

# Hazard Mitigation Notice of Interest (NOI)



Colorado Division of Homeland Security  
and Emergency Management

**Acquisition/Demolition/Elevation**  
***EXHIBIT D-AQ***

## THIS SECTION FOR STATE USE ONLY

FEMA Identification Number: \_\_\_\_\_

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

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

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  
e-mail: Matthew.Carrera@state.co.us

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

## PROJECT OVERVIEW

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

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

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

4. Proposed Project Total Cost: \$ \_\_\_\_\_  
Federal Share (75%): \$ \_\_\_\_\_  
Local Match (25%): \$ \_\_\_\_\_

5. Waiver Used:  Substantial Damage  Cost Effectiveness Policy  Post-Wildfire Memo  Other (explain)

Are any properties eligible for the Benefit Cost Analysis waiver? Please see waivers attached, if so please provide a list of the properties and applicable waiver.

\_\_\_\_\_  
*Typed Name of Authorized Representative/Applicant Agent*

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

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

\_\_\_\_\_  
*Signature of Authorized Representative/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. Primary Point of Contact:

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

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

4. 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: [ ]

5. NOI Prepared by:

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

### PROJECT DESCRIPTION

1. **Project Description / Protection Provided: \***  
 Describe, in detail, the proposed project. Include a description of the desired outcome and methodology of the mitigation activity in terms of mitigation objectives to be achieved. This narrative should outline the applicant's complete Statement of Work (SOW).

### ALTERNATIVE ACTIONS

1. **Site**
  - a. Physical Location  
 Describe the area(s) affected/protected by this project, including location.

### SCOPE OF WORK / BUDGET

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

1. **Acquisition Summary:** This section summarizes all the Individual Property Worksheets completed for each property, with the exception of g. Project Management, which should equal no more than 5% of the total acquisition costs. Indicate in the shaded area to the right of the funding amount if any of the costs: (1) were performed as an eligible Pre-Award cost; and/or (2) are considered eligible In-kind. \*It may be helpful to develop cost estimates on a per property basis, total the costs and include in this budget summary.

a. Estimated Pre-Event Fair Market Value	\$	
b. Estimated Cost for Demolition	\$	
c. Estimated Appraisal Cost	\$	
d. Estimated Closing Costs/Legal Fees	\$	
g. Project Management (10% maximum)	\$	
h. Other (specify below)	\$	
		i. Total of a-h
		\$

#### 2. Total Project Cost

Proposed Project Total Cost:	\$	
75% Federal Share:	\$	<i>Round Federal Share to the nearest dollar.</i>
25% Local Match:	\$	

**3. How were the funding estimates listed in #1 derived (e.g. lump sum, unit cost, quotation, etc.)?**

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**4. Describe how you will manage the costs and schedule, and how you will ensure successful performance. (Note: At a minimum the applicant must agree to furnish quarterly reports during the entire time the project is in active status. Quarters shall end March 31<sup>st</sup>, June 30<sup>th</sup>, September 30<sup>th</sup>, and December 31<sup>st</sup>. Reports are due to the State within 20 days after the end of each quarter.) \***

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**5. 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. What is the proposed land use after acquisition? (i.e., Agriculture, Recreation, Vacant Land, Park, Wetlands, etc.)

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- b. Will the project require periodic maintenance?

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- c. If yes, who will provide the maintenance?

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

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**6. Additional Comments**

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

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## TIMELINE / TASKS

### 1. Timeline / Tasks

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.

Task 1:	<b>Colorado Grant Agreement Process</b> The grant agreement is the State's legal mechanism required to ensure funding or services to the grantee. The timeframe reflects up to a 3 month period.	Timeframe:	<b>3 Months</b>
Task 2:		Timeframe:	
Task 3:		Timeframe:	
Task 4:		Timeframe:	
Task 5:		Timeframe:	
Task 6:		Timeframe:	
Task 7:		Timeframe:	
Task 8:		Timeframe:	
Task 9:		Timeframe:	
Task 10:	<b>Final Inspection Report and FEMA Closeout</b> The Final Inspection Report is a review of the activity's paper documentation, showing the project was implemented as required. Once the review is completed, the report and findings will be provided to the grantee for review and concurrence. The State submits the concurrence to FEMA as part of a closeout package to formally close the grant.	Timeframe:	<b>3 Months</b>
<b>Total Timeframe (must not exceed 1,095 days, 36 months, or 3 years)</b>		Timeframe:	

**SPECIAL NOTE: Per programmatic requirements, communities are required to demolish properties within 30 days of closing. Proposed timeline must take this into consideration.**

#### Additional Comments

Enter any additional comments related to environmental concerns for the proposed project if desired.

As the duly authorized representative of the Applicant, I hereby certify that the Applicant will comply with the identified assurances and certifications.

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

Place of Performance	Street	City	State	Zip Code

<i>SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL</i>	<i>TITLE</i>
<i>APPLICANT ORGANIZATION</i>	<i>DATE SUBMITTED</i>