

# Generator Projects Notice Of Interest (NOI)



## Colorado DHSEM

### Hazard Mitigation NOI

### Generator Projects

#### THIS SECTION FOR STATE USE ONLY

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

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

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

**Colorado Point of Contact:**  
State Hazard Mitigation Officer  
Colorado DHSEM  
9195 East Mineral Avenue, Suite 200  
Centennial, Colorado 80112  
Office: 303-880-4895  
Fax: 720-852-6750

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

#### PROJECT OVERVIEW

1. Applicant Legal Name: \_\_\_\_\_  
Organizational Unit: \_\_\_\_\_

2. Applicant Type:  Local Government  State Government  
 Native American Tribe

3. Project Title: \_\_\_\_\_

4. Proposed Project Total Cost: \_\_\_\_\_  
Federal Share (75%): \_\_\_\_\_  
State Match (12.5%): \_\_\_\_\_  
Local Match (12.5%): \_\_\_\_\_

5. Enter the Benefit Cost benefits, cost, and ratio determined prior to application. Export the Benefit Cost file and provide in electronic format, along with all supporting documentation used to develop the ratio. If Benefit Cost Analysis was waived, place an "N/A" in the blanks, and provide explanation below for the exemption. [Attach Documentation](#)

Benefit: \$ \_\_\_\_\_ Cost: \$ \_\_\_\_\_ Ratio: \_\_\_\_\_

\_\_\_\_\_

#### 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 Applicant Agent*

\_\_\_\_\_

*Date Signed*

**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. 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:

**5. 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:

**6. Application Prepared by:**

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

Title:  Organization:

Street Address:

City:  State:  Zip Code:

Telephone:  Fax:  Mobile:  E-mail Address:

- Does the project reduce the needs for emergency services? Yes \_\_\_ No \_\_\_
- Does the project reduce threats to multiple communities? Yes \_\_\_ No \_\_\_
- Does the project reduce death and injury vulnerability? Yes \_\_\_ No \_\_\_
- Does the project reduce costs of future disaster damages? Yes \_\_\_ No \_\_\_
- Has the applicant previously submitted for mitigation funding? Yes \_\_\_ No \_\_\_
- Is the applicant willing to increase their local match of funding for their project? Yes \_\_\_ No \_\_\_
- Has the applicant made a plan for future operation and maintenance costs (O&M)? Yes \_\_\_ No \_\_\_
- Has the applicant successfully implemented previous mitigation grants? Yes \_\_\_ No \_\_\_
- Has the applicant submitted a complete proposal that does not lead to confusion? Yes \_\_\_ No \_\_\_

**PROJECT DESCRIPTION**

- 12. Site Address: (No PO or Route No.) \_\_\_\_\_
- 13. City, State, Zip Code: \_\_\_\_\_
- 14. Tax Parcel ID: \_\_\_\_\_ 15. Property Tax \_\_\_\_\_
- 16. Latitude (*in decimal form*): \_\_\_\_\_ 17. Longitude (*in decimal form*): \_\_\_\_\_

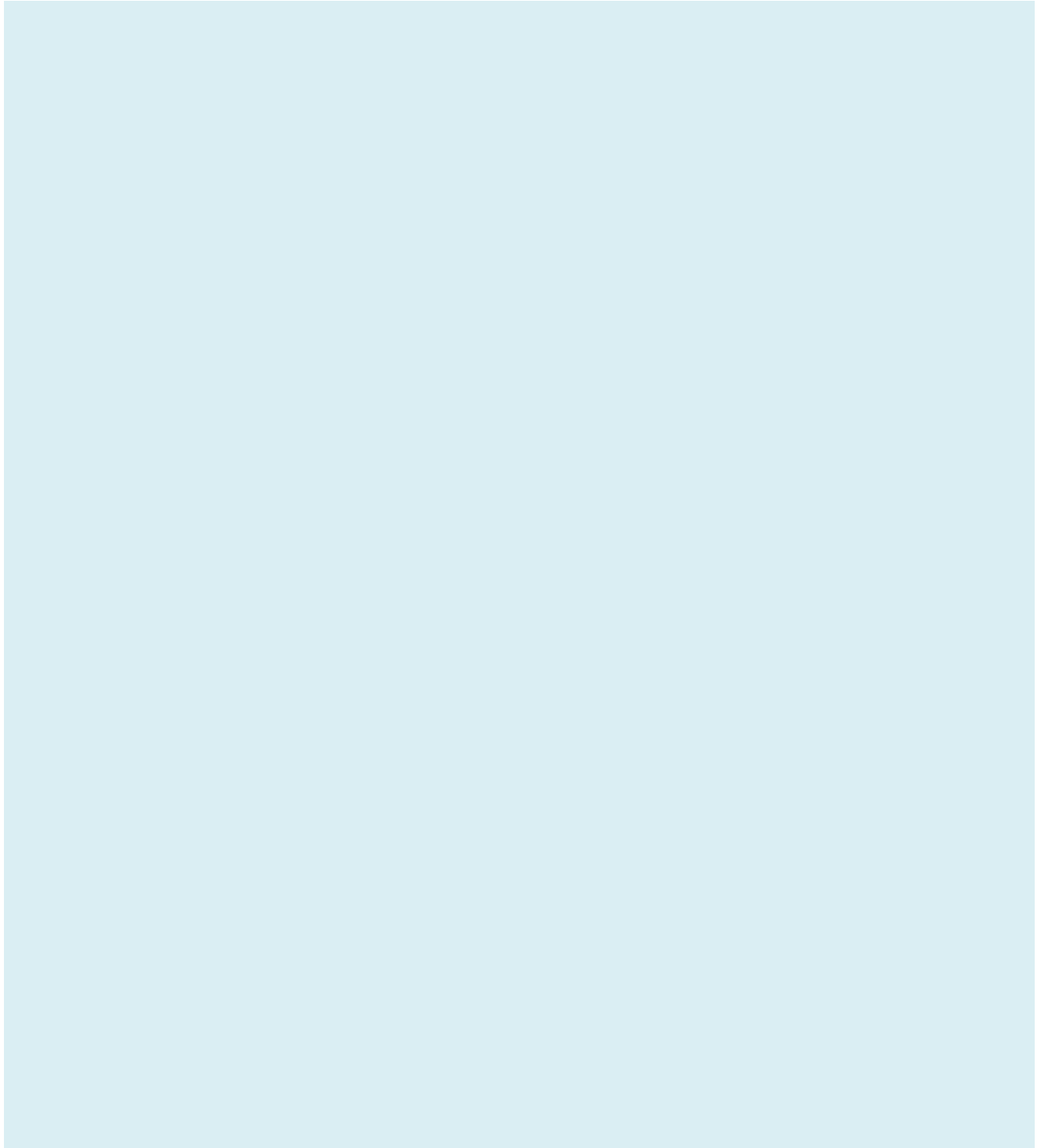
**(Site information and latitude / longitude should be entered on Individual Generator Worksheets and not here if more than one generator / connection site is proposed.)**

- 18. Flood Zone Designation: AE or A 1-30 A (no base flood elevation given)  
B or X (shaded) C or X (un-shaded)
- 19. Panel Number of the FIRM used to determine the above: \_\_\_\_\_ 20. Date of FIRM: \_\_\_\_\_
- 21. 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. Identify the critical components and describe the facility/location of the proposed project.
- 22. Is this a new or replacement generator or connection? \_\_\_\_\_ Replacement Generator \_\_\_\_\_
- 23. Is this a stand-alone or a portion of an existing structure? \_\_\_\_\_ Connection \_\_\_\_\_

## SCOPE OF WORK

### 1. 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.



**Generator Data Worksheet:**

**THIS IS WORKSHEET #** [ ] **OF** [ ] **(Total Number of Worksheets)**

- 1. Site Information: [ ]
- 2. Site Name: [ ]
- 3. Priority# [ ]
- 4. Street Address (including city, state, zip code, tax map & parcel, and county) or Physical/Legal Location: 4a.  
Latitude (*in decimal form*): [ ] 4b. Longitude (*in decimal form*): [ ]

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

- [ ] residential properties
- [ ] businesses / commercial properties
- [ ] public buildings
- [ ] schools / hospitals / houses of worship
- [ ] for 5% water and wastewater generator connection projects list the number of customer connections

- 6. How long was site without power? [ ]
- 7. Do you currently have back-up power for this site? [ ] If so, what type? [ ]
- 8. Structure Information: [ ]
- 9. Date of Construction [ ]
- 10. Kilowatt/Hour Usage [ ]
- 11. Will the generator be mounted on the building? [ ]
- 12. On the ground or in a separate housing? [ ]
- 13. Is generator elevated on a platform or in a flood-proofed location? [ ]

**TIMELINE / MAINTENANCE**

1. Timeline  
Insert the proposed work schedule as tasks to accomplish the overall goal of the proposed activity. 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.

- 1. Task 1: **Colorado State Contract Process** Timeframe: **3 Months**
- Task 2: [ ] Timeframe: [ ]
- Task 3: [ ] Timeframe: [ ]
- Task 4: [ ] Timeframe: [ ]
- Task 5: [ ] Timeframe: [ ]
- Task 6: [ ] Timeframe: [ ]
- Task 7: [ ] Timeframe: [ ]
- Task 8: **State Compliance Review and Closeout** Timeframe: **3 Months**

**Total Timeframe (must not exceed 1,095 days, 36 months, or 3 years)** Timeframe: [ ]

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

---

4. Please answer each question and give a brief explanation.

- a. Who will be responsible for providing maintenance to the generator and/or connection(s)?

---

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

---

## ALTERNATIVE ACTIONS

List **two feasible** alternative projects to mitigate the hazard(s) in the project area. One alternative is the “No Action Alternative.”

### 1. No Action Alternative

Discuss the impacts on the project area if no action is taken.

---

### 2. Other Feasible Alternative Project Title:

---

- a. Project Description and Scope of Work

Discuss a feasible alternative to the proposed project. This could be an entirely different mitigation method or a significant modification to the design of the current proposed project. Please include scope of work, engineering details (if applicable), estimated budget and the impacts of this alternative. Also, explain how the alternative project will solve the problem(s) and/or provide protection for the hazard(s).

---

---

SIGNATURE OF APPLICANT AGENT

---

TITLE

---

APPLICANT ORGANIZATION

---

DATE SUBMITTED