

**Fiscal Year 2020  
Tribal Emergency Management Performance Grant (EMPG) Program  
Notice of Interest (NOI)**

**Instructions:** Please complete all fields, answer all questions, and follow all instructions provided for this NOI. Failure to complete all fields will result in the NOI being disqualified.

**Applicant Information**

Please provide the following information:

<b>Grant Year and Program:</b>	Fiscal Year 2020 Tribal EMPG Program
<b>Tribe Name:</b>	
<b>Point of Contact's Name:</b>	
<b>Address:</b>	
<b>Telephone:</b>	
<b>E-Mail:</b>	
<b>FY 2020 EMPG Funds Requested:</b>	
<b>Dun and Bradstreet Number (DUNS#): DUNS # must be valid and active.</b>	
<b>Federally-Recognized Tribe Status (Yes/No):</b>	

By checking this box, the Applicant agrees that they are willing to accept less than their requested amount based on scoring, proposal selection, and the availability of grant funds.

**If partial grant funding can be accepted:**

Please identify, in whole dollars, the minimum amount of grant funding that will be accepted for this proposal in the box below. For example, if \$100,000 in EMPG is being requested, but the Applicant can accept a minimum of \$50,000 in EMPG for this proposal, enter the minimum dollar amount of \$50,000.

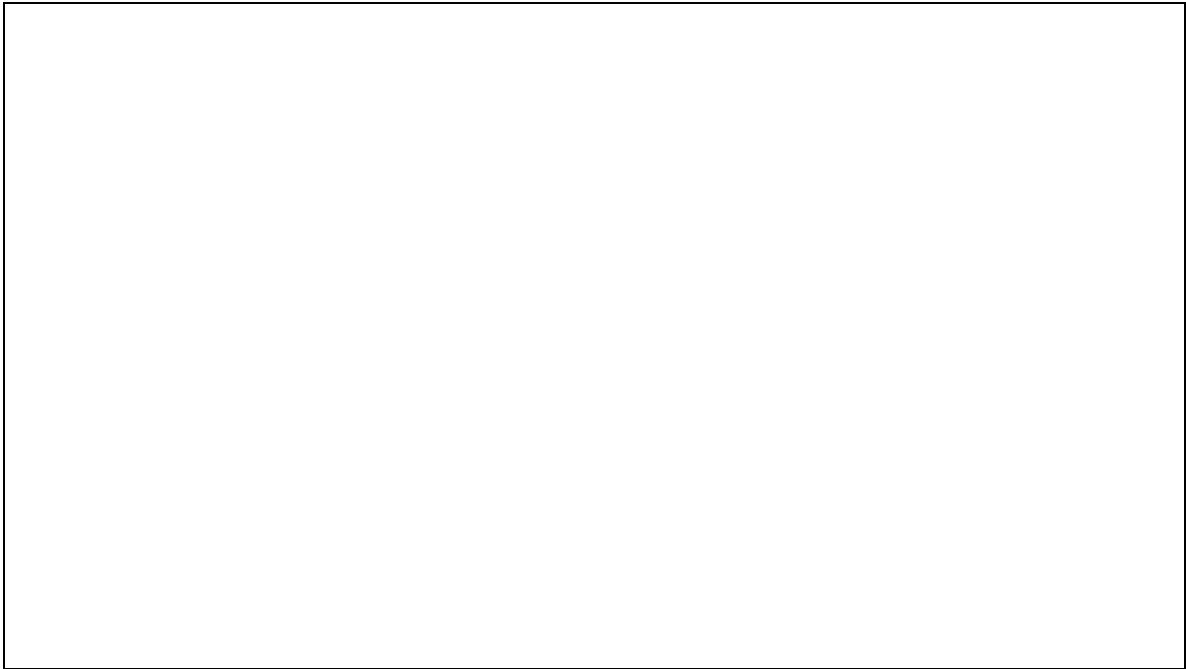
Minimum grant funding that will be accepted:

\$


**I. Describe the Tribe's current emergency management system (EMS) and how FY 2020 EMPG funding will help improve it. (10 points)**

**II. Describe the proposed project(s) and how each proposed project will fill critical emergency management gaps. (10 points)**

**III. Describe how the Tribe will meet the Program's 50% match requirement. (5 points)**



**IV. Describe how each proposed project(s) will be completed within the period of performance. Please provide a timeline with key milestones. (5 points)**



**V. Budget Detail. Provide a breakdown of all allowable costs, to include an itemized list of activities. Where applicable, provide a list of equipment to be purchased, including quantities, costs, Authorized Equipment List (AEL) numbers, and AEL titles. (5 points)**

<b>*Proposed Project</b>	<b>Description</b>	<b>Solution Area</b>	<b>Proposed Amount</b>
		Choose an item	\$
		Choose an item	\$
		Choose an item	\$
		Choose an item	\$
		Choose an item	\$
		Choose an item	\$
		Choose an item	\$
		Choose an item	\$
		Choose an item	\$
		Choose an item	\$
		Choose an item	\$
		<b>Grand Total of Proposed Grant Funded Project</b>	\$

*\*Provide additional attachment if necessary.*

Before submitting, please review your responses and ensure that they are complete. Submit the completed NOI, along with other required documents, via email to Yer Yang at [Yer.Yang@caloes.ca.gov](mailto:Yer.Yang@caloes.ca.gov)

**IMPORTANT NOTE:** Submissions received after the deadline of Friday, February 26, 2021, 5:00 PM PST will not be accepted and will be disqualified from continuing in the competitive application process. No exceptions can be made. Please plan accordingly.