

LETTER OF INTENT

This letter is to notify you that _____ intends to participate in
FEMA's 2010 Unified Hazard Mitigation Assistance Grant Program

Fax by 5:00 pm on Monday, August 17, 2009 to:

Richard M. Lord
Chief of Mitigation Programs
New York State Emergency Management Office
1220 Washington Avenue
Albany, NY 12226
Fax: (518) 322-4983
Phone: (518) 292-2304

Applicant Information:

Applicant / Organization Name:	
Authorized Representative Name & Title:	
Signature of Authorized Representative:	
Designated Point of Contact Name & Title:	
Address:	
Phone:	Fax:
E-mail:	
Name of County:	
Project Name:	
Project Location: (Street & City/ Village/Town)	
Program(s) Requested: <input type="checkbox"/> Pre-Disaster Mitigation <input type="checkbox"/> Flood Mitigation Assistance <input type="checkbox"/> Repetitive Flood Claims <input type="checkbox"/> Severe Repetitive Loss	
Note: Please check all that apply. Only those programs checked will be considered.	

Approximate Cost of Project:	\$	
Matching Funds (There is a minimum 25% Applicant Match, which may be cash or "in-kind" but cannot be from other Federal sources)		
Name of Source	Funding Type	Amount (\$)
Total:		\$

Mitigation Plan Information:

Is there a current FEMA-approved and locally adopted Multi-Hazard Mitigation Plan that covers the entity that will benefit from the proposed activity? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes: what is the name of the Plan: _____ specify the date of Plan approval: _____
If No, please indicate the status of developing the Multi-Hazard Mitigation Plan using the criteria below:
<input type="checkbox"/> None <input type="checkbox"/> Submitted to SEMO
<input type="checkbox"/> Early Development <input type="checkbox"/> Submitted to FEMA
<input type="checkbox"/> Drafted <input type="checkbox"/> FEMA Approved Pending Adoption
Is the grant for creating a new local Multi-Hazard Mitigation Plan or updating an existing plan?
<input type="checkbox"/> Creating a new Multi-Hazard Mitigation Plan <input type="checkbox"/> Updating an existing Multi-Hazard Mitigation Plan

Note: Interested sub-applicants must use this Letter of Intent (LOI) form to request assistance for the HMA 2010 programs. Previous forms, and letter requests, will not be considered.

Mitigation Project Information:

- | | |
|---|---|
| <input type="checkbox"/> Acquisition | <input type="checkbox"/> Flood barrier |
| <input type="checkbox"/> Elevation | <input type="checkbox"/> Stabilization (stream bank, shoreline, slope, etc.) |
| <input type="checkbox"/> Relocation | <input type="checkbox"/> Infrastructure protective measures (roads/bridges) |
| <input type="checkbox"/> Stormwater management (culverts, detention basins, etc.) | <input type="checkbox"/> Utility protective measures (electric, gas, water, etc.) |
| <input type="checkbox"/> Dry flood proofing | <input type="checkbox"/> Retrofits structural/non-structural (i.e., wind/seismic) |
| | <input type="checkbox"/> other (specify) |

Describe in detail the problem to be mitigated and how it threatens lives and/or property (attach additional sheets if necessary):

Describe in detail the proposed mitigation measure (attach additional sheets if necessary):

Program Eligibility Information:

Is the proposed project intended to reduce or eliminate the risk of flood damage to a property or structure that has National Flood Insurance Program (NFIP) policy? (For example: acquisition, elevation, minor localized flood reduction)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If the project is a minor localized flood reduction project, are at least 50 percent of the structures directly benefiting from this mitigation activity insured under the NFIP?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If the response is "YES" to either question above, please identify the NFIP-insured properties in the table below (attach additional sheets if necessary):

Property Owner's Name, Address	City, Zip Code	Approximate Cost of Property to be Acquired	NFIP Flood Insurance Policy Number	Number of Claims
_____	_____			
_____	_____			
_____	_____			
_____	_____			

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