
**CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY
HAZARD MITIGATION GRANT PROGRAM
NOTICE OF INTEREST
DR-4353**

Please read the following instructions prior to completing the Notice of Interest (NOI) to participate in the DR-4353 'December 2017 California Wildfires' Hazard Mitigation Grant Program (HMGP). The NOI can be found [here](#). Accurate and complete answers are required to determine eligibility and expedite review. NOIs must be submitted electronically and each section must be answered in the space provided. Do not send any additional documents, they will not be considered during the NOI eligibility determination process. Please direct any questions regarding completion of the NOI to HMGP@caloes.ca.gov.

INTRODUCTION

Federal funding is provided under the Robert T. Stafford Emergency Assistance and Disaster Relief Act (Stafford Act) through the Federal Emergency Management Agency (FEMA) and the California Governor's Office of Emergency (Cal OES). Cal OES is responsible for the review of HMGP NOIs and applications. Cal OES forwards funding recommendations to FEMA based on these reviews. FEMA has final approval for activity eligibility and funding.

Hazard mitigation activities are aimed at reducing or eliminating future damages. Subgrant applicants must have a FEMA approved Local Hazard Mitigation Plan (LHMP) to submit an application for a project. Project activities must also be shown to be cost-effective using the FEMA-approved software which is available [here](#).

FEMA's Hazard Mitigation Assistance (HMA) guidance is available [here](#). This document provides guidance on applicant and activity eligibility as well as other requirements including performance period, funding limits, cost effectiveness, environmental review, and documentation minimums. Please review eligibility requirements before submitting an NOI.

Cal OES will review each NOI to determine if the activity described is eligible under DR-4353 HMGP. Subapplicants submitting an eligible NOI will be notified to submit an HMGP application. Cal OES may hold workshops to provide information and assistance in filling out the subapplication and preparing a benefit/cost analysis using the FEMA-approved software. Only those subapplicants who have received an approved NOI notification will be invited to attend the workshops.

NOTICE OF INTEREST FORM

All subrecipients are required to submit an NOI. The NOI must be received by Cal OES no later than 11:59 p.m. on March 15, 2018. An approved NOI is required for each subapplication submitted.

The following provides detailed guidance on completing the NOI form:

1.	Disaster #:	DR-4353 'December 2017 California Wildfires'
2.	Name of Person Completing NOI:	Provide the first and last name of the person completing the NOI.
3.	NOI Instructions have been reviewed and read:	By selecting yes, the person completing the NOI form certifies that he/she has read the NOI instruction materials.
4.	FIPS #:	Provide the Federal Identification Processing System number for the subapplicant. If the subapplicant does not have or know their FIPS number, contact Cal OES.
5.	DUNS #:	Provide the Data Universal Numbering System number for the subapplicant. If the subapplicant does not have or know their DUNS number, call Dunn & Bradstreet at 1-866-705-5711.
6.	Applicant Name:	Provide the name of the subapplicant applying for grant funds. Subapplicant names must be consistent with the FIPS#.
7.	Applicant Address:	Provide the mailing address for the subapplicant. Include city, county, state and zip code.
8.	Applicant Type:	Select one. Eligible applicants include state and local governments, federally recognized tribes, and special districts. If your entity does not fall into one of these categories, you are not eligible to apply for DR-4353 funding.
9.	Legislative Districts:	Provide <u>only the number</u> of the legislative districts listed. If the project site is located in a different district than the subapplicant address, please provide both.
10.	Authorized Applicant Agent:	The person(s) authorized by the subapplicant's governing body to act on behalf of the subapplicant to execute an application for the purpose of obtaining federal financial assistance. Provide the name of the person(s) that will serve in this position. Forms used to designate the AA will be provided upon grant approval. The AA will also be required to sign standard assurances to accept grant funds. Provide the first and last name, title, address, phone and fax numbers and e-mail address.
11.	Project Manager/Working Contact:	The person Cal OES will contact with questions and/or requests for information requests for information. Provide the first and last name, title, address, phone and fax numbers and e-mail address.
12.	Project Manager/Working Contact (Alternative):	The person Cal OES will contact with questions and/or requests for information when the primary contact is not available. Provide the first and last name, title, address, phone and fax numbers and e-mail address.
13.	Application Type:	Select one. Identify if your application describes a planning or project activity.
14.	Hazard Type:	Select one. Use Multi-Hazard for planning activities.
15.	Activity Type:	Select one. Cal OES will only accept NOIs describing eligible

		activities.
16.	Activity Title/Name:	Provide a name that clearly reflects the proposed activity. Cal OES recommends choosing a short and concise project title as it will be referenced in all correspondence between the subapplicant and the State. The name selected in the NOI must match the name used if a subapplication is submitted.
17.	Population:	<u>For planning applications only.</u>
18.	Activity Location:	Provide the Latitude and Longitude in degrees to six decimal places defining the activity location. If the activity involves more than one location, provide a Latitude and Longitude at the center of the proposed project area and a general description of the project area.
19.	Describe the problem to be mitigated:	Describe the need for this activity. The problem statement must: <ol style="list-style-type: none"> 1. Include a description of the hazard(s) being addressed, i.e. fire, flood, earthquake, etc. 2. Identify all risks to the facility that the proposed project will mitigate. 3. Refer to any studies or reports that have been prepared analyzing the risks to the facility being protected.
20.	Describe the scope of work:	The scope of work must include the following: <ol style="list-style-type: none"> 1. State the mitigation goals and objectives of the project. 2. Describe the project, to include: <ol style="list-style-type: none"> a. A statement of the effectiveness or level of protection. b. The proposed conceptual design, the means of implementation and the basic dimensions of the project and project area. c. A description of the properties, communities or populations that would directly benefit from the project. d. Identify if the project location(s) is in a floodplain. e. An explanation of how the proposed project will provide a long term and independent solution to the risk being mitigation.
21.	Performance Period:	Indicate the length of time needed to complete the activity in months. The performance period cannot exceed 36 months.
22.	Duplicate Programs:	Indicate if this activity is eligible for funding from another federal program such as the NRCS Emergency Watershed Protection Act, FEMA Public Assistance Program, or the US Department of Agriculture/Department of the Interior Healthy Forest Reform Act of 2002.
23.	Activity Costs:	Federal Share: The federal share for HMGP projects cannot exceed 75 percent of the total eligible project cost. For DR-4353, the maximum federal share for project

		<p>subapplications that can be requested is \$3,000,000 and is subject to change.</p> <p>For DR-4353, the maximum federal share for planning subapplications that can be requested is \$150,000 for single jurisdictional plans or other eligible planning activities or \$250,000 for multi-jurisdictional plans.</p> <p>Subapplicant Match: The subapplicant must provide a minimum of 25 percent of the total project cost. The subapplicant may over match the required 25 percent. The matching funds must be from a non-federal source and must be in place at the time of application submittal.</p> <p>Total Activity Cost: The total activity cost must equal the sum of the federal share and the subapplicant match.</p> <p>Identify the subapplicant’s source for the required 25 percent non-federal match.</p>
24.	LHMP Approval Date:	Identify the date the subapplicant’s Local Hazard Mitigation Plan (LHMP) was approved by FEMA. LHMP’s expire every five years. Subapplicants must have a FEMA-approved and adopted LHMP by the time FEMA is ready to obligate funds to any approved project.
25.	Local Hazard Mitigation Plan:	Provide a narrative that identifies how the proposed activity is consistent with the subapplicant’s FEMA approved LHMP. Also include a narrative that quantifies the criticality of the project with respect to the overall population of the community.

Subapplicants receiving notification that their NOI was approved may be invited to attend the workshops. Please direct any questions or comments to HMGP@caloes.ca.gov.