



Mitigation Interest Survey

Local Government or Organization

Local Government or Organization Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Email Address _____

Project Address _____

City _____ State _____ Zip _____

Parcel Number _____

Brief Description of Past Disaster Impacts _____

List Project type _____

Has your organization participated in mitigation programs in the past for the property seeking mitigation funding? Yes _____ No _____

Potential Grant Program _____
(to be completed by EMA Planning & Grants Division Manager)

Does the organization have Flood Insurance? Yes _____ No _____