

## BRIC HAZARD MITIGATION GRANT PROGRAM PRE-APPLICATION

This pre-application must be completed and submitted to the Indiana Department of Homeland Security's Mitigation Section by **4 p.m. EDT September 17, 2021**. Please include with this pre-application a signed Letter of Intent from the sub-applicant confirming their interest in submitting a project sub-application, and the sub-applicant's understanding and ability to meet the required 25 percent local financial match. Please also include any supporting documentation for this pre-application, such as maps, drawings, studies or cost estimates.

Please note the submission of this pre-application and supporting documentation is **not a guarantee** of selection to move forward with a full project sub-application. IDHS Mitigation will review all submitted pre-applications and notify each sub-applicant of their approval/denial to move forward with a full project sub-application in the FEMA GO grant application system.

**Note:** Fields marked with an asterisk are required.

### SUB-APPLICANT INFORMATION

*Name of Sub-Applicant
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### POINT OF CONTACT INFORMATION

*First name
*Last name
*Title
*Agency/Organization
*Address 1
Address 2
*City
*State
*Zip code
*Phone number
*Email

## COMMUNITY INFORMATION

\*Does the sub-applicant's county have a current, FEMA-approved, multi-hazard mitigation plan?

Yes  No

\*Has the sub-applicant adopted their county's multi-hazard mitigation plan?

Yes  No

\*Is this proposed project identified in the sub-applicant county's multi-hazard mitigation plan?

Yes  No  If yes, please include section/page number \_\_\_\_\_

## PROJECT INFORMATION

*Type of project (i.e., acquisition, safe room, etc.)	
*Location of project	

\*Detailed description of the project (please include any plans/drawings/maps, etc. if applicable)

\*Description of any alternatives under consideration

\*Describe how this project will mitigate risk to at least one of the FEMA Community Lifelines  
<https://www.fema.gov/emergency-managers/practitioners/lifelines>

## FINANCIAL INFORMATION

\*Total estimated budget

\*Sources and amounts of matching funds (must provide at least 25 percent financial match)

\*Please provide details on how the budget was determined.

\*Signed by \_\_\_\_\_ \*Date \_\_\_\_\_