

## Hazard Mitigation Assistance (BRIC, FMA, HMGP)

### NOTICE OF INTEREST (NOI)

All fields must be completed with valid input.

Control No. \_\_\_\_\_

(For OCD Hazard Mitigation Section Use Only)

**1. Grant Program:**     BRIC         FMA         HMGP

**2. This NOI is for a**     Project     Project Scoping     Planning  
(Please select one)

**3. Eligible Sub-applicant Type:**     State/Territory     GovGuam Agency     Others \_\_\_\_\_  
(Please specify)

**4. Hazard Type:**

- Drought
- Earthquake
- Fire
- Flood
- Heat Wave
- Multi-Hazard
- Typhoon
- Others \_\_\_\_\_ (Please specify)

**5. Mitigation Activity Type:**

- Acquisition
- Elevation
- Fire Resistant Materials
- Flood Control
- Non-Structural and Structural Retrofit
- Non-Structural Retrofit
- Planning
- Defensible Space
- Structural Retrofit
- Vegetation Management
- Others \_\_\_\_\_ (Please specify)
- Generators

**6. Does this activity incorporate climate resilient mitigation activities?**     Yes     No

Notice of Interest (NOI) Form for BRIC Grant, FMA Grant, and HMGP

**7. Activity Costs:**

Federal Requested Share (\$)

Applicant Cost Share (\$)

Total Activity Cost (\$)

**8. Have you completed a Benefit-Cost Analysis (BCA) using the most current FEMA BCA Toolkit version?**

Yes  No  N/A

Benefit (\$):

Cost (\$):

Ratio:

**9. Have the Cost Sharing Funds been secured?**

Yes  No

**10. Activity Title/Name:**

**11. Population:**

**12. Activity Location:**

Latitude:

Longitude:

**13. Sub-applicant Address:**

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**14. Name of Person Completing NOI: (Last, First)**

Email Address:

Phone Number:

15. Unique Entity Identifier (UEI):

**16. Project Site:**

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**17. Electronic Notification of NOI Status and Application Updates:**

OCD Hazard Mitigation Section will notify you of the NOI status following our review. Please provide us with the name and contact information of your staff for notification purposes. (If contact is the same as entered above, please re-enter the information below. This person will receive information and updates regarding the application process.)

Contact Person:

Name: (Last, First)

Email Address:

**18. Submission of NOI:**

Submit NOI via email to Amanda Blas, State Hazard Mitigation Officer, at [amanda.blas@ghs.guam.gov](mailto:amanda.blas@ghs.guam.gov) for review. Please ensure that you have filled out this form with as much details as possible. You may attach additional pages for entries immediately behind the page of the questions/fields they supplement as you feel necessary.