

Pre-Application Form for the Hazard Mitigation Grant Program

Instructions:

1. Entire pre-application form must be completed in order to be considered for federal funding.
2. If you have any questions during the pre-application phase, please contact Sam Al-Basha, the Illinois State Hazard Mitigation Officer at Sam.m.Al-Basha@illinois.gov or (217) 785-9942
3. The deadline to submit your pre-application form to the Illinois Emergency Management Agency (IEMA) is February 7, 2020 at 5:00 pm CST. Forms submitted after this time will not be accepted.
4. Send your complete pre-applications to Sam Al-Basha at Sam.m.Al-Basha@illinois.gov or:

Sam Al-Basha, State Hazard Mitigation Officer
Illinois Emergency Management Agency
1035 Outer Park
Springfield, IL 62704-4462

5. Submission of this form does not guarantee federal funding. All pre-applications will be evaluated by IEMA to determine the most appropriate use of funding.

Part I

Applicant Information

* Name of Applicant

Point of Contact Information

* First Name

* Last Name

Title

* Agency/Organization

* Address 1

Address 2

* City

* State

* ZIP

* Phone

Fax

* Email

Note: Fields marked with an * are required.

Part II

County Information

* Does your community have a local mitigation plan? Yes No

* Date of the last completed local mitigation plan?

Enter date completed

Enter date expired

* Scope of Work *

* To develop an approved and adopted DMA2K Hazard Mitigation Plan.

* Components of this plan must include, but are not limited to:

* Identify actions for risk reduction that are agreed upon by stakeholders and the public
increase education and awareness regarding threats, hazards and vulnerabilities

* Build partnership for risk reduction involving government, organizations, businesses and the public
identify long-term, broadly-supported strategies for risk reduction

* Align risk reduction with other state, tribal or community objectives
identify implementation approaches that focus resources on the greatest risks and vulnerabilities, and

* Communicate priorities to potential sources of funding.

* Total estimated cost

* Narrative to support total estimated cost (please include or attach a detailed budget)

* Source of matching funds

Signed by (Name/Date)

