



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



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

NOI Form - Part B

NOTE: "NOI Form - Part B" will not be accepted without an accompanying "NOI Cover Sheet - Part A" correctly filled out and submitted.

THIS SECTION FOR STATE USE ONLY

Received By: _____

Point of Contact:

Date Received: _____

State Hazard Mitigation Officer

Revision Requested: _____

Office: 602-464-6349

Email: Lucrecia.Hernandez@azdema.gov

Final Version: _____

Multiple Submissions: _____

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). Any additional supporting information may be submitted as separate additional electronic files.

1. Legal Name: _____

2. Organizational Unit: _____

3. Project Title: _____

4. This NOI is for a (check one): Project Plan 5% initiative (HMGP only)

5. Total Proposed Project Cost: \$ _____

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

Federal Share Percentage: _____ %

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

Non-Federal Percentage: _____ %

6. Do you qualify as an Impoverished Community? Yes No Unsure

More detailed information is provided in the HMA Guidance, Part III, C, and Cost Sharing, available at <http://www.fema.gov/media-library/assets/documents/103279>.

CONTACT INFORMATION

7. **Primary Point of Contact:** Please check this box if the Primary Point of Contact is also the Applicant Agent

The Primary Point of Contact is the person responsible for coordinating the implementation of this proposal, answering questions and/or making revisions.

Ms. Mr. Mrs. First Name: _____ Last Name: _____
Title: _____ Organization: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Fax: _____ Mobile: _____ E-mail Address: _____

8. **Alternate Point of Contact:** Please check this box if the Alternate Point of Contact is also the Applicant Agent

The Alternate Point of Contact is the person that can address questions or concerns in the Primary Point of Contact's absence.

Ms. Mr. Mrs. First Name: _____ Last Name: _____
Title: _____ Organization: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Fax: _____ Mobile: _____ E-mail Address: _____

9. **Applicant Agent (If different from Primary or Alternate Point of Contact):**

The Applicant Agent is the person that is the official and legal recipient of potential funding on the behalf of an entity.

Ms. Mr. Mrs. First Name: _____ Last Name: _____
Title: _____ Organization: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Fax: _____ Mobile: _____ E-mail Address: _____

10. Provide the Latitude and Longitude for:

Project Location	Latitude: <input type="text"/>	Longitude: <input type="text"/>
(If project is for a large area, provide coordinates for each "corner" of the project's area.)	Latitude: <input type="text"/>	Longitude: <input type="text"/>
	Latitude: <input type="text"/>	Longitude: <input type="text"/>
	Latitude: <input type="text"/>	Longitude: <input type="text"/>

SITUATION DESCRIPTION

11. Describe the problem to be solved. If applicable, include past occurrences and how often they occur.

12. Population Affected

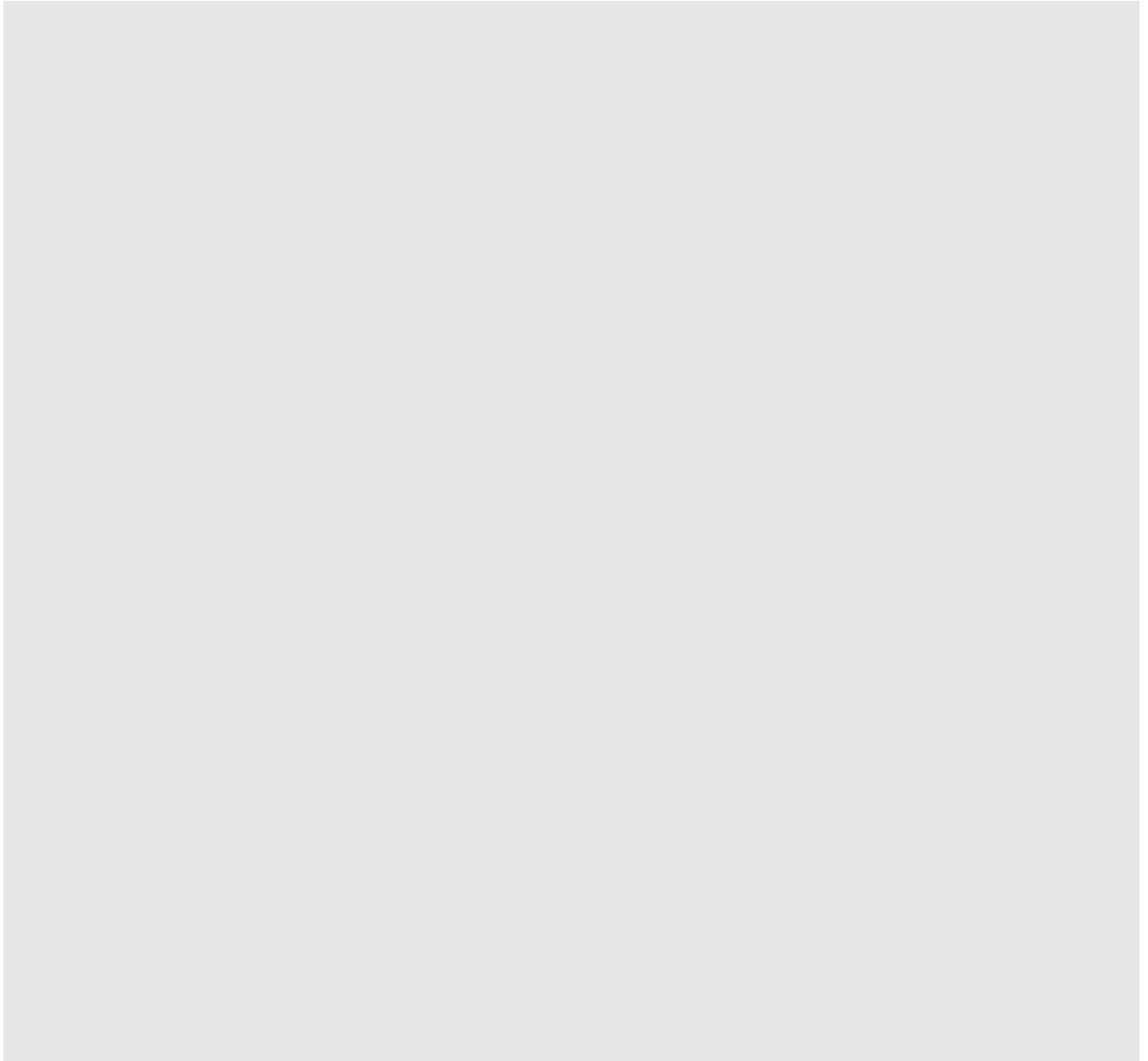
Provide the number of each type of structure (listed below) in the project area. Include all structures in project area.

<input type="text"/>	residential properties
<input type="text"/>	businesses / commercial properties
<input type="text"/>	public buildings
<input type="text"/>	schools / houses of worship
<input type="text"/>	critical facilities/infrastructure

SCOPE OF WORK

13. Project Description

Describe, in detail, the proposed project. Explain how the proposed project will solve the problem(s) and provide the level(s) of protection. Include a description of the desired outcome and methodology of the mitigation activity in terms of mitigation objectives to be achieved.

A large, empty gray rectangular area intended for the user to provide a detailed description of the proposed project, including how it will solve the problem, the level of protection, and the methodology of the mitigation activity.

14. Alternative Solutions

List the titles of three (3) Alternative Solutions for this project (one of which may be "No Alternative").

a.

A horizontal gray line representing the title of the first alternative solution.

b.

A horizontal gray line representing the title of the second alternative solution.

c.

A horizontal gray line representing the title of the third alternative solution.

Budget

15. In this section, provide the details of all costs of the project. For estimates, reasonable projections are essential.

a. Estimated Cost for Acquisition		\$
b. Estimated Cost for Demolition		\$
c. Estimated Force Account Labor Costs		\$
d. Estimated Force Account Equipment Costs		\$
g. Estimated Project Management Costs		\$
h. Estimated Contract Costs		\$
i. Estimated Permits/Licensing Costs		\$
j. Estimated Legal Costs		\$
k. Estimated Other Costs -		\$
l. Estimated Other Costs -		\$
m. Estimated Other Costs -		\$
Total Estimated Cost		\$

16. Non-Federal Funding Share (25% of Total Cost)

List all sources and amounts utilized in the non-federal share including all in-kind services. In-kind services may not exceed the 25% non-federal share. If any portion of the non-Federal share will come from non-applicant sources (donated services, private donation, etc.), attach letters of funding commitment for each non-applicant source.

Source	Name of Source Agency	Type Funding	Amount	Commitment Letter Attached?
			\$	
			\$	
			\$	
			\$	
			\$	

Source = Local, Private Non-Profit, Other

Source Agency = Specific entity providing match

Type Funding = Administration, Cash, Consulting Fees, Engineering Fees, Equipment Operation/Rental, Labor, Supplies, Other

17. Benefit Cost Analysis (BCA)

a. Enter the Benefit Cost benefits, cost, and ratio determined prior to application. If Benefit Cost Analysis was not required or waived, place an "N/A" in the blanks, and provide explanation below (c.) for the exemption.

Benefit: \$ Cost: \$ Ratio:

b. Was the BCA calculated using the most current FEMA BCA Toolkit version? Yes No N/A

c. A project must show a benefit-to-cost ratio of 1 or greater to be eligible for HMA grant funding. If the most current FEMA BCA Toolkit version was not used, qualitatively describe why you think the benefits (damages or losses avoided) to people, property, the environment, emergency services and/or critical infrastructure is great enough to justify the project cost. Please explain why you believe that if calculated, your BCA would meet the minimum 1.0 requirement.

18. Timeline

Insert the proposed work schedule as tasks to accomplish the overall goal of the proposed activity, i.e., appraisals, title search, closing, etc., and provide a description of the task’s purpose. The first and last entries are state requirements and have already been entered.

Note - For PDM and FMA applications, the "DEMA Initial grant management and processing" time does NOT include FEMA review period for eligibility or Enviromental/Historical Review compliance. Please estimate and include the FEMA review time as Task 2.

Task 1: DEMA Initial grant management and processing The initial period for setting up the grant management process and contractual Applicant Agreement. The timeframe reflects up to a 30 day period.	Timeframe: <u>30 days</u>
Task 2: FEMA review and award period for PDM and FMA applications Depending upon complexity, this period may be months and can exceed a year.	Timeframe: <input style="width: 80px;" type="text"/>
Task 3: <input style="width: 540px;" type="text"/>	Timeframe: <input style="width: 80px;" type="text"/>
Task 4: <input style="width: 540px;" type="text"/>	Timeframe: <input style="width: 80px;" type="text"/>
Task 5: <input style="width: 540px;" type="text"/>	Timeframe: <input style="width: 80px;" type="text"/>
Task 6: <input style="width: 540px;" type="text"/>	Timeframe: <input style="width: 80px;" type="text"/>
Task 7: <input style="width: 540px;" type="text"/>	Timeframe: <input style="width: 80px;" type="text"/>
Task 8: State Compliance Review and Closeout Financial and project reconciliation with local, state, and federal concurrence.	Timeframe: <u>60 days</u>
Total Timeframe (must not exceed 1,095 days, 36 months, or 3 years)	Timeframe: <input style="width: 80px;" type="text"/>

19. Maintenance

The following questions are to give assurance on the project’s maintenance over its useful life. Please answer each question and give a brief explanation.

a. Will the project require periodic maintenance? For how long? Yes No

b. If yes, who will provide the maintenance?

c. What is the estimated cost of maintenance on an annual basis? \$

20. NFIP Properties

a. Please list any NFIP properties in the project area.

Property Owner	Street Address	Policy Number	Repetive Loss Property?	Severe Repetive Loss Property?

b. If there are additional NFIP properties not listed above, please note the number of additional properties.

PROJECT OVERVIEW

21. Does your community have a current FEMA approved multi-hazard mitigation plan? Yes No
Name of plan. Expires on:
22. Is the community a member of good standing with the National Flood Insurance Program? Yes No
23. Has the community adopted the IBC nationally recognized building code? Yes No
24. Does your community have a Community Rating System (CRS)? Yes No
25. Is your community a FireWise Community? Yes No
26. Is your community a Storm Ready Community? Yes No
27. Does your community have a Community Wildfire Protection Plan? Yes No
28. Does the project reduce the needs for emergency services? Yes No
29. Does the project reduce threats to multiple communities? Yes No
30. Does the project reduce the risk to life safety? Yes No
31. Does the project reduce the risk to property damage? Yes No
32. Is the applicant willing to increase their "non-federal" match funding for this project? Yes No
33. Has the applicant successfully implemented previous mitigation grants? Yes No
34. If the project is flood related, is the project involve a Repetitive Loss structure? Yes No
35. If the project is flood related, is the project involve a Severe Repetitive Loss structure? Yes No
36. Are you submitting additional supporting documentation for this NOI? (Not required)? Yes No
37. Does the project involve significant Environmental, Historical or legal issues? If so, please list. Yes No

38. Enter any additional comments related to this project?