

**ALABAMA EMERGENCY MANAGEMENT AGENCY  
LETTER OF INTENT  
UNIFIED HAZARD MITIGATION ASSISTANCE GRANT PROGRAMS**

**The purpose of this form is to establish your community's interest in the Unified Hazard Mitigation Assistance Grant Programs and to identify projects that are priority for your jurisdiction to reduce or eliminate future emergency or disaster costs.**

**(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:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. **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:**

**Debbie Peery, State Hazard Mitigation Officer  
Alabama Emergency Management Agency  
P. O. Drawer 2160  
Clanton, Alabama 35046-2160  
Phone: (205) 280-2476    Fax Number: (205) 280-2493**