

# Minor Flood Control Projects Notice Of Interest (NOI)



## Colorado DHSEM

### Hazard Mitigation NOI

### Minor Flood Control Mitigation Projects

#### THIS SECTION FOR STATE USE ONLY

DISASTER: \_\_\_\_\_

Colorado Identification Number: \_\_\_\_\_

Date SHMO Received Application: \_\_\_\_\_

Colorado Point of Contact:

State Hazard Mitigation Officer

Colorado Office of Emergency Management

9195 East Mineral Avenue, Suite 200

Centennial, Colorado 80112

Office: 303-880-4895

Fax: 720-852-6750

**NOTE: NOI must be submitted in digital format.**

## PROJECT OVERVIEW

1. Applicant 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%): \$ \_\_\_\_\_

## 6. Certifications:

The undersigned assures fulfillment of all requirements of the Pre-Disaster Mitigation (PDM) 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 Applicant Agent*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*Signature of Authorized Representative/Applicant Agent*

\_\_\_\_\_  
*Date Signed*

**PROJECT OVERVIEW - APPLICANT INFORMATION**

1. Does your community have a current FEMA approved multi-hazard mitigation plan?  Yes  No  
 Location of proposed project in mitigation plan strategies Page  Section/Part
2. Is the community a member of good standing with the National Flood Insurance Program? Yes  No
3. Has the community adopted the IBC nationally recognized building code? Yes  No
4. FIPS Code:  DUNS Number:

**5. Primary Point of Contact:**

The Primary Point of Contact is the person responsible for coordinating the implementation of this proposal, if approval is granted.

Ms.  Mr.  Mrs. First Name:  Last Name:

Title:  Organization:

Street Address:

City:  State:  Zip Code:

Telephone:  Fax:  Mobile:  E-mail Address:

**6. Alternate Point of Contact:**

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:

**7. Application Prepared by:**

Ms.  Mr.  Mrs. First Name:  Last Name:

Title:  Organization:

Street Address:

City:  State:  Zip Code:

Telephone:  Fax:  Mobile:  E-mail Address:

8. Is this a Phased Project application?  Yes  No
- If Phased, check appropriate box:
- |  |  |
|--|--|
| <input type="checkbox"/> 2 Phase (list phases below)   | <input type="checkbox"/> 3/4 Phase (list phases below) |
| <input type="checkbox"/> Includes Acquisition          | <input type="checkbox"/> Includes Easements            |
| <input type="checkbox"/> Involves Relocating Utilities | <input type="checkbox"/> Other (specify below)         |
- 

14. Other Federal Agency (OFA) Partner?  Yes  No
- If yes, check appropriate box:
- FEMA is primary agency  FEMA has a limited role
- Duplication of Programs review process has been established.
- Provide name(s) of all OFAs

16. Provide the Latitude and Longitude for:

Starting Point of Project.	Latitude:	<input style="width: 90%;" type="text"/>	Longitude:	<input style="width: 90%;" type="text"/>
Ending Point of Project.	Latitude:	<input style="width: 90%;" type="text"/>	Longitude:	<input style="width: 90%;" type="text"/>
Location of Basin/Pond.	Latitude:	<input style="width: 90%;" type="text"/>	Longitude:	<input style="width: 90%;" type="text"/>

**PROJECT SITE DESCRIPTION**

9a. Pre-Project Values:

RECURRENCE INTERVAL	BASE FLOOD ELEVATION (BFE)	DISCHARGE VELOCITY (cfs)
10 Year		
50 Year		
100 Year		
500 Year		

9b. Post-Project Values:

RECURRENCE INTERVAL	BASE FLOOD ELEVATION (BFE)	DISCHARGE VELOCITY (cfs)
10 Year		
50 Year		
100 Year		
500 Year		

20. Additional Comments:

Enter any additional comments related to the proposed project's description, if desired.

### TIMELINE / MAINTENANCE

1. 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. This timeline will be used as a measurement tool for progress in the project’s implementation and is included in the required Quarterly Reports. Also, FEMA uses the timeline for determining the approved period of performance. It will be the basis used to justify delays or extensions, if necessary, and should be estimated carefully. The first and last entries are state requirements and have already been entered.

Task 1:	<b>Colorado State Contract Process</b> The State contract is the State’s legal mechanism required to ensure funding or services to the applicant. The timeframe reflects up to a 6 month period.	Timeframe:	<b>6 Months</b>
Task 2:		Timeframe:	
Task 3:		Timeframe:	
Task 4:		Timeframe:	
Task 5:		Timeframe:	
Task 6:		Timeframe:	
Task 7:		Timeframe:	
Task 8:	<b>State Compliance Review and Closeout</b> Financial and project reconciliation with local, state, and federal concurrence.	Timeframe:	<b>6 Months</b>
<b>Total Timeframe (must not exceed 1,095 days, 36 months, or 3 years)</b>		<b>Timeframe:</b>	

2. The start date for any proposed project begins upon FEMA approval. If a specific timeframe is needed, provide the timeframe and an explanation.

[Empty text box for providing timeframe and explanation]

3. **An Operations and Maintenance (O&M) plan** must be developed for each project. For application purposes, there must be an assurance acknowledging that the project will be operated and maintained in a manner that will achieve the proposed hazard mitigation. The final plan must be submitted prior to project closeout, because FEMA will review the final O & M plan during project closeout.

\*Please note, if you are requested to complete a full application you will be required to address maintenance requirements.

For the application, do you provide assurance that:

- A. The project will be operated and maintained in a manner that will achieve the proposed hazard mitigation?  Yes  No
- B. The final O&M Plan will be provided prior to project closeout, for review by FEMA?  Yes  No
- C. Is a signed Maintenance Agreement attached to this application?  Yes  No

4. In addition to #3 above, 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. Who will be responsible for providing any needed maintenance for the project?

[Empty text box for providing answer to question 4a]

b. What is the cost of maintenance on an annual basis?

## ALTERNATIVE ACTIONS

### 2b. Other Feasible Project Location

Attach a map or diagram showing the alternative site in relation to the proposed project site.

Photographs of alternative site.

2c. Funding Sources (round figures to the nearest dollar). The maximum Federal share for all mitigation projects is 75%. The remaining 25% (non-Federal share) is the responsibility of the applicant. HMGP funds may be packaged with other Federal funds; however, on Federal funds which lose their Federal identity at the State level may be used for the non-Federal share. Please list below the funding amounts for the proposed alternative project.

Proposed Project Total Cost:	\$	
75% Federal Share:	\$	
25% Non-Federal Match:	\$	

## SCOPE OF WORK / BUDGET

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

### 1. If this is a PHASED PROJECT – enter the estimated costs for Phase 1 beginning on Line 1a.

1a. Pre-Construction Cost (include any planning, study fees, architectural and/or engineering design costs, costs permit costs, etc.) – (indicate if item will be used as in-kind or pre-award)

Description	Hours Units	Rate	Cost
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
<b>Total Cost</b>		\$	\$

1a. Total Pre-Construction Cost

1a. \$

**1b. If real property acquisition or real property easement is proposed as part of the project, list each property on the Property Inventory Worksheet (attached) and tabulate all property costs here.**

1. Estimated Pre-Event Fair Market Value	\$		
2. Estimated Cost for Demolition	\$		
3. Estimated cost for Structure Relocation	\$		
4. Estimated Appraisal Cost	\$		
5. Estimated Closing Costs/Legal Fees	\$		
6. Uniform Relocation Assistance	\$		
7. Comparable Housing	\$		
8. Other (specify below)	\$		
		(a) Total of 1-8	\$
9. Program Income	\$		
10. Duplication of Benefits	\$	(b) Total of 10-11	\$
11. Subtract (b) from (a) to determine Total Cost to Acquire Property		<b>1b.</b>	<b>\$</b>

**2. Phase II Costs (of if the proposal is for a NON-PHASED Project):**

a. Materials (indicate if item will be used as in-kind offset)

Item	Dimension	Quantity	Cost per Unit	Cost
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
<b>Total Cost</b>		<b>2a.</b>	\$	\$

b. Labor – include equipment costs – (indicate if item will be used as in-kind)

Description	Hours	Rate	Cost
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
<b>Total Cost</b>	<b>2b.</b>	\$	\$

c. Fees Paid (include any other costs associated with the project, i.e., project management, inspection services, permit costs, etc.) – (indicate if item will be counted as in-kind offset)

Description	Hours	Rate	Cost
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
<b>Total Cost</b>	<b>2c.</b>	\$	\$

2d. Total Construction (or Phase II) Cost (2a+2b+2c) 2d. \$  

3. Phase III Costs (generally final & de-mobilization costs. If another Phase exists, copy and paste the details):

a. Materials (indicate if item will be used as in-kind offset)

Item	Dimension	Quantity	Cost per Unit	Cost
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
<b>Total Cost</b>		<b>3a</b>	\$	\$

b. Labor – include equipment costs – (indicate if item will be used as in-kind)

Description	Hours	Rate	Cost
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
<b>Total Cost</b>	<b>3b</b>	\$	\$

c. Fees Paid (include any other costs associated with the project, i.e., project management, inspection services, permit costs, etc.) – (indicate if item will be counted as in-kind offset)

Description	Hours	Rate	Cost
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
<b>Total Cost</b>	<b>3c</b>	\$	\$

2d. Total Construction (or Phase III) Cost (3a+3b+3c) 3d. \$

4. Total Project Cost (1a+1b+2d+3d) \$

5. Total Project Cost (A+B)

75% Federal Share: \$ Round Federal Share to nearest dollar

25% Non-Federal Match: \$

NOTE: Round figures to the nearest dollar.

6. 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 = State, 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

7. Describe how you will manage the costs and schedule, and how you will ensure successful performance.

8. Additional Comments

Enter any additional comments related to the proposed project’s funding, if desired.







### INDIVIDUAL PROPERTY WORKSHEET

This section must be filled out for **each individual property** to be acquired. Make as many copies as needed and be sure to label each sheet with its corresponding Property ID# (given on the previous page) for reference. Homeowners should be able to assist you in filling in the information requested.

- 1. Property ID:
- 2. Property Owner
- 3. Property Address: (No PO or Route No.)
- 4. City, State, Zip Code:
- 5. Tax Parcel ID:
- 6. Property Tax ID:
- 7. Latitude:
- 8. Longitude:

#### Property Data

- 9. Property owner have flood insurance?
- 10. If Yes, Insurance Policy Provider:
- 11. If Yes, NFIP Policy Number:
- 12. Repetitive Loss Number:
- 13. Is property in a  Floodway  Floodplain  Other High Hazard Area  Not Applicable
- 14. Flood Zone Designation:  AE or A 1-30  A (no base flood elevation given)  
 B or X (shaded)  C or X (unshaded)
- 15. Panel Number of the FIRM used to determine the above:
- 16. Date of FIRM:
- 17. Construction Date of Structure:
- 18. Building Type:  1-story with basement  2-story with basement  Split level with basement  
 1-story w/o basement  2-story w/o basement  Split level w/o basement  
 Manufactured Home  Other (specify)
- 19. Construction Type:  Wood Frame  Concrete Block  Other (specify)
- 20. Foundation of Building:  Basement  Crawl Space  Elevated on Piers, Piles, Posts, or Columns  
 Slab or Grade  Vacant Land  Other (Specify Below)
- 21. Type of Residency:  Owner Occupied – Principal Residence  Rental Property  
 Owner Occupied – Secondary Residence  Not Applicable  
 Other (Specify)
- 22. If Rental, how many units are occupied?
- 23. If Rental, tenant names:
- 24. If property is a critical facility, what type?  Hazardous Materials Facility  Emergency Operations Center  
 Power Facility  Water Facility  
 Sewer/wastewater treatment facility  Communications Facility  
 Emergency Medical Care Facility  Fire Protection  
 Other (Specify)
- 25. Historic bldg controls (easements):
- 26. Percent of Structure’s Damage  0-49%  50-99%  100%
- 27. How many times has the property flooded?  
 2-3 insured losses cumulatively = < than building fair market value  4 or more insured losses since 1978  
 2-3 insured losses cumulatively = > than building fair market value  Not Applicable
- 28. What is the source of flooding:  Riverine Flooding  Storm-water Runoff  Closed Basin  
 Other (Specify)

**Proposed Cost to Acquire Property**

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

29.	Estimated Appraisal Cost	\$	
30.	Estimated Pre-Event Fair Market Value	\$	
31.	Estimated Closing Costs/Legal Fees (includes all costs necessary, including: title search, title insurance, settlement statement, deed preparation and recording, release of liens)	\$	
32.	Estimated Cost for Demolition (consists of all costs necessary for demolition of structure, including: hazardous materials inspection, testing, abatement, clearance, and disposal to approved landfill)	\$	
33.	Uniform Relocation Assistance	\$	
34.	Comparable Housing	\$	
35.	Other (specify below)	\$	
			36. Total of 29-35
			\$
37.	Duplication of Benefits		\$
38.	Subtract 37 from 36 to determine Total Cost to Acquire Property		\$

**Attach the following:**

- |  |   |
|--|---|
| 39. Declaration and Release form for property owner: <input type="checkbox"/>        | 40. Elevation Certificate, if available: <input type="checkbox"/> |
| 41. Declaration and Release form for each tenant household: <input type="checkbox"/> | 42. Duplication of Benefits Affidavit: <input type="checkbox"/>   |
| 43. Hazardous Materials Certification: <input type="checkbox"/>                      | 44. Signed Notice of Voluntary Interest: <input type="checkbox"/> |
| 45. Pictures showing front, back and side view: <input type="checkbox"/>             |   |

<i>Typed Name of Applicant Agent</i>	<i>Title</i>	<i>Telephone Number</i>
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<i>Signature of Authorized Representative/Applicant Agent</i>	<i>Date Signed</i>
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