

**DEPARTMENT OF MILITARY AFFAIRS
DISASTER AND EMERGENCY SERVICES DIVISION**

P.O. BOX 4789
FORT HARRISON, MONTANA 59636-4789



**NOTICE OF INTENT
Hazard Mitigation Assistance Grants**

GRANT OPPORTUNITY APPLYING FOR

- (BRIC) Building Resilient Infrastructure in Communities Grant: _____
- (FMA) Flood Mitigation Assistance Grant: _____
- (HMGP) Hazard Mitigation Grant Program: _____
- (HMGP-PF) Hazard Mitigation Grant Program / Post Fire: _____

NAME/ADDRESS OF APPLICANT/SUBAPPLICANT: _____

DATE: _____

TYPE OF APPLICANT/SUBAPPLICANT: (*Government, Private Non-profit, Indian Tribe*):

PROJECT POINT OF CONTACT: (*Include address & phone numbers*): _____

BRIEF DESCRIPTION OF PROPOSED PROJECT:

BRIEF DESCRIPTION OF NATURAL HAZARD TO BE MITIGATED:

LOCATION OF PROJECT:

TOTAL ESTIMATED COST: \$ _____

DOES YOUR LOCAL JURISDICTION HAVE AN APPROVED MITIGATION PLAN?

- YES _____ Date of FEMA approval: _____
- NO _____

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HAS A FEDERAL DISASTER “DAMAGE SURVEY REPORT” (DSR) OR PROJECT WORKSHEET (PW) BEEN WRITTEN FOR ANY PORTION OF THIS PROJECT?

- YES _____ DSR# _____
- NO _____

LIST EXPECTED SOURCES OF LOCAL MATCHING FUNDS OR “IN-KIND” SERVICES AND/OR MATERIALS: (Normally 25%) (*List Non-federal sources -- grants, taxes, bonds, existing budgets, volunteer and in-kind labor, cash, donations, etc.*)

ISSUES TO CONSIDER WHILE CHOOSING YOUR PROJECT:

1. List alternatives considered to this project and ramifications (Alternative #1 – explain what will happen if we take no action. Alternative #2 – a project you have considered and would do if time and money were available, usually the money is the biggest discriminator)

a. Alternative #1:

b. Alternative #2:

2. Project Minimum Qualifications

- a. Project must provide beneficial impact upon the disaster area.
- b. Project must conform with environmental regulations.
- c. Project must solve a repetitive natural hazard problem.
- d. Project must demonstrate cost-effectiveness (the value of benefits must exceed the cost: benefit cost ratio must be 1.0 or greater. To determine this, a benefit cost analysis (BCA) must be conducted using the FEMA BCA module).

Signature and Title of Preparer:

Date:

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(Signature and Title)

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