

Generator Projects Notice Of Interest (NOI)

Colorado DHSEM Hazard Mitigation NOI Generator Projects

THIS SECTION FOR STATE USE ONLY

DISASTER: _____

Colorado Identification Number: _____	Colorado Point of Contact: Colorado DHSEM Mitigation and Recovery Section 9195 East Mineral Avenue, Suite 200 Centennial, Colorado 80112 Email: scott.baldwin@state.co.us sean.settle@state.co.us
Date SHMO Received Application: _____	

NOTE: NOI must be submitted in digital form.

PROJECT OVERVIEW

- Applicant Legal Name: _____
Organizational Unit: _____
- Applicant Type: Local Government State Government
 Native American Tribe
- Project Title: _____
- Proposed Project Total Cost: _____
Federal Share (75%): _____
State Match (12.5%): _____
Local Match (12.5%): _____
- 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: _____

- 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*): _____

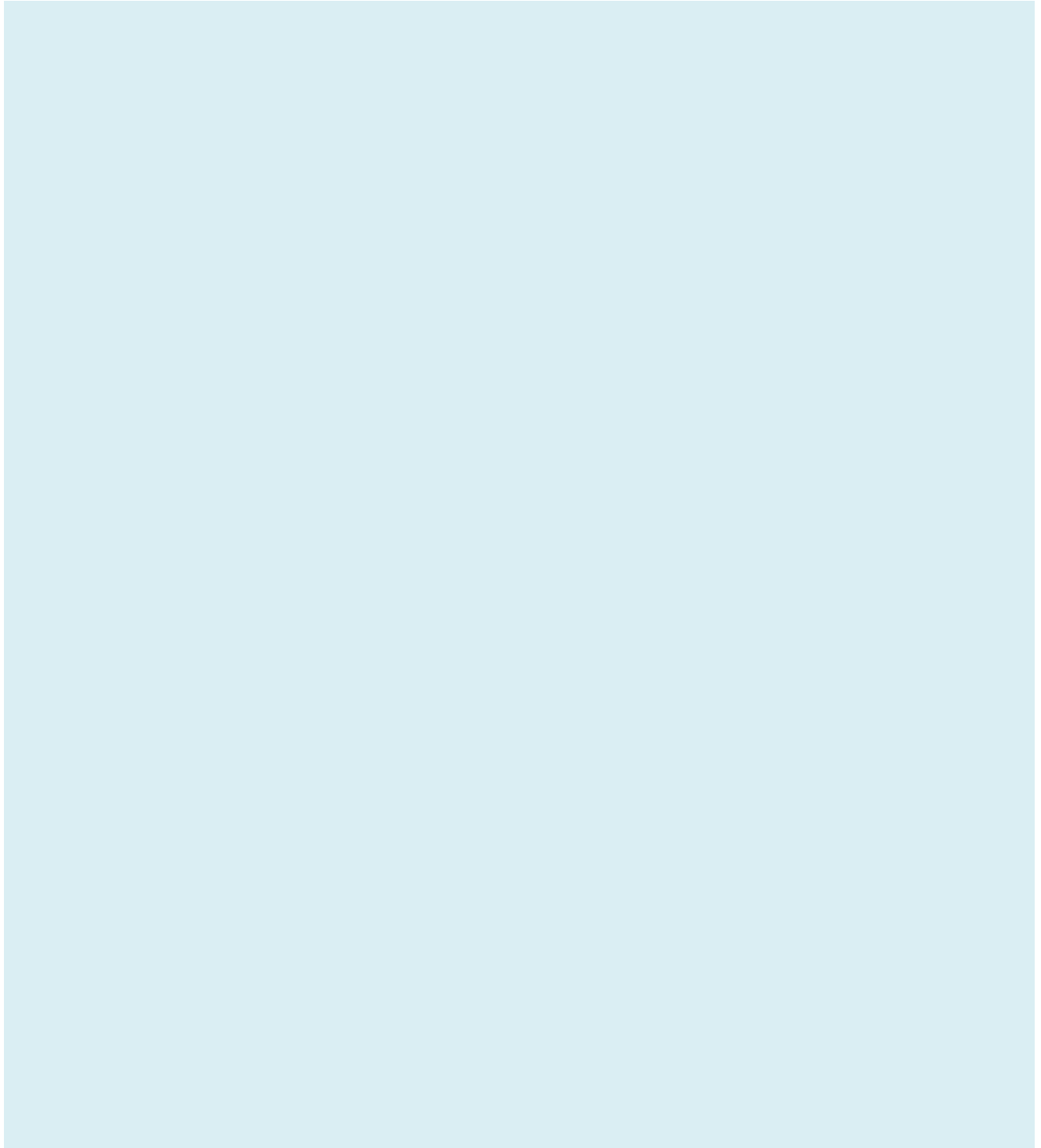
(Site information and latitude / longitude should be entered on Individual Generator Worksheets and not here if more than one generator / connection site is proposed.)

- 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