



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 November 15, 2024**. 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% 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:

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)

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*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	
*Total estimated federal match (75%)	
*Total estimated local match (25%)	

*Sources and amounts of matching funds (must provide at least 25% financial match)
*Provide details on how the budget was determined

Signed by:

Date: