



SoonerSafe

Safe Room Rebate Program

The SoonerSafe – Safe Room Rebate Program is an annual, statewide program developed to provide a rebate for purchase and installation of safe rooms by Oklahoma homeowners.

A maximum rebate of \$2,000 is available per eligible home, not to exceed 75% of the cost of the safe room.

The program delivered more than 500 rebates in 2017 and is on track to deliver another 500 in 2018.

The term safe room refers to any above or below ground shelter that meets or exceeds FEMA 320 construction guidelines.

This rebate program is open to all Oklahoma individual homeowners for their primary residence only. Businesses, apartment complexes or other multi-family structures are not eligible.

SoonerSafe uses a random selection process to select names so that each person who registers will have an equal opportunity to be selected.

This program is administered by the Oklahoma Department of Emergency Management, through Federal Emergency Management Agency (FEMA) hazard mitigation funding.

**For more information contact
Robert Chaney, Emergency Management Director
at 580-672-5115 or mcmd@att.net**



MARSHALL COUNTY

Individual Safe Room Voluntary Participation Form

Application/Property # _____ (OFFICIAL USE ONLY)

Homeowners Name: _____

Property (Physical) Address: _____

Mailing Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____ @ _____

(1) WHAT YEAR WAS YOUR HOME BUILT: _____

(2) WHAT TYPE OF SAFE ROOM ARE YOU CONSIDERING? (PLEASE CIRCLE ONE) ABOVE GROUND BELOW GROUND

(3) WILL YOUR SAFE ROOM BE INSTALLED WITHIN 100 FEET OF THE HOME FOUNDATION? _____

IF NO (WHY NOT?) _____ (will require additional review)

(4) IS YOUR HOME LOCATED IN A HISTORIC DISTRICT? YES NO

****IF YOUR HOME WAS BUILT BEFORE 1890, IF IT IS LOCATED IN A HISTORIC DISTRICT, OR YOU WILL INSTALL THE SAFEROOM FURTHER THAN 100FT FROM THE FOUNDATION, YOU WILL HAVE TO COMPLETE ADDITIONAL PAPERWORK, PLEASE SEE THE EMERGENCY MANAGER OR THE PERSON IN CHARGE OF THIS PROGRAM.**

I, _____, certify that I am the owner of the above described property and that it is my primary residence. I agree to comply with criteria and guidelines for the Safe Room Rebate Incentive Program. I understand that this is a reimbursement program approved by the Federal Emergency Management Agency and that, as the applicant, am required to complete my financial obligation to my Safe Room Contractor prior to seeking reimbursement from the grant administrator. I understand that the local share of 25% is my responsibility. I, as the applicant, will receive reimbursement from **MARSHALL COUNTY** for 75% of the cost of my safe room up to the maximum amount of **\$2,000.00** upon receipt by the **MARSHALL COUNTY** of funds from FEMA. **MARSHALL COUNTY** will have no obligation of reimbursement to the applicant if, for any reason, funds are not received from FEMA. A contractual obligation between myself and **MARSHALL COUNTY** does not exist until I have been notified of my acceptance into the Individual Safe Room Rebate Program. I will not initiate a contract for installation of my safe room, nor will I install my safe room under this program before I have been notified by **MARSHALL COUNTY** that this program has been approved by the Federal Emergency Management Agency and that I have been approved to begin installing my safe room. I understand that as the homeowner I will be responsible for any and all maintenance or repairs to my safe room. I understand that I am responsible for making sure my safe room is designed, manufactured, and installed correctly to meet or exceed the current FEMA 320/361 &/or ICC-500 Guidelines. I will have a signed statement from my Safe Room Contractor stating such, and may be required to provide debris impact & pressure testing upon request. Once I have been notified that it is okay to install my safe room, I will install it and return the required paperwork to **MARSHALL COUNTY** by the deadline. I understand that if I have received a saferoom rebate for my property from a different program, I will not be eligible for another rebate due to federal regulations concerning duplication of benefits.

Signed: _____ Date: _____