



MUNICIPAL ASSISTANCE PROGRAM (MAP) – FLOODPLAIN MANAGEMENT

ELECTRONIC SINGLE APPLICATION

How Do I Apply for the Municipal Assistance Program (MAP) Floodplain Management credit using the Electronic Single Application?

MAP FLOODPLAIN MANAGEMENT

Go to DCED's website

The screenshot shows the homepage of the Pennsylvania Department of Community & Economic Development (DCED). The browser address bar shows the URL <http://www.newpa.com/>. The navigation menu includes: Local Government, Housing & Development, **Programs & Funding** (circled in red), Business Assistance, PA Advantages, and About Us. A red arrow points from the 'Go to DCED's website' text to the address bar. Another red arrow points from a text box to the 'Single Application' link in the 'Programs & Funding' dropdown menu.

This link will take you directly to the Single Application Web Page.

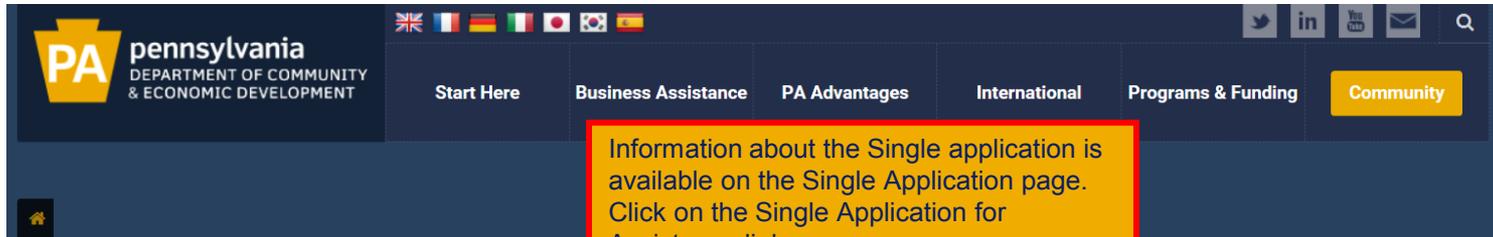
- Single Application
- Commonwealth Financing Authority (CFA)
- Compliance Resources
- Investment Tracker
- Local Share Assessment (LSA) Reporting
- Archived Programs

CEDO

- Certified Economic Development Organizations
- Search For Funding
 - Program Funding Matrices
- Quality Assurance
 - Quality Assurance & Operational Support

Most Viewed Programs

- Educational Improvement Tax Credit Program (EITC)
- Opportunity Scholarship Tax Credit Program (OSTC)
- Weatherization Assistance Program (WX)
- Multimodal Transportation Fund
- Community Development Block Grant (CDBG)
- And many more...



Information about the Single application is available on the Single Application page. Click on the Single Application for Assistance link .

Single Application

Apply for funding through DCED's Single Application for Assistance

[Single Application](#)

Electronic Signature is here!

In an effort to streamline the application process for our customers, DCED will no longer require applicants to mail the signed signature page.

Note that you are still required to print and attach the signature page to any additional supplemental information required by the program office.

What is the Single Application?

The [Single Application for Assistance](#) allows the applicant to apply for various programs using one form while capturing specific program information needed to evaluate the project for possible funding. The application is designed to help applicants comprehend the program requirements up front and expedite the review process.

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Office of International Business Development

Economic Development

Local Government

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UPCOMING EVENTS

04 **First Step to Starting Your...**
SEP [Friday 10:30 am - 1:00 pm](#)

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[Help](#) [Contact Us](#)

Login

What's New?
For an overview of the changes in the new Single Application, please read [Help](#).

User Name

Password

(First Time User? Click the button above)

(Forgot Your Password? Click the button above)

Enter User Name and Password.

Single Application Registration Information

In order to use the Web Submission of Single Application for Assistance you must have a valid PA PowerPort user name and password. If you do not have a PA PowerPort profile, simply fill out the form below and press the "Submit" button. To help provide a more detailed and easier process while filling out your application we are asking for information that will help us provide you with the best possible programs and screens.

PA Login Information

◆ Required Fields

First Name: ◆

Last Name: ◆

Address: ◆

City: ◆

State: PA ◆

Zip Code: ◆

Email Address: ◆

User Name: ◆

Password: ◆

Confirm Password: ◆

Security Question: ◆

Security Answer: ◆

User Name – must be a unique user name. If the user name you are trying to use already exists, please select another.

Password – is case sensitive and requires a minimum of 8 characters that must include one of each of the following: uppercase letter, lowercase letter, number and symbol.

Security Question/Answer protects the identity of the account. The security answer is case sensitive.

Select Government and click on the Submit button

This information will be used to accurately determine programs in which you would be an eligible applicant.

Single Application Information

Reset

Are You Applying As? For Profit Non Profit Government Other

SUBMIT

Single Application Information

This information becomes your User Settings. You must select "Government" and choose "Municipality" as the Entity Type in order to apply for MAP Floodplain. The Entity Type will change based upon selection of For Profit vs. Non Profit vs. Government.

Reset

Are You Applying As? For Profit Non Profit Government Other

Entity/Company Type: PA Legislative Office Authority Municipality Other Government

Federal Employers Identification Number (FEIN) Or SSN: [Vendor Registration](#) To apply for a SAP Vendor Number please click the link

SAP Vendor #:
(xxxxxx or xxxxxx-xxx)

Entity/Company Name:

CEO:

CEO Title:

Application Contact Name:

Title of the Contact person:

Phone: Ext.
(xxx-xxx-xxxx)

E-mail:
(if different from above)

Enter the valid Municipality FEIN.

Application contact information is not a required field; however, please provide it. If this information is added, it will populate into the application if you select that option on the applicant tab.

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This is the **Home** page for the Single Application for Assistance.

Home Help Contact Us Logout

Submitted Applications **User Settings**

User Settings – This is the information you entered into your Single Application Account Information. You can update this information as necessary by clicking on User Settings.

Begin a New Application

To begin a new Single Application For Assistance, enter the name of the program you want to apply for, answer whether you need help selecting your program. If you already know the name of the program you want to apply for, answer "No".

Project Name:

Enter "Floodplain Management Reimbursement"

Are you applying on behalf of your organization or another entity?
If you are applying for a sponsored program on behalf of another organization, please select "Another Entity."

Select My Organization from the dropdown

Do you need help selecting your program?

Select "NO" in the dropdown

Click **Create A New Application** button

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Submitted Applications User Settings Customer Service

Begin a New Application

To begin a new Single Application For Assistance, enter a brief name for the project (up to sixty characters) and answer whether you need help selecting your program. If you already know the name of the program you want to apply for, answer "No".

Project Name

Do you need help selecting your program?

Are you applying for assistance as outlined in a signed and accepted offer letter from the Governor's Action Team (GAT)?

Any incomplete applications not submitted to DCED will be listed under **Incomplete Applications**. You have the option to edit or withdraw the application. Note: If you withdraw the application, it will be deleted.

CREATE A NEW APPLICATION

Click **Edit** to open the incomplete application

Click **Withdraw** to delete an incomplete application

Incomplete Applications

Incomplete applications will be automatically withdrawn by DCED one year of inactivity.

Id	Applicant/Company	Project Name	Program	Updated		
8029647		Opportunity Scholarship Test Application 2	Opportunity Scholarship Tax Credit	1/8/2013	EDIT	WITHDRAW

Select Program

To search for programs based on your organization and/or project, click the Program Finder button below.

Program Name

Sort By

SEARCH **PROGRAM FINDER**

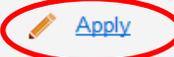
Enter MAP into the program name and click the **Search** button

To view other DCED programs, click on the **Program Finder** button.

2 results. ([Edit Search](#))

Search Results

Below is an alphabetical listing of all DCED programs matching the search criteria above. If you are eligible to apply, click the Apply link to select the program.

Municipal Assistance Program - Floodplain Management 

Provides funding to assist local governments to plan for and efficiently implement a variety of services and improvements, and soundly manage them with an emphasis on intergovernmental approaches. Funding is available for three groups of activities – shared services, community planning and management.

Additional Information: [Program Fact Sheet](#), [Guidelines](#)

Municipal Assistance Program - Shared Services and Planning 

Provides funding to assist local governments to plan for and efficiently implement a variety of services and improvements, and soundly manage them with an emphasis on intergovernmental approaches. Funding is available for three groups of activities – shared services, community planning and management.

Additional Information: [Program Fact Sheet](#), [Guidelines](#)

Click the **Apply** link for the MAP – Floodplain program. If you do not see the **Apply** button, you do not have your user settings set up correctly. In order to get the apply button you **MUST** have your User Settings set up as a Municipality with a valid FEIN. If you need assistance, contact the Customer Service Center 1-800-379-7448.

Do **NOT** click the apply button for MAP Shared Services & Planning



The application saves information as you click from tab to tab; however, if you step away from your computer for a period of time, click **Save**.

The option to **Print** the application is available once the program is selected.

The program name will be visible.

Header navigation: Home, Help, Save, Print, Contact Us, Logout

Program: Applicant, Project Overview, Project Site, Narrative, Budget, Addenda, Certification

Applicant: **Municipal Assistance Program - Floodplain Management** Web Application #: 8043085

Program Fact Sheet Program Guidelines

Optional – To populate the application with the information you entered into your User Settings, click the **Use Account Information** button.

Applicant Information

To copy your Registration information into the application, click the "Use Account Information" button below.

USE ACCOUNT INFORMATION

Applicant Entity Type:

- Limited Liability Partnership
- Partnership
- Government
- Non-Profit Corporation
- Sole Proprietorship
- Limited Liability Company
- S Corporation
- C Corporation

Applicant Name:

NAICS Code

EIN/SSN Number
(xxxxxxxx)

CEO:

CEO Title:

SAP Vendor #:
(xxxxxx or xxxxxx-xxxx)

Contact Name:

Contact Title:

Phone: Ext.
(xxx-xxx-xxxx)

Fax:

E-mail:

NAICS Code – This field does not populate from User Settings. A dropdown box will appear when the entity type is selected to help you select the NAICS Code; continue to make selections until a 4-digit number appears in the box.

The **Enterprise Type** field does not populate from User Settings. Please check Government.

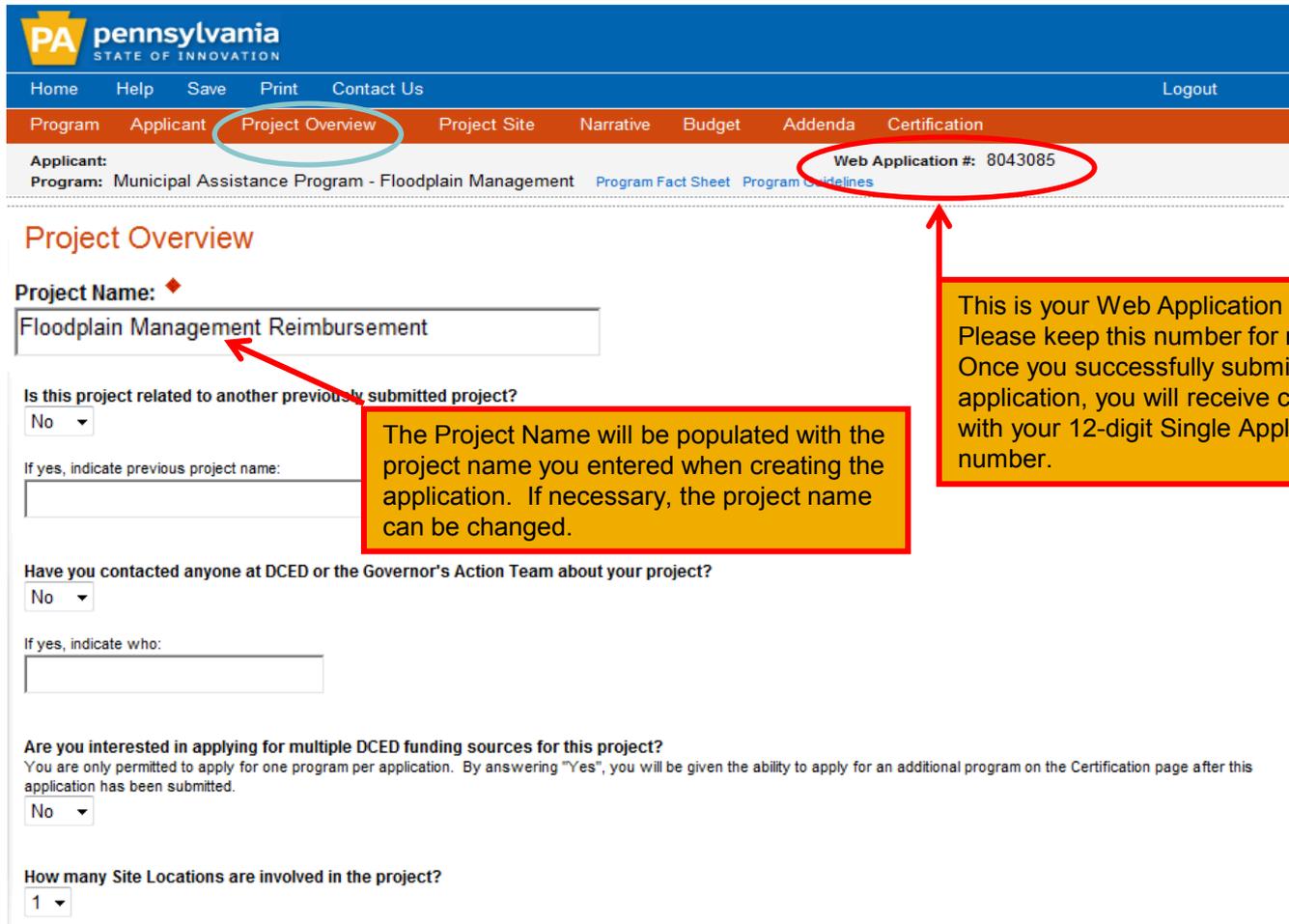
Enterprise Type

Indicate the types of enterprises that describe the organization listed above. You may select more than one type. ◆

<input type="checkbox"/> Advanced Technology	<input type="checkbox"/> Agri-Processor	<input type="checkbox"/> Agri-Producer	<input type="checkbox"/> Authority	<input type="checkbox"/> Biotechnology / Life Sciences
<input type="checkbox"/> Business Financial Services	<input type="checkbox"/> Call Center	<input type="checkbox"/> Child Care Center	<input type="checkbox"/> Commercial	<input type="checkbox"/> Community Dev. Provider
<input type="checkbox"/> Computer & Clerical Operators	<input type="checkbox"/> Defense Related	<input type="checkbox"/> Economic Dev. Provider	<input type="checkbox"/> Educational Facility	<input type="checkbox"/> Emergency Responder
<input type="checkbox"/> Exempt Facility	<input type="checkbox"/> Export Manufacturing	<input type="checkbox"/> Export Service	<input type="checkbox"/> Food Processing	<input checked="" type="checkbox"/> Government
<input type="checkbox"/> Healthcare	<input type="checkbox"/> Hospitality	<input type="checkbox"/> Industrial	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining
<input type="checkbox"/> Other	<input type="checkbox"/> Professional Services	<input type="checkbox"/> Recycling	<input type="checkbox"/> Regional & National Headquarters	<input type="checkbox"/> Research & Development
<input type="checkbox"/> Retail	<input type="checkbox"/> Social Services Provider	<input type="checkbox"/> Tourism Promotion	<input type="checkbox"/> Warehouse & Terminal	

Continue – This will move you through the application page by page.

[Continue](#)



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Program Applicant **Project Overview** Project Site Narrative Budget Addenda Certification

Applicant: Program: Municipal Assistance Program - Floodplain Management [Program Fact Sheet](#) [Program Guidelines](#) **Web Application #: 8043085**

Project Overview

Project Name:

Is this project related to another previously submitted project?

If yes, indicate previous project name:

Have you contacted anyone at DCED or the Governor's Action Team about your project?

If yes, indicate who:

Are you interested in applying for multiple DCED funding sources for this project?
You are only permitted to apply for one program per application. By answering "Yes", you will be given the ability to apply for an additional program on the Certification page after this application has been submitted.

How many Site Locations are involved in the project?

This is your Web Application number. Please keep this number for reference. Once you successfully submit the application, you will receive confirmation with your 12-digit Single Application number.

The Project Name will be populated with the project name you entered when creating the application. If necessary, the project name can be changed.

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Home Help Save Print Contact Us **Project Site** Narrative Budget Addenda Certification Logout

Applicant: **Program: Municipal Assistance Program - Floodplain Management** [Program Fact Sheet](#) [Program Guidelines](#) **Web Application #: 8043085**

Project Site Location(s)

To add Project Site Locations, please see the [Project Overview](#) section.

Site 1

Address:

City:

State: PA

Zip Code:

County:

Municipality:

PA House:

PA Senate:

US House:

Current Employees:

Jobs To Be Created:

Designated Areas:

<input type="checkbox"/> Act 47 Distressed Community	<input type="checkbox"/> Brownfield
<input type="checkbox"/> Enterprise Zone	<input type="checkbox"/> Greenfield
<input type="checkbox"/> Keystone Innovation Zone	<input type="checkbox"/> Keystone Opportunity Zone
<input type="checkbox"/> Prime Agricultural Area	<input type="checkbox"/> Uses PA Port

[Continue](#)

Select the **County** in which the municipality is located. Select the **Municipality** applying for MAP funds.

The County and Municipality selections determine the Legislators that appear. If more than one selection is possible, you will need to select the Legislator.

Program Fact Sheet and Program Guidelines are available for review by clicking the links.

Enter the following: **Encourage management of floodplain lands within the applicant's municipality in accord with Act 166 of 1978.**

Enter the following: **By preparing, enacting, administering, and/or enforcing the applicant's floodplain management ordinance.**

Enter a brief statement of at least 100 characters describing uses of funds for which reimbursement is requested.

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Home **Help** **Save** Print Contact Us Logout

Program Applicant **Project Overview** Project Site Narrative **Budget** Addenda Certification

Applicant: Program: Municipal Assistance Program - Floodplain Management [Program Fact Sheet](#) [Program Guidelines](#) Web Application #: 8043085

Program Budget

Please see the [Help](#) section for details on how to complete the Program Budget.

Funding Sources Spreadsheet Basis of Cost

Additional Project Funding Sources

The Single Application for Assistance requires a comprehensive budget of the entire project's costs. Please indicate all sources of funds and project costs that not being financed with the DCED Program selected. Each Funding Source listed below will create a separate column in the Program Budget Spreadsheet.

Additional Funding Source 1:	<input type="text" value="Municipal Funds"/>	<input type="text" value="Local"/>
Additional Funding Source 2:	<input type="text"/>	<input type="text"/>
Additional Funding Source 3:	<input type="text"/>	<input type="text"/>
Additional Funding Source 4:	<input type="text"/>	<input type="text"/>
Additional Funding Source 5:	<input type="text"/>	<input type="text"/>

The Floodplain reimbursement is 50% maximum. Type **Municipal Funds** into the additional funding source and select **Local** from the dropdown.

Program Budget

Please see the [Help](#) section for details on how to complete the Program Budget.

Budget Spreadsheet

The first column indicates the amount of funding you are requesting from DCED. To add, edit, or remove the spreadsheet columns, please see the [Funding Sources](#) tab. After

Line items under each category can be expanded or collapsed by clicking the plus (+) or minus (-) next to the category.

	Municipal Assistance Program - Floodplain Management	Municipal Funds (Local)	Total
+ Acquisition	0	0	0
+ General Construction	0	0	0
+ Infrastructure / Site Preparation	0	0	0
+ Machinery & Equipment	0	0	0
+ Working Capital	0	0	0
+ Operating Costs	0	0	0
+ Related Costs	0	0	0
- Other	500	500	1,000
Miscellaneous	500	500	1,000
	0	0	0

Click and type **Miscellaneous** into the space provided under the Other category. In the MAP Floodplain Management column, enter the amount from Line 21 on the DCED-CLGS-58 form. The amount in the total column should equal the amount from Line 20 on the DCED-CLGS-58 form.

Program Budget

Please see the [Help](#) section for details on how to complete the Program Budget.

[Funding Sources](#) | [Spreadsheet](#) | **[Basis of Cost](#)**

Basis of Cost

Provide the basis for calculating the costs that are identified in the Project Budget.

- Appraisals
- Budget Justification
- Engineer Estimates
- Bids/Quotations
- Contractor Estimates
- Sales Agreements

Select **Budget Justification** as the basis of cost

Budget Narrative

The narrative must specifically address each of the cost items identified in the Budget Spreadsheet.
Character Count: 0/2000

Briefly describe the nature/type of expenditures for each line item having expenditures in the Spreadsheet Tab

[Continue](#)

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Program Applicant Project Overview Project Site Narrative Budget **Addenda** Certification

Applicant: Web Application #: 8043085
Program: Municipal Assistance Program - Floodplain Management [Program Fact Sheet](#) [Program Guidelines](#)

Program Addenda

Below are additional application requirements specific to the program you selected. If you are having problems completing the Program Addenda because your organization or project do not meet the requirements listed below, please try [changing your program](#).

Completed Floodplain Management Activities Reimbursement Application ♦

1. Please download and attach the completed Floodplain Management Activities Reimbursement Application, along with any supporting documentation in the upload box below. Multiple documents can be added into the upload box.

[Download GCLGS-58-13F.PDF](#)

Upload Files
Click "Browse" to select a file. You can attach files up to a total size of 1.5MB.

File 1

Download document links, complete the information requested, save the file to your computer. To upload the file, click **Browse**, select desired file and click open. The file will be placed in the application.

Floodplain Management Activities Annual Report ♦

2. Please download and attach the completed Floodplain Management Activities Annual Report, along with any supporting documentation in the upload box below.

[Download GCLGS-57-12F.PDF](#)

Upload Files
Click "Browse" to select a file. You can attach files up to a total size of 1.5MB.

File 1

Additional Attachments

Please attach any supporting documents related to the Application Requirements outlined in the Program Guidelines.

Upload Files
Click "Browse" to select a file. You can attach files up to a total size of 1.5MB.

File 1	<input type="text"/>	<input type="button" value="Browse..."/>
File 2	<input type="text"/>	<input type="button" value="Browse..."/>
File 3	<input type="text"/>	<input type="button" value="Browse..."/>
File 4	<input type="text"/>	<input type="button" value="Browse..."/>

Upload all supporting documentation related to the application as per Part 2, Section V. B. 3. in the MAP program guidelines. File size is limited to 1.5 MB. Click **Browse** to upload the file.

[Continue](#)

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Program Applicant Project Overview Project Site Narrative Budget Addenda **Certification**

Applicant: Web Application #: 8043085
Program: Municipal Assistance Program - Floodplain Management [Program Fact Sheet](#) [Program Guidelines](#)

Application Certification

The following sections are incomplete. All required fields marked with a red diamond (♦) must be completed before you are able to submit this application to DCED:

Applicant

- Entity Type is required.
- Applicant Name is required.
- NAICS Code is not a valid four digit code.
- FEIN Number is required.
- Ceo is required.
- Ceo Title is required.
- Contact Name is required.
- Contact Title is required.
- Phone Number must be a valid phone number, please use "-" instead of spaces. Must include area code xxx-xxx-xxxx.
- Phone Number is required.
- Mailing Address is required.
- City is required.
- Zip Code is required.
- Enterprise Type is required.
- Applicant Information has not saved correctly

Project Site Location(s)

- Project Site 1: County is required.
- Project Site 1: Municipality is required.
- Project Site 1: PA House District is required.
- Project Site 1: PA Senate District is required.
- Project Site 1: US Congressional House District is required.

Project Narrative

- Identified Problem is required.
- Project Plan is required.
- Use of Funds is required.

Click the links to go directly to the tab where required information is missing.

Fields marked with a red diamond are required throughout the application. Any missing information in the required fields will be displayed. The Submit Application button will only be visible if all the required information has been entered.



Applicant:

Web Application #: 8043085

Program: Municipal Assistance Program - Floodplain Management [Program Fact Sheet](#) [Program Guidelines](#)

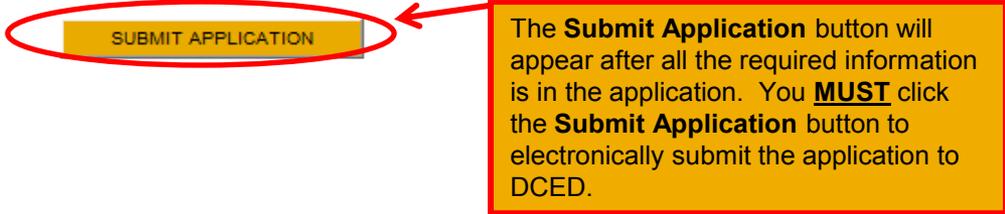
Application Certification

All of the required sections of the web application have been completed. If you have reviewed the application, you may submit it to DCED for processing. **After submitting, you will no longer be able to make changes.**

Once the application has been submitted, you will see a confirmation page. If you do not see the confirmation page, please contact DCED Customer Service at 1-800-379-7448.

Along with the web application, it is also necessary that you sign a copy of the signature page and mail it to DCED along with any paper supporting documents. You will be given an opportunity to print the signature page along with a copy of the application immediately after you submit.

If you currently do not have a printer available or you wish to print the page later, you may print your submitted application from the Home page. Click the link labeled "Submitted Applications" in the top toolbar. This will display a page of all the applications you have submitted in the new Single Application for Assistance.



SUBMIT APPLICATION

The **Submit Application** button will appear after all the required information is in the application. You **MUST** click the **Submit Application** button to electronically submit the application to DCED.

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Program Applicant Project Overview Project Site Narrative Budget Addenda Certification

Applicant: **Web Application ID #: 8043085**

Program: Municipal Assistance Program - Floodplain Management Program Fact Sheet Program Guidelines

Application Certification

Single Application ID #: 201305242116

The web application has been successfully submitted to DCED for processing. It is necessary that you sign a copy of the signature page and mail it to DCED along with any paper supporting documents.

The signature page may also be printed now. You may also print submitted applications from the Home page. Click the link labeled "Submitted Applications" in the top toolbar.

[Print Signature Page only](#)

[Print Entire Application with Signature Page](#)

The signature page along with any paper supporting documents can be mailed to the following address:

**Pennsylvania Department of Community and Economic Development
Commonwealth Keystone Building
Attn: Customer Service Center
400 North Street, 4th Floor
Harrisburg, PA 17120-0225**

Would you like to apply for another program for this project? If so, click the button below

ADD FUNDING TO THIS PROJECT

Web Application ID # displayed.

The 12-digit Single Application number will be displayed. This is your confirmation the application has been submitted to DCED.

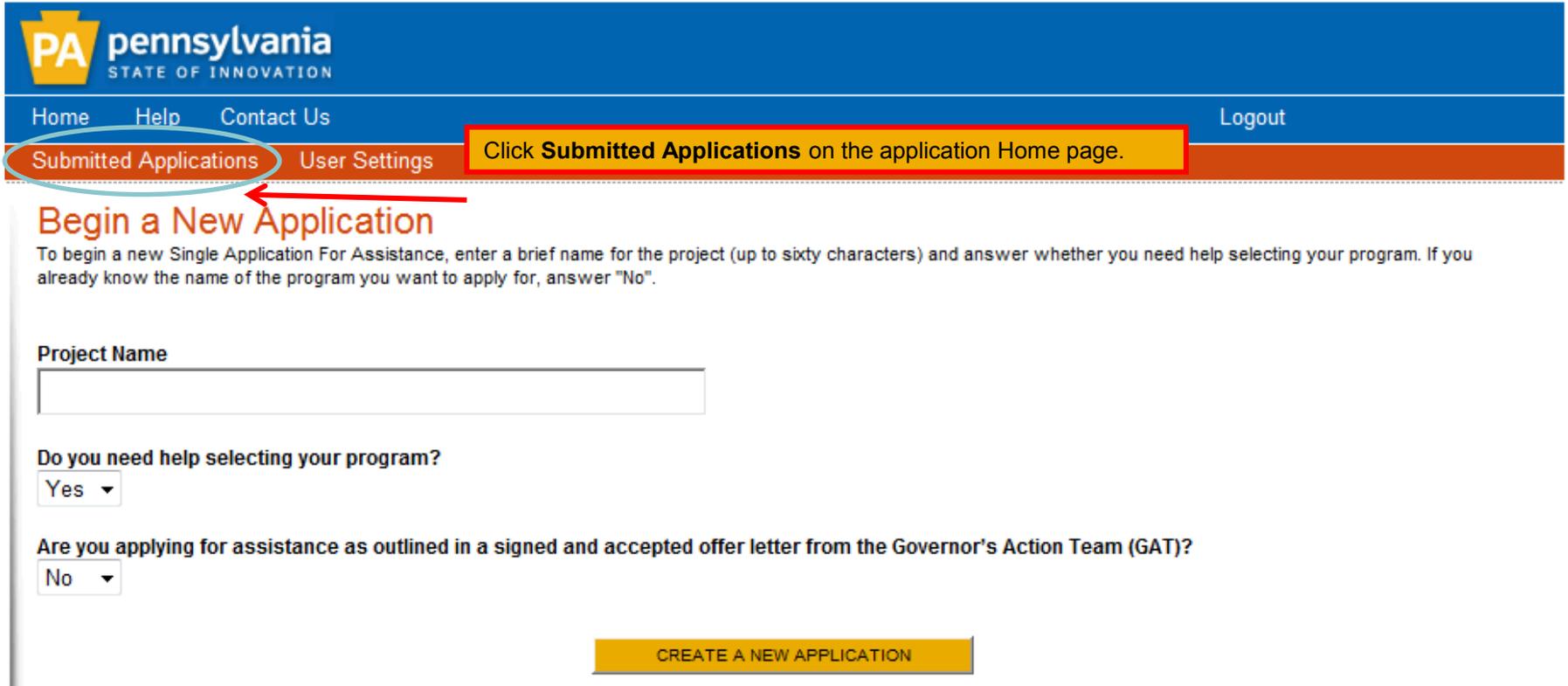
Applicant has options to print the entire application or the signature page only.

Mail the signed signature page to the address shown.

Applicant can no longer make electronic changes after the application has been submitted.

Contact the Customer Service Center at 1-800-379-7448.

Customer Service or the program office will make the necessary changes to the application based on the status of the application.



Home Help Contact Us Logout

Submitted Applications User Settings

Click **Submitted Applications** on the application Home page.

Begin a New Application

To begin a new Single Application For Assistance, enter a brief name for the project (up to sixty characters) and answer whether you need help selecting your program. If you already know the name of the program you want to apply for, answer "No".

Project Name

Do you need help selecting your program?

Yes ▾

Are you applying for assistance as outlined in a signed and accepted offer letter from the Governor's Action Team (GAT)?

No ▾

CREATE A NEW APPLICATION

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Submitted Applications User Settings Customer Service

Submitted Applications

Enter the Web Application number or the 12-digit Single Application number and click **Search**.

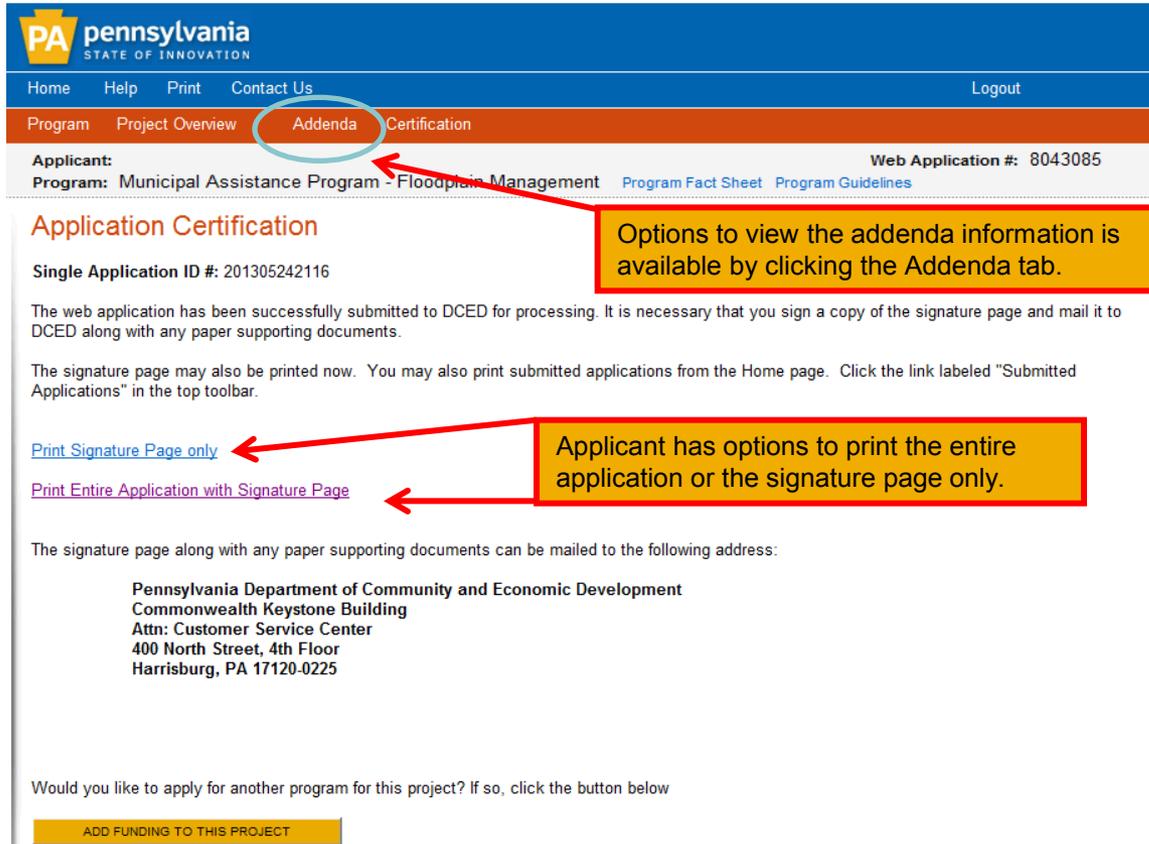
Search:

Multiple pages may exist.

Id	Single App	Applicant/Company	Project Name	Program	Uid	
8025968	201208078112	Collier Test Company	TEST APPLICATION	Opportunity Scholarship Tax Credit	8025968	1 2 <input type="button" value="VIEW"/>
8028614	201211078917	Collier Test Company	sdsdfdsfsdfds	Pennsylvania First	8028614	<input type="button" value="VIEW"/>
8029030	201212049080	Collier Test Company	TEST APPLICATION	Community Services Block Grant (CSBG) - Discretionary	8029030	<input type="button" value="VIEW"/>

All Applications submitted to DCED by the user will be displayed.

Click **View** button



Options to view the addenda information is available by clicking the Addenda tab.

Applicant has options to print the entire application or the signature page only.

Contact the Customer Service Center
if you need assistance at
1-800-379-7448.