## Hazard Mitigation Notice of Intent Form

2024

ARKANSAS DIVISION OF EMERGENCY MANAGEMENT

Applicant Name:	UEI:	
Address:	County:	
Point of Contact:	Phone:	
Email Address:	GPS Coord:	
Project Title:	NOI Date:	

MITIGATION PLAN REQUIREMENT					
Yes: No:					
Plan approval date:					
Provide a detailed description of the project: (Attach additional documentation if necessary) Explain how the project reduces hazard risk to the jurisdiction: Have there been previous damages/repairs related to this project?					
irs Description					
List the specific area affected by the proposed project <i>(County/City/Subdivision/Street):</i> Number of individuals this project will protect: Does the project protect a critical facility? If yes, please explain:					

Please submit any preliminary drawings, site photos, H&H studies, Public Assistance worksheets, etc. that will support your scope of work.

## Disclaimer: This is not an application and does not constitute funding approval by ADEM or FEMA. DO NOT begin project without prior written approval.

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Name/Title (print) Must have authority to commit funds.	Authorized Official Email Address		
Signature	Date		

applicant.

Has an NOI for this project previously been submitted to ADEM that went unfunded?	Yes	No	
Date NOI was submitted:			
Does the community participate in the National Flood Insurance Program (NFIP)?	Yes	No	
All information in this Notice of Intent is true and correct and the document has been duly approved by the governing body of the			

COST SHARE				
Total Cost Estimate:				
	Dollars	Percentage		
Proposed State Share:				
Proposed Non-State Share:				

ADDITIONAL INFORMATION

COST ESTIMATE					
Item Name	Cost Estimate				
Total Cost Estimate:					

Please include all tasks necessary to implement this mitigation project, the duration for each task, and who will complete it. Description of Task Duration Work Completed By

WORK SCHEDULE