

**Fiscal Year 2024  
Tribal Emergency Management Performance Grant (EMPG) Program  
Notice of Interest (NOI)**

**Instructions:** This NOI template must be used to be considered for funding. 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:

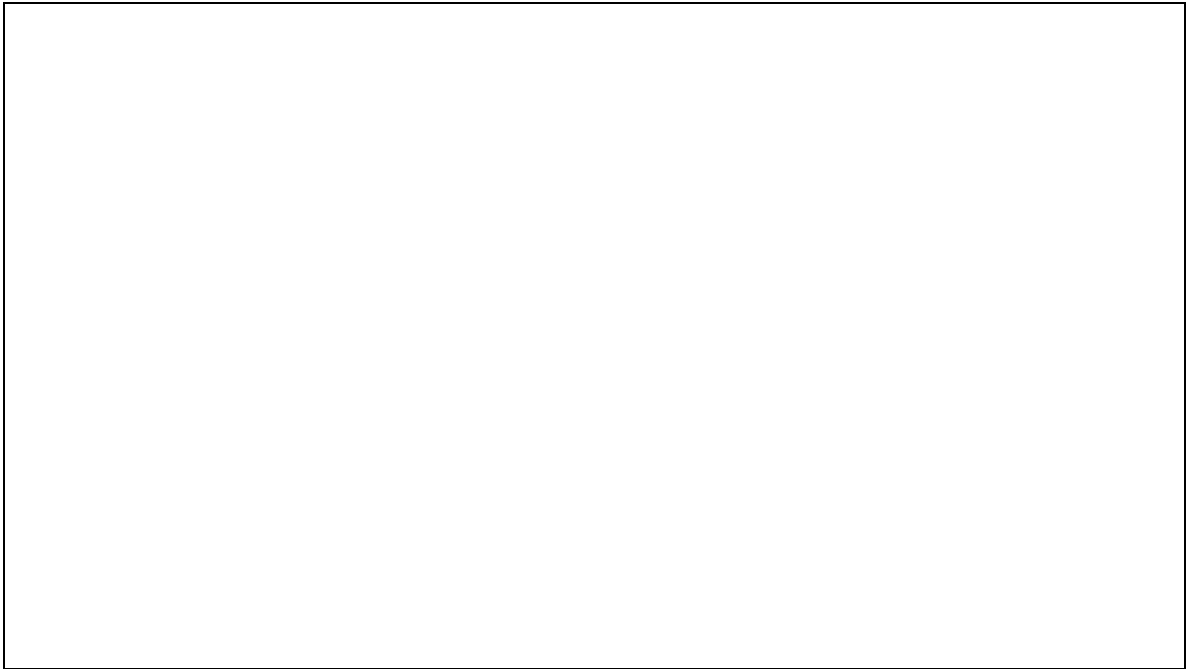
|   |                                      |
|---|--------------------------------------|
| <b>Grant Year and Program:</b>  | Fiscal Year 2024 Tribal EMPG Program |
| <b>California Federally-Recognized Tribe:</b>                             |                                      |
| <b>Tribal Chairperson:</b>  |                                      |
| <b>Tribal Chairperson Email:</b>  |                                      |
| <b>Point of Contact Name &amp; Title:</b>                                 |                                      |
| <b>Point of Contact Email:</b>  |                                      |
| <b>Mailing Address:<br/>(Include city &amp; ZIP Code +4)</b>              |                                      |
| <b>Telephone:</b>   |                                      |
| <b>FY 2024 EMPG Funds Requested:</b>                                      |                                      |
| <b>Unique Entity Identifier (UEI):<br/>UEI# must be valid and active.</b> |                                      |
| <b>Federal Employer ID Number (FEIN):</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.


**I. Describe the tribe's current emergency management system (EMS) and how FY 2024 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                                      | \$                     |
|                          |                    |   |                        |
|                          |                    | <b>Grand Total of Proposed Grant Funded Project</b> | \$                     |

*\*Provide additional attachment if necessary.*

**Funding History. If the tribe has received EMPG funding in the past, provide the funding year(s) and total funding received. (5 bonus points if no prior funding)**

|                                      |    |
|--------------------------------------|----|
| <b>EMPG Funding in the Past?</b>     |    |
| <b>Year(s) EMPG Funding Received</b> |    |
| <b>Total Funding Received</b>        | \$ |
| <b>Additional Information</b>        |    |

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

**IMPORTANT NOTE: Submissions received after the deadline of Wednesday, April 16, 2025, 11:59 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.**