

Details

- ① Welcome
- ② Insurance Information
- ③ Available Projects
- ④ Contractor Information
- ⑤ Final Inspection and Draw Requirements
- ⑥ Signature

App-000017

Status
New

Created Date
Aug 28, 2026

Welcome to the My Safe Florida Home (MSFH) Grant Application!

Please read all instructions and double check your answers before you submit.

Congratulations!

You have already received an Initial Inspection. This was the first step in receiving a Grant from the MSFH Program.

The other Grant eligibility requirements are as follows.

1. The home must have an insured value of \$700,000 or less. You will need to provide a declarations page or insurance binder.
2. Your home must have been built before January 1st, 2008. The MSFH Program will use data from your county's Property Appraiser to confirm this information.
3. You must tell the MSFH Program who your intended contractor is. You will need to input your contractor's license number.
4. You must confirm to the MSFH Program that you will allow a Final Inspection and that you will provide the MSFH Program with data regarding any insurance discounts you receive.

Your Group indicates that you would receive a Low-Income (LI) Grant if you are approved. Low-Income Applicants who meet all Hurricane Mitigation Grant Requirements are eligible for a Low-Income Grant of up to \$10,000 and are not required to provide a matching amount.

Click Save and Next once you have finished reading this section.

Save & Next

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4. You must confirm to the MSFH Program that you will allow a Final Inspection and that you will provide the MSFH Program with data regarding any insurance discounts you receive.

Your Group indicates that you would receive a Matching Grant if you are approved. For Matching Grants, the MSFH Program provides \$2 in Grant funds for every \$1 contributed by the Applicant. An Applicant will be reimbursed for 2/3 of the total costs of the Mitigation Project, a maximum state contribution of up to \$10,000, subject to legislative appropriation.

Examples of funding calculations:

- An eligible Applicant paid \$15,000 for recommended impact-rated windows. The Applicant would be reimbursed \$10,000, and the remaining \$5,000 is the Applicant's required match.
- An eligible Applicant paid \$9,000 for recommended impact-rated windows. The Applicant would be reimbursed \$6,000, and the remaining \$3,000 is the Applicant's required match.
- An eligible Applicant paid \$20,000 for recommended impact-rated windows. The Applicant would be reimbursed the maximum grant allowance of \$10,000, and the remaining \$10,000 is the Applicant's responsibility.

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Please upload an Insurance Binder or a Declarations Page for one of the following policy types; policy DF-1, HO-1, HO-2, HO-3, HO-5, HO-6, or HO-8. Please be sure the uploaded document includes the address of the insured property, the owner's name, the effective dates, and the Dwelling value of your property.

* Please upload Insurance Binder or a Declarations Page here:

Accepted Formats: pdf, doc, docx, jpg

[Upload Files](#) Or drop files

[Insurance Binder Declarations.jpg](#)
Original File Name: Example Document.jpg
Aug 28, 2026



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The following listed projects are the ONLY projects you are allowed to complete and are eligible to receive Grant funding. If you complete a project not listed below, you will not be paid. Additionally, any work started prior to the date you receive a notice to begin work will not be reimbursed.

The projects below were recommended based on your Initial Inspection.

Improvement 1.0 - Opening Protection

Improvement 2.0 - Roof to Wall Attachments

Improvement 3.0 - Roof Deck Attachments

Improvement 4.0 - Secondary Water Resistance (SWR)

*The MSFH Program acknowledges that some Applicants are not able to use their existing Opening Protection, such as shutters, due to disability. Do you currently have shutters you would like to replace due to disability?

- ☐ Yes
☐ No

*☐ I have reviewed my available projects.

*☐ I understand that if I complete a project NOT listed above, I will NOT be paid.

*☐ I understand that I can only be paid for work completed AFTER my grant approval date. I will not be paid for work I did before I was approved for a grant.

Save & Next

Save For Later

*The MSFH Program acknowledges that some Applicants are not able to use their existing Opening Protection, such as shutters, due to disability. Do you currently have shutters you would like to replace due to disability?

- ☒ Yes
☐ No

Please upload one of the following documents. A reviewer will let you know if you are approved to complete a Shutters to Windows project once we have confirmed that you have uploaded the correct documentation.

1. A disabled parking permit as outlined in Section 320.0848, F.S.;
2. Documentation from the U.S. Department of Veteran Affairs indicating a permanent or total disability;
3. Documentation from the U.S. Social Security Administration indicating a permanent or total disability; or
4. Documentation from a Florida physician licensed pursuant to chapters 458, 459, 460, 461, or 463, F.S., indicating the Applicant is disabled and unable to install opening protection shutters or devices.

* Please upload one of the above documents:

Accepted Formats: pdf, doc, docx, jpg

Upload Files

Or drop files



Disability Documentation.jpg

Original File Name: Example Document.jpg

Aug 28, 2026



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The projects below were recommended based on your Initial Inspection.

Improvement 2.0 - Roof to Wall Attachments

Improvement 3.0 - Roof Deck Attachments

Improvement 4.0 - Secondary Water Resistance (SWR)

If you are in Group 1 or Group 3, you may have an additional opportunity to perform an Opening Protection Improvement.

* Are your windows currently protected by shutters?

☐ Yes
☒ No

You are not allowed to perform an Opening Protection improvement.

The following listed projects are the ONLY projects you are allowed to complete and are eligible to receive Grant funding. If you complete a project not listed below, you will not be paid. Additionally, any work started prior to the date you receive a notice to begin work will not be reimbursed.

The projects below were recommended based on your Initial Inspection.

Improvement 2.0 - Roof to Wall Attachments

Improvement 3.0 - Roof Deck Attachments

Improvement 4.0 - Secondary Water Resistance (SWR)

If you are in Group 1 or Group 3, you may have an additional opportunity to perform an Opening Protection Improvement.

* Are your windows currently protected by shutters?

☒ Yes
☐ No

* Do you want to replace your shutters with impact-rated glass? Please note that performing the Improvements recommended in your Initial Inspection are likely to increase your home's hurricane rating. Replacing existing Opening Protection will likely not result in insurance discounts.

☒ Yes
☐ No

You are allowed to replace your existing shutters with windows.

Welcome

Insurance Information

Available Projects

Contractor Information

Final Inspection and Draw Requirements

Signature

App-00017

Status
New

Created Date
Aug 28, 2026

The following listed projects are the ONLY projects you are allowed to complete and are eligible to receive Grant funding. If you complete a project not listed below, you will not be paid. Additionally, any work started prior to the date you receive a notice to begin work will not be reimbursed.

The projects below were recommended based on your Initial Inspection.

Improvement 1.0 - Opening Protection

Improvement 2.0 - Roof to Wall Attachments

Improvement 3.0 - Roof Deck Attachments

Improvement 4.0 - Secondary Water Resistance (SWR)

☐ I have reviewed my available projects.

☐ I understand that if I complete a project NOT listed above, I will NOT be paid.

☐ I understand that I can only be paid for work completed AFTER my grant approval date. I will not be paid for work I did before I was approved for a grant.

Welcome

Insurance Information

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Contractor Information

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App-00017

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You will need to provide the name and license number of your intended contractor.
For assistance with selecting a contractor, please follow this link. <https://www.flisafepros.com/>

Please look up your contractor using this website. If your contractor appears as active, they are an eligible contractor.

<https://www.myfloridalicense.com/wl11.asp>

If your contractor does not appear, please ask for a copy of their license or look them up on your county's building department website. If you provide the name and license number of a county-registered contractor, you will need to provide proof of license.

Contractors

Contractor Name	License Number	County	Address	
Example Contractor	R-00000	Leon County	200 East Gaines Street, Tallahassee, 32399	 

Add Contractor

If you need to change a contractor after submitting this application, please use the link above to check that their license number appears. You will have the opportunity to change your contractor at the Draw Request stage, but if you do, you accept the risk that your contractor may not be approved.

Once you complete your work and all county requirements have been met (including closing your permits), you will need to come back to this Portal to request a Final Inspection. Once that is complete, you will need to submit the rest of your Draw Request.

Save & Next

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Add Contractor

*** Contractor Name**

Contractor License Number

Contractor County

Contractor Address

Street

City

State/Province

Postal Code

Country

Cancel
Save

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You will only be allowed to receive ONE Final Inspection, so make sure all work is complete before you request your Final Inspection. You can only receive ONE Draw Disbursement from the MSFH Program.

You will need to request your Final Inspection within 18 months of your Grant approval date.

* ☐ I understand that I can only receive one Final Inspection.

Once you have gotten your Final Inspection, you will need to send it to your insurance provider to see what discounts are available to you. You will need to provide this information to the MSFH Program in the Draw Request, whether or not you receive a discount.

You will need to provide the following information as part of the Draw Request.

- The date your work began
- An invoice from your contractor that provides a detailed Scope of Work for your project
- Insurance Discount details

Please make sure you keep all of these items for submission once your work is complete.

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You will need to request your Final Inspection within 18 months of your Grant approval date.

☐ I understand that I can only receive one Final Inspection.

Once you have gotten your Final Inspection, you will need to send it to your insurance provider to see what discounts are available to you. You will need to provide this information to the MSFH Program in the Draw Request, whether or not you receive a discount.

You will need to provide the following information as part of the Draw Request.

- The date your work began
- An invoice from your contractor that provides a detailed Scope of Work for your project
- Insurance Discount details
- Proof of Payment

Please make sure you keep all of these items for submission once your work is complete.

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App-000018

Status
New

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☐ I acknowledge that approval of this Grant Application does not guarantee a Disbursement of Grant funds. I also acknowledge that Grant Disbursement will be contingent upon upload of required documentation and information in the Draw Request.

☐ I agree to provide information received from my insurer identifying the discounts I realized because of improvements funded through the MSFH Program. I will submit my Final Inspection Report to my insurer and will provide a new declarations page, letter, or email from my insurer that lists the amount of any discounts I have received after they have reviewed my MSFH Program Final Inspection Report.

☐ I hereby affirm that the information I have provided to the Program is true and correct to the best of my knowledge. I understand that:

1. Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083. See § 837.06, Florida Statutes.
2. Any person who shall make or cause to be made any false statement, in writing, relating to his or her financial condition, assets or liabilities, or relating to the financial condition, assets or liabilities of any firm or corporation in which such person has a financial interest, or for whom he or she is acting, with a fraudulent intent of obtaining credit, goods, money or other property, and shall by such false statement obtain credit, goods, money or other property, shall be guilty of a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083. See § 817.03, Florida Statutes.
3. Any person who willfully files with the Department, or who willfully signs for filing with the Department, a materially false or materially misleading financial statement or document in support of such statement required by law or rule, with intent to deceive and with knowledge that the statement or document is materially false or materially misleading, commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084. See § 817.2341(1), Florida Statutes.
4. Any person who knowingly makes a material false statement or report to the Department or any agent of the Department, or knowingly and materially overvalues any property in any document or report prepared to be presented to the Department or any agent of the Department, commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084. See § 817.2341(3)(a), Florida Statutes.

☐ I hereby certify, under penalty of perjury, that I have submitted only one Grant Application or that I am allowed to submit a subsequent Grant Application pursuant to s. 215.5586(2)(b)2, F.S.

* Electronic Signature (Type Full Legal Name)

Save

Save For Later