

**ALABAMA EMERGENCY MANAGEMENT AGENCY  
LETTER OF INTENT  
HAZARD MITIGATION GRANT PROGRAM (HMGP)  
FEMA-4503-DR**

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The purpose of this form is to establish your community's interest in the HMGP and to identify projects that are priority for your jurisdiction to reduce or eliminate future emergency or disaster costs. One LOI should be submitted for each project. **DUE No LATER THAN: February 4, 2022.**

**(This is NOT the Public Assistance permanent repair and restoration program)**

**NAME/ADDRESS OF JURISDICTION:**

**BASIS OF ELIGIBILITY:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ State Gov't    \_\_\_\_ Indian Tribe  
\_\_\_\_ Local Gov't    \_\_\_\_ Other  
\_\_\_\_ Special Purpose District  
\_\_\_\_ Private Non-profit Organization

**COUNTY OF JURISDICTION:** \_\_\_\_\_

**POINT OF CONTACT:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**(PLEASE Do Not Include projects that were covered under the Public Assistance permanent Repair and restoration section of the Disaster Relief Act)**

1. **Brief Description of Problem:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **Brief Description of Project:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **Is the project consistent with your Local Hazard Mitigation Plan risk assessment, goals and actions?**  
Yes  No  **Identify its location in plan by page and section.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **Identification of Benefits:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. **Estimation of Cost:** \_\_\_\_\_

6. **Source of Local Share:** \_\_\_\_\_

**Please Return Form To: [mitigation@ema.alabama.gov](mailto:mitigation@ema.alabama.gov)**

**ALABAMA EMERGENCY MANAGEMENT AGENCY  
MASTER LETTER OF INTENT  
HAZARD MITIGATION GRANT PROGRAM (HMGP)  
FEMA-4503-DR**

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The purpose of this form is to rank your county's HMGP projects in priority order.

1. Applicant: \_\_\_\_\_ Project Type: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

2. Applicant: \_\_\_\_\_ Project Type: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

3. Applicant: \_\_\_\_\_ Project Type: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

4. Applicant: \_\_\_\_\_ Project Type: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

5. Applicant: \_\_\_\_\_ Project Type: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

County EMA Director's Signature: \_\_\_\_\_

Please attach meeting minutes, if possible. You may use additional sheets, as necessary.

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