



Tuesday, February 18, 2025

Housing and Federal Grants Division 2024 - 2025 Application for Funding Community Development Block Grant Program

This application is for nonprofit organizations and government entities in Marin County, California who would like to apply for federal Community Development Block Grant program funds for Public Services or Community Infrastructure/Capital Improvements. Please refer to the [Application Guidelines](#) released on January 22, 2024 for detailed information about qualifications and application requirements. Applicants may use this [prep tool](#) for the long-form questions in order to save their responses and copy/paste into this application.

The deadline to apply is **5:00 p.m. Friday, February 16**. Applicants will receive a copy of their submitted application to the email address entered.

Indicate type of project. If your project allows, you may apply under multiple categories. (See Application Guidelines for more information)

Public Services (CDBG)

Organization (Fiscal Sponsor) General Information

Organization (Fiscal Sponsor)/Agency Name

Planned Parenthood Shasta Diablo Inc., DBA Planned Parenthood Northern California

Mailing Address

2185 Pacheco Street
Concord, California, 94520

Website (if applicable)

ppnorcal.org

Organization DUNS#

051779304

Executive Director/CEO

Gilda Gonzales

Email Address

ggonzales@ppnorcal.org

Phone Number

(925) 887-5250

Project General Information

Program/Project Name

Increasing Equitable Access to Care in Marin County

Program/Project Site Address

2 H Street
San Rafael, California, 94901

CDBG Funding Amount Requested (Minimum request amount: \$15,000)

30000

Application Contact Person

MaryAnn McNamara

Title of Contact Person

Sr. Manager of Institutional Giving

Contact Email Address

mmcnamara@ppnorcal.org

Contact Phone Number

(925) 644-2614

To determine if your project is located in a Special Flood Hazard Area as indicated by FEMA, visit [FEMA Flood Map Service Center](#). (Save a copy of the Dynamic Map and upload at the end of this application.)

Is this project located in a Special Flood Hazard Area as indicated by FEMA?

No

For CDBG Public Facilities/Improvements applications, if the project is located in a **Regulatory Floodway it is not eligible for funding**. Public Facilities/Improvements projects located in a Special Flood Hazard Area require flood insurance to qualify for funding.

Project Specifics

Planning Areas Served: Indicate what geographic area(s) the requested funding will serve.

County Other

Is your organization receiving other County of Marin funding for this project?

No

Organizational Overview: Provide a brief description of your organization including mission, programs, number of clients served, etc.

Planned Parenthood Northern California’s (PPNorCal) mission is to advance health equity through the delivery of equitable, accessible, and high-quality sexual reproductive health (SRH) care. We fulfill our mission by advancing strong business practices and progressive initiatives anchored by Diversity, Equity, and Inclusion (DEI) principles and honorable standards.

As a safety net health care provider with telehealth services and 17 health centers from the Bay Area to

the Oregon border, PPNorCal increases access to essential sexual SRH care and related services for individuals throughout Northern California. PPNorCal was incorporated as a 501c3 nonprofit and began offering high-quality health services in Contra Costa County in 1964. All health centers are licensed by the State of California Department of Public Health and are renewed annually. As early as the 1970s, we developed groundbreaking educational programming, such as parent/child sexual health education workshops. In the 1980s, our San Francisco location was the first Planned Parenthood (PP) in the nation to provide HIV testing and counseling. In 2014, PPNorCal was the first California PP affiliate to offer syphilis treatment. In 2018, alongside CDPH, PPNorCal created and piloted what is now a nationwide initiative: Core4C, which involves screening all patients for gonorrhea, chlamydia, syphilis, hepatitis C, and HIV on the same day that they have a positive urine pregnancy test (UPT). Today, this program extends to any patient who can become pregnant. In January 2023, we were the first California-based PP affiliate to launch telehealth medication abortion (teleMAB) for patients in California at the time of their procedure. Additionally, in 2018 we were the first PP affiliate nationwide to make our website fully bilingual (English/Spanish), including the function to schedule appointments online. We stand for affordable, accessible, and inclusive care that empowers all—no matter what.

As dedicated providers of SRH care, Planned Parenthood (PP) affiliates have served the San Francisco Bay Area since 1929, becoming a trusted health care provider for residents throughout Northern California. PPNorCal has extensive experience in providing nonjudgmental, high-quality care countywide via our San Rafael Health Center. In Fiscal Year 2024 (FY24; July 1, 2023-June 30, 2024), we provided care to 3,136 unique patients at the San Rafael Health Center. Services provided include sexually transmitted infection (STI) testing, treatment, and prevention; infection screening and care (e.g., urinary tract infections, bacterial vaginosis, tinea cruris, etc.); rapid HIV testing/counseling; PrEP/PEP for HIV management; contraception and emergency contraception; vasectomy; cancer screening, including HPV screening, Pap tests, and breast exams; abortion; pregnancy testing and counseling; pregnancy complication evaluations; infertility evaluations and miscarriage management; gender affirming hormone therapy (GAHT); therapy and crisis counseling; sexual dysfunction; menopause management; well persons visits and more. As an essential safety net health care provider, PPNorCal closes such gaps in health care access by providing these services on a sliding fee scale or through uncompensated care and accepting public health insurance. As a leader in accessible patient-centered care that accounts for intersectional social drivers of health (SDH), we have been able to meet our patients' unique needs and advance health equity.

Project Description: Provide a detailed scope of work including services to be provided and/or development activities to be engaged. Describe how this project will benefit the community.

One of our top priorities is maintaining accessible, high-quality facilities. In order to ensure that all patients are able to access our services, PPNorCal seeks \$30,000 to purchase two Americans with Disabilities Act (ADA)-compliant exam tables, one standard exam table, and one procedural exam table. Along with the exam tables, we look to purchase the accompanying vitals monitoring devices and corresponding outfit adjustments, which support health center staff in efficiency. With 10% of patients at the San Rafael Health Center identifying as having a disability, the purchase of the accessible exam tables and corresponding devices will ensure that patients with disabilities can access necessary SRH care.

Our current exam tables are not accessible, as they meet the previous standards for fixed-height exam tables. Because of this, health center staff must utilize a stool for patients with disabilities to be able to move onto the existing exam tables. We look to purchase two ADA-compliant exam tables: one standard and one procedural exam table. The standard exam table is used for essential SRH care services, including STI testing, breast exams, cervical cancer screening and tests, and GAHT care. Procedural exam tables feature additional patient support and are necessary for ultrasound diagnostic imaging services, including contraception care (i.e., intrauterine device [IUD] localizations), abortion care, miscarriage management, pregnancy tests, gestational determination, and early pregnancy complication evaluations. The new tables are equipped with adjustable height transfer surfaces and have multiple support rails to ensure patient safety while maneuvering on and off the exam chair. With such accessibility features, this exam chair meets the 2024 US Access Board Standards for Accessibility. Because of the different services associated with each exam table, purchasing both a standard exam table and a procedural exam table will ensure that patients with disabilities have access to the care they need. Additionally, by purchasing exam tables with multifunctional capabilities (including a built-in scale/weight system), the additional table and accompanying vital monitoring equipment will keep patients comfortably in one place during the entire exam, thereby increasing visit efficiency. Vitals monitoring equipment will

also allow us to improve patient experiences. Because this new equipment takes patient vitals automatically and then saves this retrieved data into our Electronic Health Record (EHR) system, our health center staff can focus on speaking with and assessing the patient. This also eliminates human error when taking vitals or transcribing/uploading results to Epic and further increases efficiency and reduces cycle times in patient visits. For patients with limited time off due to work and who have other responsibilities (i.e., child/elder care), reducing appointment times is essential for increasing access to care.

Increasing equitable access to care is essential to advance overall health equity within Marin County. Approximately 23% of Medi-Cal beneficiaries and another 5% are uninsured altogether. Additionally, 16,000 undocumented individuals are estimated to live in Marin County, many of whom are without insurance or access to culturally/linguistically appropriate care. As a safety net health care provider, Marin County residents depend on PPNorCal for timely, affordable SRH services.

Which community priority does your project align with? (See Application Guidelines for descriptions) (check as many boxes as applicable)

Children and Youth Services

Describe how your project aligns with these priorities.

Our San Rafael Health Center provides services to anybody—inclusive of immigration and insurance statuses, primary language diversity, gender, race, and ability.

Select HUD National Objective to be achieved with funding. Check all that apply.

Activities benefiting low and moderate-income persons. (LMI)

All projects funded are required to Affirmatively Further Fair Housing (AFFH) which is defined as taking "meaningful actions, in addition to combating discrimination, that overcome patterns of segregation and foster inclusive communities free from barriers that restrict access to opportunity based on protected characteristics."

How will this project Affirmatively Further Fair Housing?

DEI is at the core of PPNorCal's mission of respecting and honoring all people. As part of our commitment to DEI, we continually invest in equity-building initiatives. Our current 2023 – 2025 Strategic Plan centers on advancing health equity by increasing workforce diversity, continuing in-depth DEI staff training and addressing disparities at the point of care. This Strategic Plan includes three main goals that guide our work in furthering health equity:

1. Activate growth by implementing strategies aligned with advancing health equity supported by PPNorCal's workforce.
2. Enhance PPNorCal services and infrastructure to increase access to high-quality health care and advance health equity.
3. Embrace and promote all PPNorCal's programs and services as critical to public health outcomes and achieving health equity.

PPNorCal recognizes that intersectional SDH can drastically impact the health outcomes of historically marginalized communities, including LGBTQIA+, BIPOC, undocumented, low-income, underinsured, uninsured, rural/remote populations. We are dedicated to prioritizing culturally affirming care and services by removing barriers to high-quality health care and information. As a dedicated health care provider, PPNorCal care to anyone who comes to us—regardless of immigration and insurance statuses, primary language diversity, gender, race, and ability, we provide services to anyone who comes to us. At our San Rafael Health Center, San Rafael Health Center, nearly 81% of whom have low incomes (below 200% of the Federal Poverty Level) and 87% are uninsured or utilize public health insurance, 42% Latina/o/x, 16% from communities of color (excluding ethnicity, like Latina/o/x), 80% cis-women and nonbinary, 15% queer sexual orientation, 69% between the ages 18-34, and 17% with primary language diversity. Of patients who felt comfortable disclosing, 47% are either unemployed or do not have a stable income (e.g., seasonal farmwork, etc.). Helping close gaps in health care and information, PPNorCal actively dismantles barriers that systemically inhibit healthy communities.

Though we do not provide housing and shelter, PPNorCal connects patients and outreach participants to customized wraparound services that build health and social equity. For example, PPNorCal Patient Navigation team assists patients in traveling to our health centers, supports patients in navigating the health system, provides insurance/MyChart enrollment support, connects patients to uncompensated care funds, and more. By providing acute, directed care, we ensure patients have access to the SRH care they need and want. Additionally, our Community Health Department, inclusive of our Behavioral Health services and Community Health Worker (CHW) program, connect patients to individualized support, including resources for housing insecurity, food access, behavioral health support, navigating intimate partner violence (IPV), and more. As needed, PPNorCal connects patients with information regarding housing access, acting as a critical link and resource to address housing insecurity. By delivering such customized services to alleviate social and structural factors impacting patients' health and well-being, PPNorCal advances our patients' health equity and health outcomes.

All projects funded are required to conduct Affirmative Marketing. For more information about affirmative marketing, visit the [Marin County Federal Grants website](#) and scroll down to the Affirmative Marketing panel.

Refer to the [Current Marin County Income Limits](#) to determine income level for use in the table below.

Approximately how many moderate, low, very low and extremely low-income persons will directly benefit from the program/project? Projects that support low-income persons will be prioritized.

	Number
Moderate Income	8
Low Income	98
Very Low Income	253
Extremely Low Income	2702
TOTAL	3061

Notes or clarifying information on the unit count:

The San Rafael Health Center saw 3,136 total patients in Fiscal Year 2024, 3,061 fell under the Moderate, Low, Very Low, or Extremely Low-income categories as outlined by the County. All patients at the San Rafael Health Center will have access to the ADA-compliant exam tables.

How does your organization verify client income? Income verification is required except if the client is presumed benefit by HUD. Presumed benefit applies to abused children, battered spouses, the elderly, adult persons with serious disabilities, the homeless, illiterate persons, and migrant farm workers.

PPNorCal does not require proof of patient income for a patient to receive services. Front office health center staff collect patient self-declared income and family size and enter this Federal Poverty Level information into Epic, our electronic health record (EHR) system. This is utilized for screening insurance status and to determine if the patient is eligible for state funding or a sliding fee scale discount. Each time a patient comes to the health center, their self-declared income and family size is updated in Epic to account for any situational changes.

Estimate the demographics of moderate, low, very low, and extremely low-income persons who will directly benefit from the program/project. The total number of beneficiaries should equal the total in the previous questions.

	Total Number of Persons	Number Identifying as Hispanic
American Indian or Alaskan Native	14	11
Asian	99	3
Black or African American	181	8
Native Hawaiian or Other Pacific Islander	13	2
White	1715	441
American Indian and White	6	3
Asian and White	10	0
Black and White	10	1
American Indian and Black	3	0
Multi-Racial	1010	639
TOTAL	3061	1108

Total Number of Persons (Must equal total identified under income level)

3061

Total Number Identifying as Hispanic

1108

Female-Headed Households (out of above total)

0

Persons with Disabilities (out of above total)

306

Notes or clarifying information on the unit count:

Patients self-disclose if they have a disability. Because of this, we do not have exact counts, and the above number is an estimation based on patient disclosure rate.

We do not collect patient demographic information regarding whether a patient is a part of a female-headed household. Because of this, we noted each of these categories as “0” patients, which is not truly reflective of the diversity of our patient population. We are happy to provide a detailed breakdown of the demographic information we collect for our San Rafael Health Center if desired.

PROJECT MANAGEMENT & FINANCIAL DATA

If your project or organization was funded previously, list past project(s), goals, and accomplishments/activities.

PPNorCal is in the process of completing our vendor solicitation and bidding process to purchase our exam table. To ensure that our solicitation process met industry and internal standards for best practices, PPNorCal’s Purchasing team reviewed and updated our vendor selection guidelines and solicitation operating procedures. PPNorCal began the vendor solicitation process in November 2024. Since then, we have received three vendor quotes and are in the process of soliciting two additional quotes. Upon the

receipt of all quotes, PPNorCal will review the vendors' qualifications and services to move forward with the purchase. We anticipate completing the solicitation process by the end of February 2025, with the purchase and installation of the ADA-compliant exam table to take place by March 2025. Upon its installation, we project that annually, 2,628 health center patients will have access to this accessible exam table.

If your agency has remaining funds previously approved, please describe the timeline for expending the fund balance.

PPNorCal received generous funding from Marin County's Nonprofit Community Partners Program in 2022 to provide comprehensive sexual health education sessions to the clients and staff at Huckleberry Youth. Sessions hosted by PPNorCal were in Spanish and included information about accessing SRH health services, birth control options, and an overview of sexual health, along with the distribution of educational materials and safer sex supplies.

In 2023, we were also awarded \$10,000 through Marin County's Community Service Fund, which provides a continuation of our partnership with Huckleberry Youth. Through this funding, PPNorCal will offer four SRH education workshops for Spanish-speaking youth.

Finally, in 2024, PPNorCal received an \$18,000 award from the 2024-2025 Community Development Block Grant funding period to purchase one ADA-compliant exam table. PPNorCal is deeply grateful for the integral funding to increase access to SRH care and will expend all funding balances by March 2025. As we look further to increase equity and accessibility within our health centers, this new funding request will see additional ADA-compliant exam tables installed at our San Rafael Health Center. Other funding sources for the proposed equipment purchases come from PPNorCal's general operating budget.

Describe your organization's experience with administering grants and specifically federal grants.

PPNorCal has also demonstrated a great capacity in successfully implementing programs, fulfilling grant requirements, providing fiscal and narrative reports, and achieving contract work plans. This includes federal, state, county, and private grant funding of all sizes. PPNorCal's Development team works closely with program management, the Chief Financial Officer, and the Finance Team to track grant expenditures for fiscal reporting. For over 50 years, we have consistently complied with grant requirements, achieving contract work plans and continuous improvement evaluation goals. In addition, we have delivered narratives, data, fiscal reports, and invoices in a timely and reliable manner.

Additionally, as a PP affiliate, we participate in a thorough accreditation process every three - four years with Planned Parenthood Federation of America (PPFA) and are rigorously evaluated on over 100 indicators. This evaluation affirms that an affiliate provides high-quality care to patients and maintains the integrity of internal best practices recognized by PPFA. PPNorCal completed the accreditation process in May 2023, exceeding expectations. This is the best performance PPNorCal has achieved to date.

Describe who will supervise and manage the project and their past experience with project management.

PPNorCal's Purchasing Manager, Nathan Diehl-Jensen (he/she/they), will supervise and manage the purchasing of the equipment listed in this proposal. For five years, Nathan has successfully reviewed and purchased medications, equipment, and general goods for all PPNorCal sites. Each year, Nathan visits each health center location, including our San Rafael Health Center, to review ways that we can improve patient access and make our spaces more equitable. Before their time at PPNorCal, Nathan had extensive experience with medical device auditing and understands the deep impact one piece of equipment can make on patients' experiences.

Describe any recent or upcoming leadership transitions.

We're proud to share some key staffing changes at PPNorCal in 2024. Our Chief Executive Officer (CEO) and President, Ms. Gilda Gonzales, will transition from the role in June 2025. PPNorCal's current Chief Operating Officer (COO), Dr. Nicole Barnett, has been selected to serve as the next President and CEO. Dr. Barnett is well equipped to assume this role with her extensive knowledge from a staff level and having previously served seven years on the PPNorCal Board with three of those years as Board Chair. Prior to joining PPNorCal, Dr. Barnett held many leadership positions at Kaiser Permanente, including Richmond

Medical Center's COO/Chief Nursing Executive, and the Northern California Regional Director of Nursing and Clinical Practice. We are grateful for Ms. Gonzales' service and vision for PPNorCal and look forward to building upon her work in the coming year with Dr. Barnett.

Additionally, Vice President of Development Rachel Podbelski joined PPNorCal in October 2024, bringing more than ten years of experience in nonprofit management, leadership, public health, and social justice. Under the dedicated leadership of our management team, PPNorCal will continue advancing health equity and health care access.

Describe any flexibility regarding your projects start/completion date.

Though we would like to make the equipment purchases detailed in this proposal sooner rather than later to increase patient access and efficiency, we are able to remain flexible according to when Marin County funding is made available.

Required Attachments:

Attach Project Budget: Complete the project budget template provided and submit along with application. If you have a project budget that provides the information requested in the template, you may submit that in-lieu of the template. Please note: the project budget should reflect the total cost of the project NOT just the CDBG request.

 FY25-26 Program Budget for PPNorCal.xlsx

Attach Organization Budget: : Upload your organization or fiscal sponsors annual budget.

 PPNorCal FY25 Budget CONFIDENTIAL.pdf

Attach Dynamic Flood Map

 Special Flood Hazard Zone Map_PPN... .pdf

Submission

Please review your responses above for accuracy.

Name and Title of person completing this application.

MaryAnn McNamara, Sr. Manager of Institutional Giving

By checking this box

I hereby certify that the information in this application is true and accurate to the best of my knowledge.

Project Budget Template

Organization Name: Planned Parenthood Northern California

Project Title: Increasing Equitable Access to Care in Marin County

Date: February 19, 2025

INCOME:	County NOFA Request	Other Funding Sources	In Kind
Committed			
Foundations:			
<i>(Add rows)</i>			
Government:			
<i>(Add rows)</i>			
Corporations:			
<i>(Add rows)</i>			
Individual Contributions: (list total):			
Earned Income:			
<i>(Add rows)</i>			
Other (specify):			
PPNorCal		3616.95	
<i>(Add rows)</i>			
Subtotal, Committed Income		3616.95	0
Uncommitted			
Other (specify):			
Federal Grants Request	\$ 30,000.00		
Other Foundations:			
<i>(Add rows to list other Foundations)</i>			
Government:			
<i>(Add rows to list other Government agencies)</i>			
Corporations:			
<i>(Add rows to list other corporations)</i>			
Individual Contributions:			
Subtotal, Uncommitted Income		0	0
Other			
Earned Income:			
<i>(Add rows)</i>			
Subtotal, Earned Income		0	
Grand Total Income	\$ 30,000.00	\$ 3,616.95	0

EXPENSES (Add rows to list other expenses)	County NOFA Request	Other Funding Sources	In Kind
Personnel Expenses			
Executive Director (% FTE: ____)			
Program Director (% FTE: ____)			
<i>(Add rows)</i>			
Benefits (@ %: ____)			
Subtotal Salaries and Benefits	0	0	0
Contracted Services			
Professional Fees			
Project Consultant			
<i>(Add rows to list other contracted expenses)</i>			
Subtotal Contracted Services	0	0	0
Direct Project Related Expenses			
Rent			
Utilities			
Supplies			
Equipment	30000	616.95	
Travel			
Professional Development			
Marketing			
<i>(Add rows to list other direct project expenses)</i>			
Subtotal, Direct Project Related Expenses	30000	616.95	0
General Development			
Electrical			
Plumbing			
Roof Replacement			
Painting			
General Construction Labor			
Materials			
<i>(Add rows to list other specific project expenses)</i>			
Subtotal, Direct Project Related Expenses	0	0	0
Indirect Expense - specify % in column A below (must be HUD approved)			
10.00%			
Fiscal Sponsorship Fee (specify % in column A below)			
Grand Total All Expenses	\$ 30,000.00	\$ 616.95	\$ -

Planned Parenthood Northern California

FY 2025 Budget

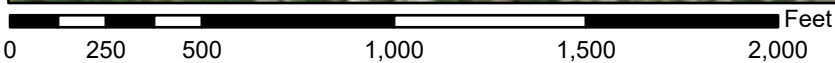
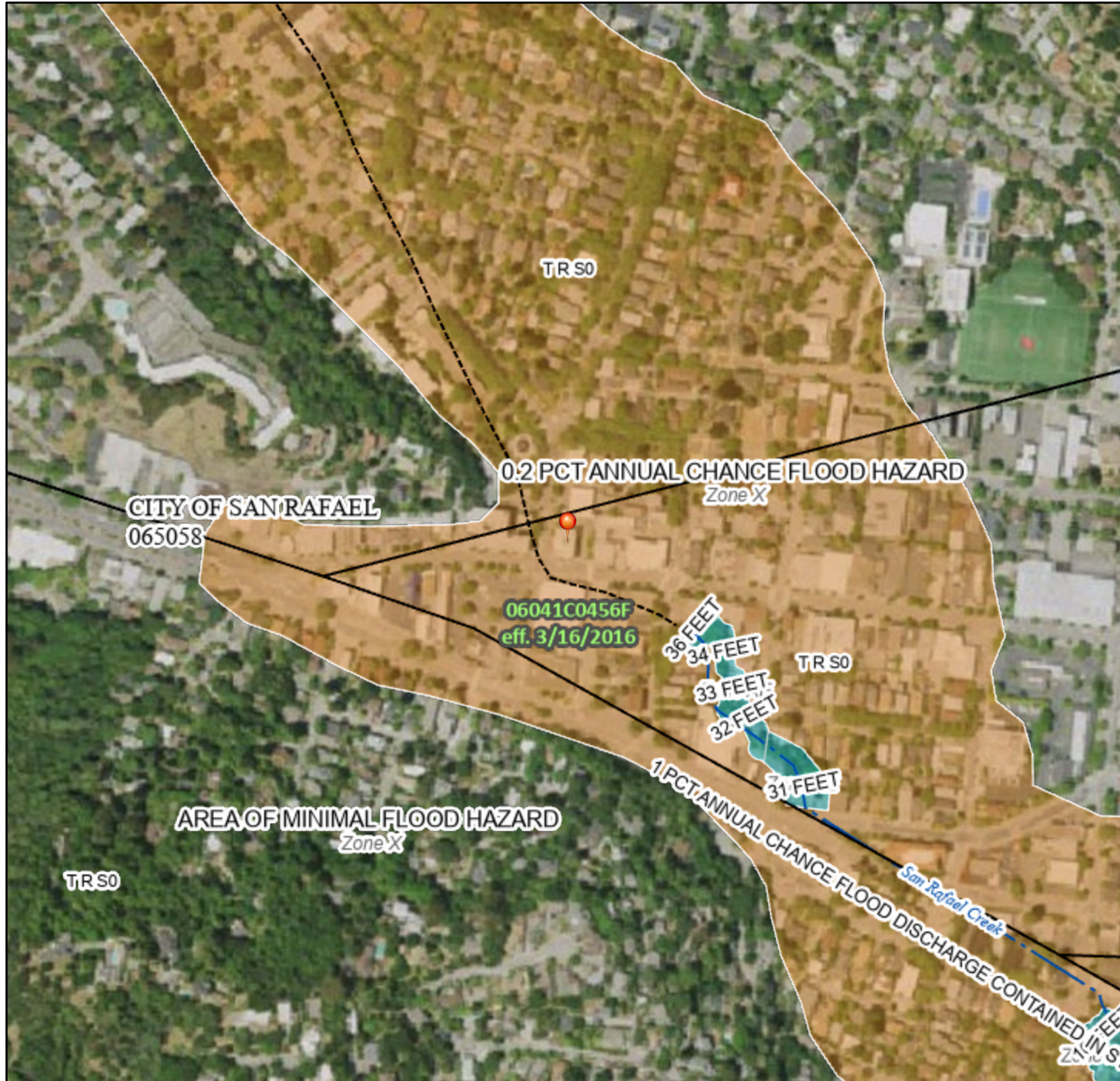
CONFIDENTIAL

	FY 2025 Budget
Revenues	
Medical Services (Health Center Operations)	55,070,240
Medical Grants	2,077,946
Laboratory	6,744,823
Medical Revenues from prior period	3,000,000
Sub-Total Medical	66,893,009
Community Health Services & Education Revenue	962,130
Development, including Planned Giving	10,661,750
Additive Second Century, SAFE & Safe Haven Campaign Revenue (net of expenses)*	(579,997)
Other Revenue (mostly Dividends & Interest)	1,245,577
Total Revenues	79,182,469
Expenses	
Salaries and wages	39,114,527
Employees Benefits	9,778,632
Clinic, Contraceptive, Lab Supplies	12,854,952
Occupancy & Depreciation	7,579,104
Outside Staffing & Services	2,668,426
Office Supplies/Postage/Bank Fees/Interest	992,407
IT Costs	3,268,334
Telephone	821,601
CA PP Education Fund, PPFA Dues, Action Fund Contract	816,587
Travel	799,141
Contribution/Client Incentives	93,040
Printing/Advertising/Special Events/Other	334,924
Total Expenses	79,121,675
Surplus/(Deficit) Excl. Investment Income/(Loss)	60,794
Investment Income/(Loss)	-
Total PPNorCal Surplus/(Deficit) Incl. investment Income/(Loss)	60,794

National Flood Hazard Layer FIRMMette



122°32'37"W 37°58'42"N



1:6,000

122°32'W 37°58'14"N

Basemap Imagery Source: USGS National Map 2023

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 <i>Zone AE, AO, AH, VE, AR</i>
		Regulatory Floodway
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
GENERAL STRUCTURES		Area of Undetermined Flood Hazard <i>Zone D</i>
		Channel, Culvert, or Storm Sewer
OTHER FEATURES		Levee, Dike, or Floodwall
		20.2 Cross Sections with 1% Annual Chance
MAP PANELS		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



The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

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

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on **2/13/2025 at 8:30 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: basemap 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.