

STATE OF ALASKA

DIVISION OF HOMELAND SECURITY AND EMERGENCY MANAGEMENT



NOTICE OF INTEREST (NOI)

HAZARD MITIGATION ASSISTANCE (HMA) GRANT PROGRAMS

Submit to:

State Hazard Mitigation Officer

State of Alaska / DHS&EM

PO Box 5750

JBER, AK 99505

mva.dhsem.mitigation@alaska.gov

1.0 PROGRAM PREFERENCE

Please check the program you are most interested in pursuing:

- Hazard Mitigation Grant Program (HMGP) - post-disaster declaration.
- Building Resilient Infrastructure and Communities (BRIC) - annual grants.
- Flood Mitigation Assistance (FMA) - annual grants for activities addressing flooding. Structures must be insured under the National Flood Insurance Program (NFIP).
- Unsure/Other

2.0 SUBAPPLICANT IDENTIFICATION

Name of Project	
Subapplicant	
Point of Contact	

3.0 COMMUNITY IDENTIFICATION

Describe project relationship to local and state mitigation strategies.

Location	
Relationship to Existing Community Plans including the location in the HMP	
Mitigation Plan Expiration xx/xx/xxxx	
Community in Good Standing with NFIP	
Impact on People	

Impact on Environment	
4.0 ACTIVITY	
Description of Project or Plan (New or Update)(Local, Multi-jurisdictional, or Tribal)	
Estimated Project Schedule	
5.0 COST ESTIMATE	
Total Activity Cost	
Proposed Non-federal Cost Share and Source	
Do you have a current request for funding for this application under any other program? (BIA, Denali Commission, BRIC-DTA, USDA, HUD, USACE, or Other) Yes No	

Signature: _____

Please submit a Designated Authorized Agent form with this NOI.

State Use Only

Please check the box that states the direction that best fit this NOI:

Hazard Mitigation Grant Program (HMGP) - post-disaster declaration.
 Building Resilient Infrastructure and Communities (BRIC) - Annual grants
 Flood Mitigation Assistance (FMA) - annual grants for activities addressing flooding. Structures must be insured under the National Flood Insurance Program (NFIP).
 Unsure/BRIC-DTA/Other
 None: Project Withdrawn/Ineligible/Other
 If none, list any document or resource you sent them for other possible sources of funding:

State Representative that Approved or Denied NOI _____
 Date _____

Did you send the Subrecipient an application package: Yes / NO
 Date Application Package was sent _____