**Notice of Interest (NOI) Instructions**

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| **Documents to accompany NOI’s:**  **NOIs are reviewed and scored in order to determine selection for application development. Providing more information in the NOI could improve the overall score.**  ***NOT AUTHORIZED:***   * BRIDGE REPLACMENTS OR BRIDGE REPAIRS for State or Federal roads. * CONSTRUCTION OF A LEVEE, RAISING, OR REPAIRS * ELEVATIONS * RESIDENTIAL SAFE ROOMS   **All NOIs MUST include:**   * FIRM with location of project marked * The County Local Hazard Mitigation Plan Adoption Resolution * Line Item Budget-just an estimate if obtainable (attach an additional document) * Attach or speak to where the cost estimate quote was received. (i.e. Company, A/E, etc.) * \*\*Clear explanation of the work * Address including Latitude & Longitude * \*\*\*Must have a current local hazard mitigation plan\*\*\* - Jurisdiction must have this project’s action item for this project and Jurisdiction must have adopted the plan. The project will not be eligible if the action item is not included within the County’s Hazard Mitigation Plan. Please contact your Regional Planning Commission or Council of Governments to amend plan. * Buyouts do not need a FEMA Benefit Cost Analysis if the property/acquisition is below $360,000.00. (See FEMA Memorandum: Cost Effectiveness Determination for Acquisition and Elevations in Special Flood Hazard Areas.) **Note:** Missouri will not do elevation projects. This is a preventative measure to keep all structures out of the floodplain. * Keep in mind, the budget you enter will be the budget SEMA will **need** to adhere to for FEMA funding. There is a **SET** budget amount in the HMGP funding source. **If budgets come in higher during application development (if chosen) then this can cause a PROBLEM. This will only apply to HMGP and BRIC State Allocation budgets.** * **Site grading, Landscaping/site restoration, berm, & clearing** all require a FEMA Benefit Cost Analysis (BCA) 1.0 or greater to be turned in with NOI. These types of projects are hard to get the BCA to come out to a 1.0 or greater and we will need to justify the rating selection and consideration. * **LWC, Culverts**, etc. - BCA, H & H Study (at least an analysis) Each LWC should be on separate NOIs unless one culvert is dependent on another. **It is recommended to include pictures**. * **Economically disadvantaged rural community** is a community of 3,000 or fewer individuals identified by the Applicant that is economically disadvantaged, with residents having an average per capita annual income not exceeding 80 percent of the national per capita income, based on best available data. **Provide the information and source. Federal share 90 percent and 10 percent non-federal.** * **Storm Data:** Can be retrieved from NOAA/NCEI [Storm Events Database | National Centers for Environmental Information (noaa.gov)](https://www.ncdc.noaa.gov/stormevents/)   **Note:** Award consideration will be based on compliance of target population vs. size of the safe room. Safe room size must be in accordance to FEMA 361 Guidance (4th ed.).  ***Please do not send us the County’s Hazard Mitigation Plan.*** |

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| **Documents to accompany NOI’s:**  **Type of project that will not work for BRIC unless consider under State Allocated:**   * **Sirens. The FEMA BCA will not come out to a 1.0 or higher in order to be eligible. This type of project would only work for coastal areas.** * **Generators for a small facility. If the facility is large such as a hospital could possibly not need a BCA depending on if the total cost of the project is less than or equal to the pre—calculated benefits.**   See “Pre-Calculated Benefits for Certain Hospital Generators to Demonstrate Cost-Effectives” memo by FEMA (9/29/2021) The pre-calculated benefits for a hospital generator project are $6.95 per hospital building gross square footage (BGSF) in urban areas and $12.62 per hospital BGSF in rural areas.8 For purposes of this pre-calculated benefit, “urban” is defined as any location within an urbanized area as defined by the U.S. Census Bureau.9 “Rural” is defined as any location outside of an urbanized area (including urban clusters). Furthermore, all locations in Alaska, Hawaii, Puerto Rico, the U.S. Virgin Islands, and other island territories are considered rural for the purposes of this pre-calculated benefit. The applicant or subapplicant must use the address or latitude/longitude of the hospital to determine urban/rural status; this designation cannot be applied county-wide or across Metropolitan Statistical Areas. |

(This is NOT an Application - An NOI is considered valid for two years from date of submission.)

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| Interested Subapplicant Information | | | | | | | |
| **Date: County:** | | | | | | | |
| **Name of Interested Subapplicant:** | | | | | | | |
| Congressional District: | | | | | | | |
| Type of Interested Subapplicant: | | | | | | | |
| State Tax Number: | | | | | | | |
| Federal Tax Number: | | | | | | | |
| Federal Employer Identification Number (EIN): | | | | | | | |
| UEI Number: | | | | | | | |
| NFIP Member Currently in Good Standing? | | | | | | | |
| Years in NFIP: | | | | | | | |
| NFIP Identification Number: | | | | | | | |
| Delinquent on any Federal debt? | | | | | | | |
| Economically disadvantaged, rural community? | | | | | | | |
| Point of Contact Information | | | | | | | |
| Title | | | | | | | |
| First-Last Name | | | | | | | |
| Agency/Organization | | | | | | | |
| Address 1 | | | | | | | |
| Address 2 | | | | | | | |
| City/State & ZIP | | | | | | | |
| Phone | | | | | | | |
| Email | | | | | | | |
| Alternate Point of Contact Information | | | | | | | |
| Title | | | | | | | |
| First-Last Name | | | | | | | |
| Agency/Organization | | | | | | | |
| Address 1 | | | | | | | |
| Address 2 | | | | | | | |
| City/State & ZIP | | | | | | | |
| Phone | | | | | | | |
| Email | | | | | | | |
| Mitigation Plan Information | | | | | | | |
| Has your community adopted a FEMA-approved local hazard mitigation plan (HMP)? | | | | | | | |
| What is the name of the plan? | | | | | | | |
| *\*\*The proposed project type must be addressed in local hazard mitigation plan in order to be eligible.* | | | | | | | |
| Where in the plan is this mitigation goal/action project type located (section/page)? | | | | | | | |
| What date was the mitigation plan approved by FEMA and what is the expiration date of plan? | | | | | | | |
| Mitigation Project/Plan Information | | | | | | | |
| What type of project/plan are you proposing? | | | | | | | |
| Title of your proposed project/plan:  If project is a safe room, please specify any multi-purpose use (e.g. gym, classroom): | | | | | | | |
| **What is the community/jurisdiction population?**  Does your community/jurisdiction have a project manager or will the service be contracted? If requesting **Project Management** (*up to 5% of other project costs*) has **Project Management** been included in the *Total Estimate Cost* of the Project below? (*Project Mgt. is strictly for that person managing the project*.) Requesting Project Mgt. is not required. | | | | | | | |
| Please describe the proposed project/plan below. Address who benefits, why, what is the project, be specific.   * Please provide a cost estimate and details of the estimate. * If the proposed project is an Earthquake Seismic Retrofit, please provide the estimated target population of building, who it will protect. Include the usable square footage/gross square footage. * Must include a FIRM to confirm project is not in a flood zone. | | | | | | | |
| Project/Plan Cost Estimate & Match | | | | | | | |
| Total Project/Plan Cost Estimate | | | | $ | | | |
| Federal Share Percentage | | | | 75.0% - $ | | | |
| Non-Federal Share Percentage | | | | 25.0% - $ | | | |
| **Only If Economically Disadvantaged Rural Community:** | | | | Dollars | | | Percentage |
| Proposed Federal Share | | | | $ | | | 90% |
| Proposed Non-Federal Share | | | | $ | | | 10% |
| **Matching Funds** | | | | | | | |
| Name of Source of Non-Federal Match | | | Funding Type | | | Amount ($) | |
|  | | |  | | |  | |
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| Estimated Summary History of Past Damages Project Will Prevent in the Future | | | | | | | |
| \*Date | \*Event | \*Description of Damage | | | \*Amount of Damage | | |
|  |  |  | | |  | | |
|  |  |  | | |  | | |
|  |  |  | | |  | | |
| \***Total Amount of Damage** | | | | | $ | | |

**Completed NOI can be submitted via e-mail to Haley Campbell, Deputy State Hazard Mitigation Officer,** [**Haley.Campbell@sema.dps.mo.gov**](mailto:Haley.Campbell@sema.dps.mo.gov) **or Courtney Zimmerman, State Hazard Mitigation Specialist,** [**Courtney.Zimmerman@sema.dps.mo.gov**](mailto:Courtney.Zimmerman@sema.dps.mo.gov)