



## South Carolina Office of Resilience – Disaster Recovery Division

### CDBG-Mitigation – Plans and Studies Application

**Mail To:** CDBG-Mitigation Plans and Studies Program  
South Carolina Office of Resilience – Disaster Recovery Division  
632 Rosewood Drive, Columbia, South Carolina 29201

**Email To:** [MITIGATION@SCOR.SC.GOV](mailto:MITIGATION@SCOR.SC.GOV)

Instructions: All fields within the application are expandable as needed. Please be as thorough as possible in your explanations.

Call or email questions to: Shakota Johnson  
Mitigation Program Manager | Disaster Recovery Division  
**South Carolina Office of Resilience**  
(C) 803-904-3041

Applicant Information			
Applicant Community:		County:	
<input type="checkbox"/> Municipal Government	<input type="checkbox"/> County Government	<input type="checkbox"/> State Agency	<input type="checkbox"/> Other:
Applicant Name:		Applicant Title:	
Applicant Agency:		Applicant Address:	
UEI:			
Applicant Phone:		Applicant Email:	

Project Information
Location of Project:
Brief description of Project:
Brief description of problem to be solved:
Total estimated cost:

### Plans and Studies Objectives

The South Carolina Office of Resilience will use planning funds for the development or updating of hazard mitigation plans, and the development of flood-reduction studies to identify potential mitigation solutions. The South Carolina Office of Resilience is soliciting applications from units of general local governments (UGLGs) located in the HUD-defined Most Impacted and Distressed counties (Aiken, Anderson, Greenwood, Greenville, Laurens, and Spartanburg).

### Purpose of Study

- ☐ Identify viable Mitigation plans/projects that have a BCA > 1 (SCOR CDBG-Mitigation or otherwise)
- ☐ Development/Update FEMA-approved HMP
- ☐ Upgraded hazard mapping for potential disaster risk
- ☐ Other:

### Study Area Information

Estimated population located in or benefiting from Study area:

LMI (Low-Moderate-Income) percentage affected by Study area:

**Please provide an attached map of the service area.**

### Funding Sources

☐ CDBG-DR Funds Requested:

☐ NON-CDBG Funds:

Source:

Amount:

Source:

Amount:

Source:

Amount:

**Please attach documents to support the CDBG-DR Mitigation funding amount requested.**

Study Summary

Study Request Contact	
Name:	Company/Title:
Phone:	Email:

**Authorized Signature:** *By signing this funding proposal, I hereby certify that the information being submitted is complete and correct, and that the local government has authorized this submission and the commitments implied within.*

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**Typed Name and Title of Chief  
Executive/Administrative Official**

**Signature**

**Date**