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| Hazard Mitigation Grant ProgramsLetter of Intent – HMGP DR-5263-ID |
| 🞎 Plan 🞎 Previously Submitted Letter of Intent for this Plan/Project? 🞎 Project 🞎 If so, when? \_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 Unfunded, when? \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Mitigation Program:** **(Please check one program from which you are seeking funds for this project)****🞎** Pre-disaster Mitigation Grant (PDM) **🞎** Flood Mitigation Assistance (FMA)**🞎** Hazard Mitigation Grant Program (HMGP)Please consult HMA program guidance for details: <https://www.ioem.idaho.gov/>   |
| **PDM/FMA Applications: apply at eGrants** <https://portal.fema.gov/famsVuWeb/home> | **HMGP Applications: see HMGP Guidelines to apply**<https://www.ioem.idaho.gov/> |
| *Statutory Authority for Grants:**HMGP, authorized under Section 404 of the Robert T. Stafford Disaster Relief and Emergency Act of 1988, as amended (42 USC 5170c and 5187), and 44 CFR Subpart N. CDFA 97.039.* *PDM program, authorized under Section 203 of the Stafford Act (42 USC 5133). CDFA 97.047.**FMA program, authorized under Section 1366 of the National Flood Insurance Act of 1968, as amended (42 USC 4101c), and 44 CFR Subpart 78 (for programs which opened before December 3, 2007) and Subpart 79 (for programs which open on or after December 3, 2007). CDFA 97.029*Electronic Code of Federal Regulations: <http://www.ecfr.gov>***Letters of Intent may be emailed to:***2018MitigationGrants@imd.idaho.gov**(DEADLINE for Letters of Intent is September 23, 2018)** |
| **Applicant Type:** |
| 🞎 State Government 🞎 Local Government 🞎 Tribal Nation🞎 Special Purpose District 🞎 Public/Tribal College or University 🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name/Address of Jurisdiction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County of Jurisdiction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please attach separate document if needed |
| 1. What is the Hazard(s)? Briefly describe the nature of the problem.­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­2. How will plan/project protect life, safety, or property in your jurisdiction? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3. Describe the level of Risk (probabilities or frequency of occurrence) and impacts (severity) of these hazards upon your jurisdiction. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4. Please provide a short description and estimated cost of your proposed plan/project.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_5. Is the proposed project identified in your All-Hazard Mitigation Plan (AHMP)? 🞎 No 🞎 Yes AHMP Page No. \_\_\_\_\_\_\_\_Is this a multi-jurisdiction plan? 🞎 No 🞎 Yes Specify jurisdictions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Will this be a 🞎 New Plan 🞎 Comprehensive Revision of an existing plan 🞎 Multi-Hazard Plan (Note: If this is plan revision, what is the expiration date of the current plan? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) 6. Please indicate any technical assistance you will be requesting. Select all that apply. 🞎 Engineering design help 🞎 Benefit cost analysis support 🞎 Environmental concerns 7. Have you identified the cost share and source? 🞎 No 🞎 Yes Source \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Name of Signing Authority, Title­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature Date****(DEADLINE for Letters of Intent is September 23, 2018)** |
| ***QUESTIONS? Please contact:***Susan Cleverley, Mitigation Section Chief (208) 258-6545 scleverley@imd.idaho.govLorrie Pahl, Mitigation Planner (208) 258-6508 lpahl@imd.idaho.gov |
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