

**New York State Office of Emergency Management
Hazard Mitigation Grant Program (HMGP) Letter of Intent (LOI)
Combined HMGP-1957-1993-4020-4031**

The New York State Office of Emergency Management (State OEM) has combined its HMGP grant cycles for disaster declarations 1957, 1993, 4020 and 4031. You must use this Letter of Intent (LOI) to request assistance: previous LOI forms and letter requests will not be considered. All requested information must be provided. Questions? Visit www.dhSES.ny.gov/oem/mitigation/ or call 518-292-2304.

ALL PLANNING: Use this LOI if you want to create or update a hazard mitigation plan, or work to integrate your community into an existing regional or county-wide hazard mitigation plan.

The State will give preference to requests that will create or update county-wide plans, or will bring communities currently without a plan (or with a single-jurisdiction plan) under the umbrella of a larger regional or county-wide effort.

Use one LOI for each Planning proposal. (Acquisition, Elevation, and All Other Project Type grants require different LOIs.) Review the appropriate deadline in the Notice of Availability of Funds and submit early. LOIs without all required information (12 asterisks below) will be returned. Those not processed may be considered in future grant rounds.

1. Authorized Point of Contact:

*Name: _____

*Applicant/Organization: _____

*Address: _____

*Phone & Fax: _____

*E-mail: _____

2. Name of current/lapsed FEMA-approved All Hazards Mitigation Plan:

_____ Date of Local Adoption: _____

3. *Planning Process Information:

On a separate sheet provide a description of the planning process to be used in creating or updating the plan, including the jurisdictions to be covered, how stakeholders will be identified and public participation encouraged, and who will be responsible for completing each step and how long they will take. Acknowledge your familiarity with FEMA's July 1, 2008 "Local Multi-Hazard Mitigation Planning Assistance" (www.fema.gov/library/viewRecord.do?id=3336).

4. *Estimated plan cost: \$ _____ *Recent community damages: \$ _____

5. I certify that I am an applicant or an applicant's authorized point of contact, that I understand the local share of funding will be at least 25% of final plan cost, and that applicants must certify that all funding is available when they submit an application.

*Signed: _____ *Date: _____

*Name (print): _____ *Title: _____