

## COMMONWEALTH OF KENTUCKY DEPARTMENT OF MILITARY AFFAIRS

### KENTUCKY EMERGENCY MANAGEMENT



BOONE NATIONAL GUARD CENTER FRANKFORT KY 40601-6168

# SEVERE REPETITIVE LOSS GRANT PROGRAM (SRL) PRE-APPLICATION/LETTER OF INTENT

This pre-application supports the Federal Emergency Management Agency (FEMA) Severe Repetitive Loss Grant Program (SRL). Please complete this cover sheet and then attach the appropriate completed project worksheet. If you have any questions or need additional information please contact Ms. Crain at the information presented below.

Submit the total packet by February 19, 2008 to:	H. Camille Crain, State Hazard Mitigation Officer Kentucky Division of Emergency Management 1121 Louisville Road, Building 1B Frankfort, Kentucky 40601-6168 Email: heather.crain@us.army.mil Telephone: 502-607-5768 Fax: 502-607-5740
Community or Agency Name:	
Point of Contact	Title:
Agency or Office:	
Address:	
Telephone Number:	
Fax Number:	
Email Address:	
Project Type:  Acquisition/Demolition (attach page 2)  Acquisition/Relocation (attach page 2)  Structure Elevation (attach page 2)  Drainage (attach page 3)	Community NFIP Status:  Participating Community ID # In Good Standing Sanctioned Non Participating Community Mapped Floodplain (FEMA) Unmapped Floodplain (FEMA) CRS Participant Community Rating Number #
Local Hazard Mitigation Plan:  1. Is your community part of a FEMA approved Ha  2. Does project(s) address mitigation measure(s) of	
Signature:	Date:



#### PRE-APPLICATION/NOTICE OF INTENT

#### Acquisition//Relocation/Structure Elevation Project Worksheet

Describe the problem your community is encountering in the location of the proposed project.

Describe the proposed solution to this problem. Please include in this description the location of your community's project. A map of the project area must also be included in pre-application packet. Identify if any of your proposed project is located in a mapped floodplain or floodway. Please provide flood zone designation type or FIRM Community Panel Number or Map.

Describe why your community has chosen to submit this project. How was the project idea initiated?

List the proposed properties to be included in this project:

Address	Owners	Floodzone	Action (acquisition, relocation, elevation)	Estimated Fair Market Value (acquisition) Estimated Cost to Relocate Structure (relocation) Estimated Cost to Elevate (elevation)
Total Estir	nated Cost			

Provide estimated budget for this project. Include all applicable items listed and any additional items that may be specific to your project.

Item	# of Structures	Cost per Structure	Total Cost
Estimated Fair Market Value of Structures		N/A	Total from above
Estimated Cost to Relocate Structures		N/A	Total from above
Estimated Cost to Elevate Structures		N/A	Total from above
Appraisals			
Surveys			
Closing Costs			
Asbestos Testing			
Asbestos Abatement			
Demolition			
Landfill Fees			
Renter Relocation		\$5,250	
Total Estimated Project Cost			

Provide funding sources and estimated amounts for this project. *The source of the Local Match must be explained.* (i.e., local funds, in-kind contributions of services or materials, other outside grants, etc.)

Funding Type	Funding Source	Funding Percentage	Estimated Funding Amount
Federal	Federal	90%	
Local		10%	
Total Cost		100%	

#### PRE-APPLICATION/NOTICE OF INTENT

#### **Drainage Project Worksheet**

Describe the problem your community is encountering in the location of the proposed project.

Describe the proposed solution to this problem. Please include in this description the location of your community's project. A map of the project area must also be included in pre-application packet. Identify if any of your proposed project is located in a mapped floodplain or floodway. Please provide flood zone designation type or FIRM Community Panel Number or Map.

Describe any engineering or hydrological studies that have been done that are directly related to this project.

Describe why your community has chosen to submit this project. How was the project idea initiated?

Provide estimated budget for this project. Include all applicable items listed and any additional items that may be specific to your project. Please note that the costs of any studies, design, or work completed before the approval of an official application are not eligible expenses.

Item	Cost
Estimated Cost of Engineering Study (if needed)	
Estimated Cost of Engineering Design (if needed)	
Estimated Construction Cost	
Total Estimated Project Cost	

Provide funding sources and estimated amounts for this project. *The source of the Local Match must be explained.* (i.e., local funds, in-kind contributions of services or materials, other outside grants, etc.)

Funding Type	Funding Source	Funding Percentage	Estimated Funding Amount
Federal	Federal	90%	
Local		10%	
Total Cost		100%	