



ASA HUTCHINSON
GOVERNOR

STATE OF ARKANSAS
DEPARTMENT OF EMERGENCY MANAGEMENT



DAVID MAXWELL
DIRECTOR

**State 50/50 Hazard Mitigation Grant
Notice of Intent (NOI)**

Date: _____ Applicant Name: _____ County: _____
Address: _____ Point of Contact: _____
Phone: _____ Email Address: _____

Has an NOI for this project previously been submitted to ADEM that went unfunded? Y N Date: _____

Please check all community commitments to mitigation:

- National Flood Insurance Program
- Community Rating System (CRS)
- Fire Wise Community
- Storm Ready Community
- Additional Mitigation training: _____

Provide a description of the project: (Attach additional sheets if necessary)

List the specific area affected by the proposed project (County/City/Subdivision/Street):

Number of individuals this project will protect: _____ Total estimated cost of project: _____

Is local match available? (mandatory) _____ Local match amount: _____

All information in this Notice of Intent is true and correct and the document has been duly approved by the governing body of the applicant.

Name/Title (print) Must have authority to commit funds.

Signature

Date

Notes:

1. Current cost-match is 50% State and 50% local.
2. Generators, sirens, and warning systems are not eligible.

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