



**STATE OF ARIZONA
DEPARTMENT OF EMERGENCY AND MILITARY AFFAIRS**



**Hazard Mitigation Assistance (HMA)
Notice Of Intent (NOI)**

NOI Cover Sheet - Part A

Disaster # or Year: _____

Please select only **ONE** of the grants programs below. To apply under a different grant program
for the **EXACT SAME** project, please submit a separate cover sheet.

HMGP PDM FMA HMGP under FMAG Pilot Program

THIS SECTION FOR STATE USE ONLY

Received By: _____

Point of Contact:

Date Received: _____

State Hazard Mitigation Officer

Revision Requested: _____

Office: 602-464-6349

Email: tom.jones@azdema.gov

Final Version: _____

Multiple Submissions: _____

PROJECT OVERVIEW

1. Legal Name: _____

Organizational Unit: _____

2. Applicant Type: Local Government State Government

3. Project Title: _____

4. Total Proposed Project Cost: \$ _____

Federal Share (up to 75%): \$ _____

Non-Federal Match (at least 25%): \$ _____

**NOTE: NOI Cover Sheet -Part A (with original ink signature) must be scanned and emailed as a separate file.
Remainder of NOI form (Part B) must be saved and submitted in original .pdf format (not scanned).**

5. **Certification:**

The undersigned assures fulfillment of all requirements of the selected Grant Program as contained in the program guidelines and that all information contained herein is true and correct to the best of my knowledge.

Typed Name of Authorized Representative

Title

Telephone Number

Signature of Authorized Representative

Date Signed