific

Map Specific Information for Selected Community:

Panel Number: 290170355D Date: 10/18/2011

Legal Description: ☉ LOT:229 O T OF FRANKLIN

Comments: Property is not occupied because of substantial damage

☉ (This information is not required until the project is approved, but would be helpful if you can provide it at the time of application.)

502 South Third



National Flood Hazard Layer FIRMette



Legend

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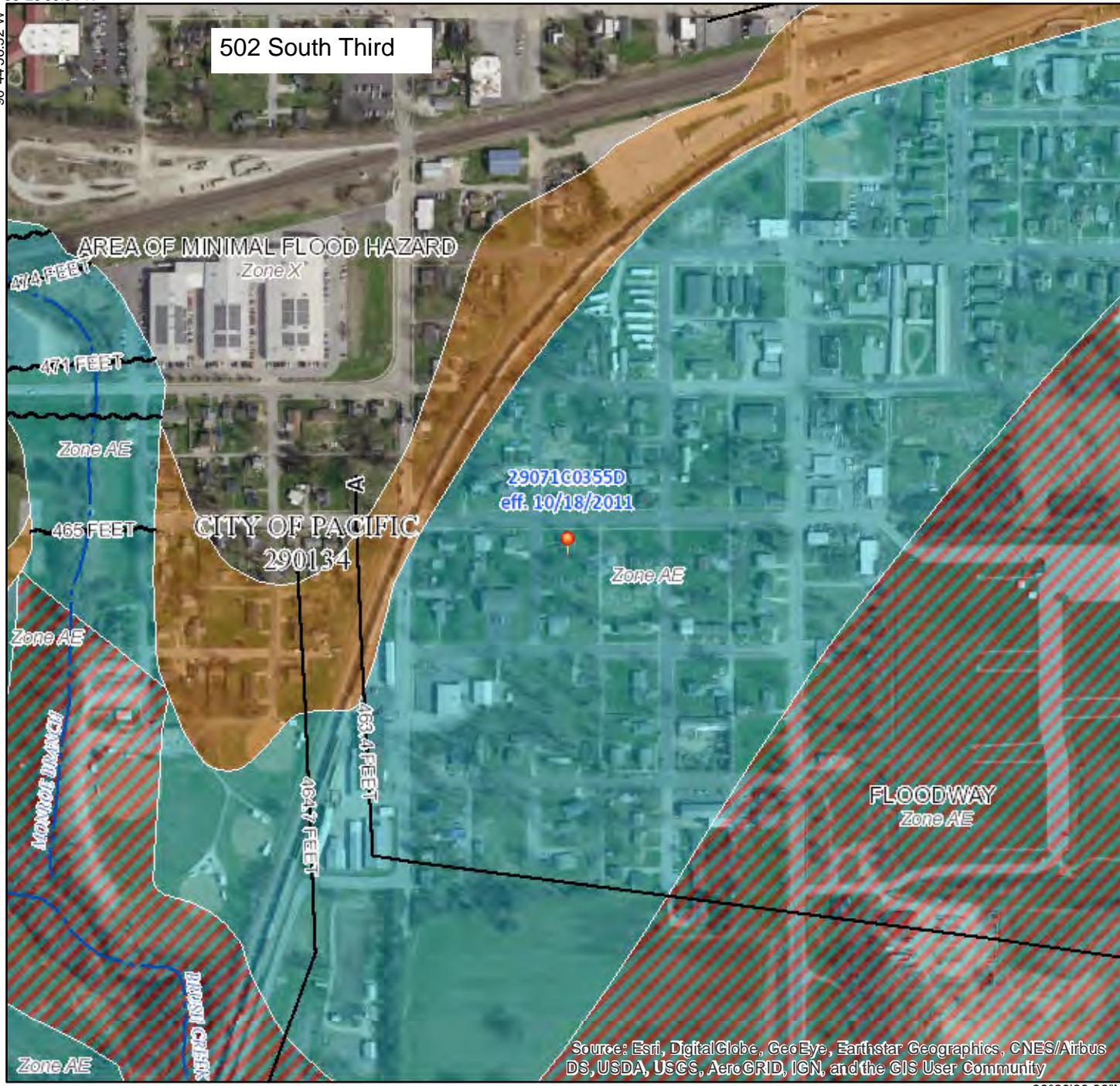
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38°28'55.51"N
90°44'56.52"W

502 South Third



Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community

0 250 500 1,000 1,500 2,000 Feet 1:6,241.13 38°28'26.22"N 90°44'17.56"W