

Hazard Mitigation Plan Notice Of Interest (NOI)

Colorado DHSEM

Hazard Mitigation NOI

Multi-Hazard Mitigation Plan

THIS SECTION FOR STATE USE ONLY

DISASTER: _____

Colorado Identification Number: _____

Date SHMO Received Application: _____

Colorado Point of Contact:

Colorado DHSEM

Mitigation and Recovery Section

9195 East Mineral Avenue, Suite 200

Centennial, Colorado 80112

email: patricia.gavelda@state.co.us

NOTE: NOI must be submitted in a digital format.

PROJECT OVERVIEW

1. Applicant Legal Name: _____

Organizational Unit: _____

2. Applicant Type: Local Government State Government

3. Project Title: _____

4. Proposed Project Total Cost: \$ _____

Federal Share (Up to 75%): \$ _____

Non-Federal Match (At least 25%): \$ _____

5. 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.

| | | |
|--------------------------------------|--------------|-----------------------------|
| _____ | _____ | _____ |
| <i>Typed Name of Applicant Agent</i> | <i>Title</i> | <i>Telephone Number</i> |
| _____ | | _____ |
| <i>Signature of Applicant Agent</i> | | <i>Date Signed</i> |

APPLICANT INFORMATION

1. Does your community have a current FEMA approved multi-hazard mitigation plan? Yes No
If yes, when will the current plan expire? _____

2. Is the community a member in 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. **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

- Describe, in detail, the proposed project. Explain: 1) who will be involved as part of the planning team, 2) methodology on how the risk assessment will be conducted, 3) what potential mapping will be completed, 4) what data will be used/needed, and 5) what kind of updates will be included (new data - LiDAR, additional maps, etc.). Include a brief description of the desired outcome.

Use this matrix to document who will be participating in the multi-hazard plan. Provide specific information for each jurisdiction, include county first. If additional lines are required, please attach an Excel spreadsheet. (Signed Letters of Participation will be required as part of the application packet.)

| Jurisdiction (County, City, Fire District, Water District, etc.) | Population | County/Local Floodplain Coordinator | NFIP Good Standing (Y/N) | CID Number | CRS Rating (if applicable) | Will Jurisdiction Fully Participate in Planning Process |
|--|------------|---|-----------------------------------|---------------|-------------------------------|--|
| | | | N/A | | N/A | N/A |
| | | | N/A | | N/A | N/A |
| | | | N/A | | N/A | N/A |
| | | | N/A | | N/A | N/A |
| | | | N/A | | N/A | N/A |
| | | | N/A | | N/A | N/A |

3. For this NOI and potential Hazard Mitigation Plan, have you notified the following in your jurisdiction regarding their participation in the planning process:

Planning/Zoning Department: Organization Name: _____

Building Department: Organization Name: _____

Floodplan Administrator: Organization Name: _____

Other Organization Name: _____

4. Please describe the existing (if applicable) current Hazard Mitigation Plan (HMP). When it was originally completed, has it been updated before, what are the major data gaps? Have there been any disasters in the plan area since the completion of the last plan? Please describe what, where, and severity. *What will be added to the updated plan that was not in the last version, i.e. how will this update be better than the last plan?*

5. Identify the natural hazards that the plan will address. Below is a list of hazards, please provide the information for each. Your previous plan may have these risk factors already listed for you. Include other hazards if not listed.

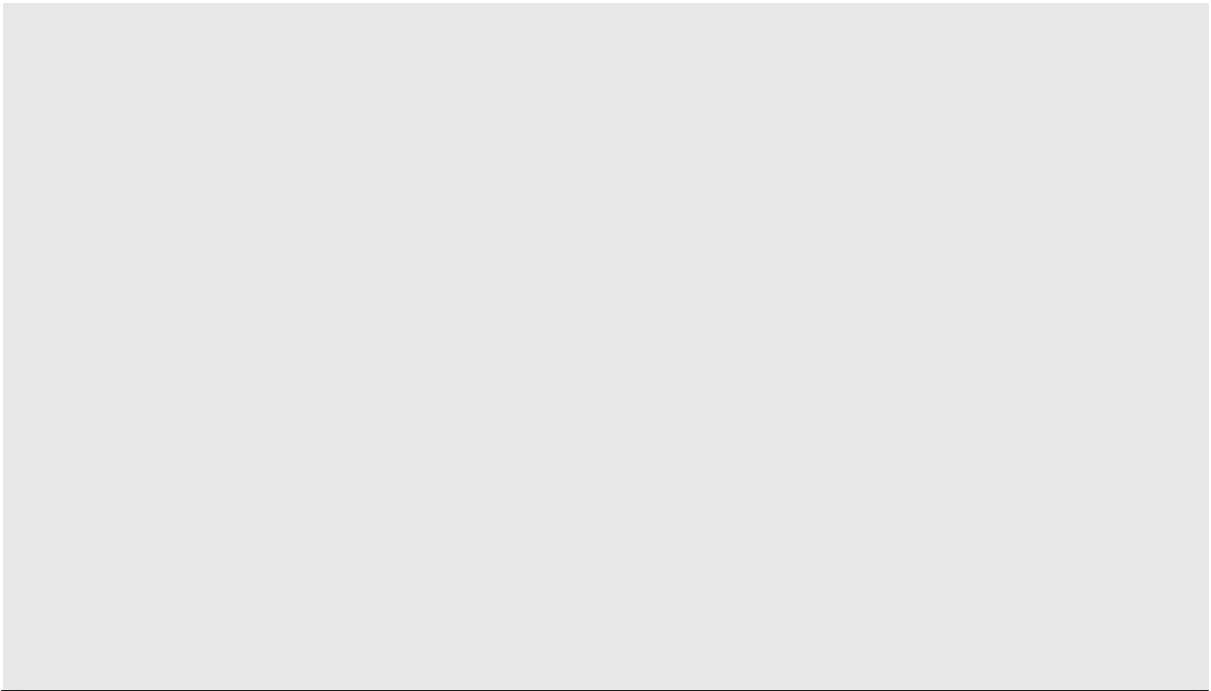
Categories are for frequency: N/A (not applicable) 1=High 2=Moderate 3=Low 4=Very low

Add severity: A=Catastrophic B=Critical C=Limited D=Minor

| Hazard | Frequency | Severity |
|----------------------------|-----------|----------|
| Wildfire | N/A | N/A |
| Drought | N/A | N/A |
| Extreme Temperatures | N/A | N/A |
| Flood/Flash Flood/Ice Jams | N/A | N/A |
| Hailstorms | N/A | N/A |
| Landslide | N/A | N/A |
| Lightning Strike | N/A | N/A |
| Subsidence/Sinkhole | N/A | N/A |
| Tornado/Windstorm | N/A | N/A |
| Winter Storm | N/A | N/A |
| | N/A | N/A |
| | N/A | N/A |
| | N/A | N/A |

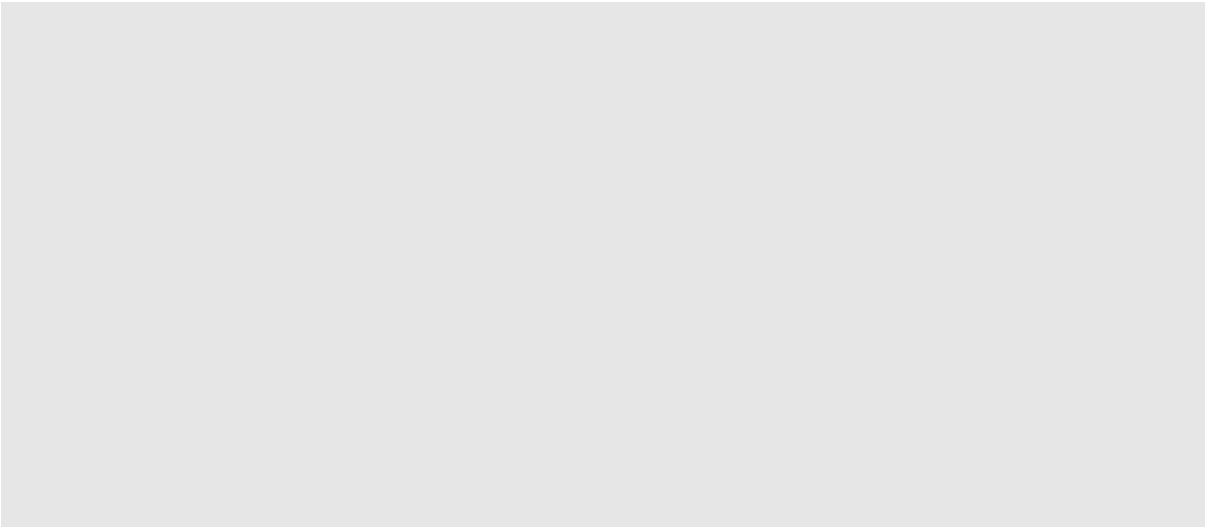
6. Has the county/community initiated any mitigation or resiliency measures or projects relative to the hazards identified? If so, please briefly summarize them.

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

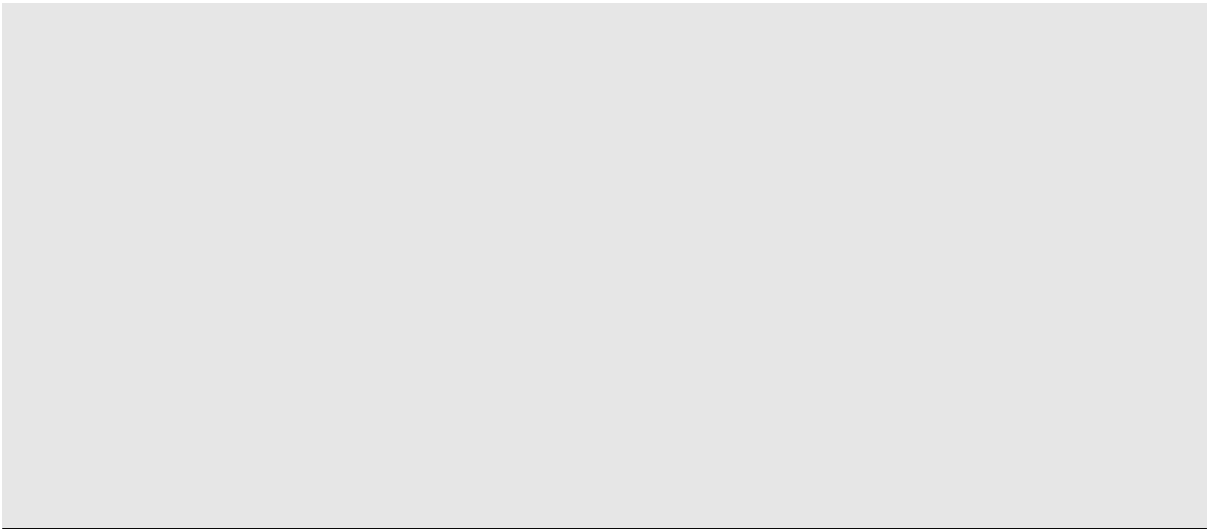


SCOPE OF WORK / BUDGET

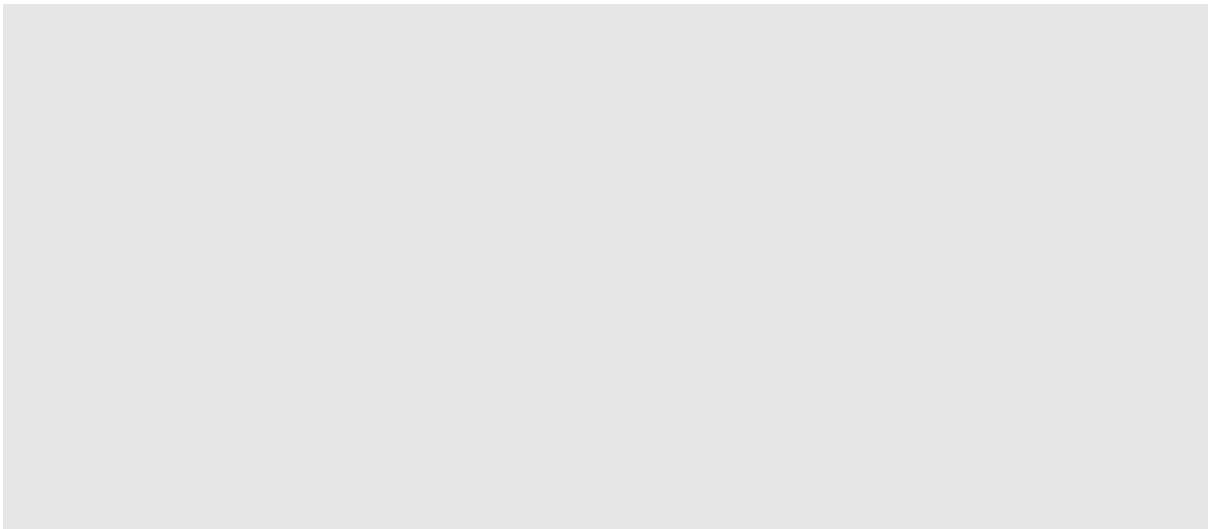
1. Please attach/describe an estimated budget and include a scope of work.
(A standard Scope of Work (SOW) including State requirements is available from DHSEM/MARS.)



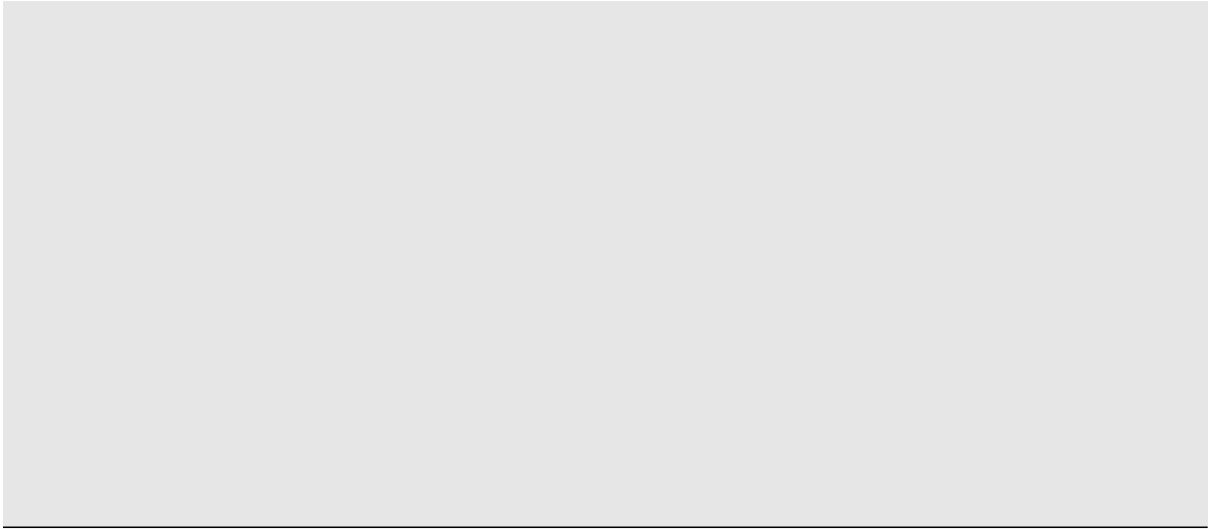
2. Describe how you will manage the costs and schedule, and how you will ensure successful performance.



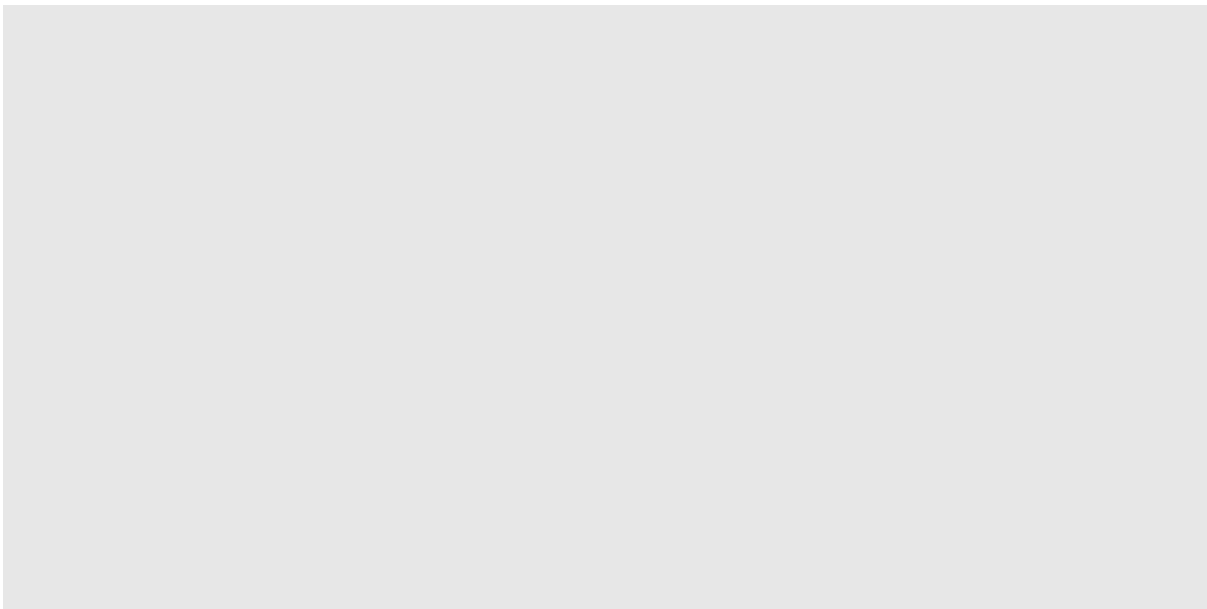
3. Describe your experience with stakeholders such as various local, state, and federal government agencies, private sector, academic, or neighboring communities in an effort to reduce the risk from the hazards to which your county/community is exposed. If you do not have any experience with these entities, indicate what opportunities exist for engaging them.



4. Describe the staff and resources needed to implement this planning activity and the subapplicant's ability to provide these resources.

A large, empty gray rectangular area intended for the applicant to provide details on staff and resources for question 4.

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

A large, empty gray rectangular area intended for the applicant to provide additional comments on funding for question 5.

TIMELINE

1. Timeline

Describe the proposed work schedule as tasks to accomplish the overall goal of the proposed activity.

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

SIGNATURE OF APPLICANT AGENT

TITLE

APPLICANT ORGANIZATION

DATE SUBMITTED