

## **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](mailto: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](mailto: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)

