Hazard Mitigation Grant Program (HMGP)
Pre-Application/Notice of Intent

FEMA - _____ - DR- _____

Applicant: _____ **Date:** _____

Point of Contact: _____ **Phone:** _____

Address: _____

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_____

Project Title: _____

Project Location: _____

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Brief Project Description: _____

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Estimated Total Cost: _____

If this project meets the minimum requirements, please send HMGP sub-grant application materials to the point of contact at the address above.

_____ _____

Signature *Date*

_____ _____

Name (typed or printed) *Title*