

HAZARD MITIGATION GRANT PROGRAM NOTICE OF INTEREST

Control No:

All fields must be completed with valid input
Click on Links for Help

1. Disaster #:

DR-4353

2. Name of Person Completing NOI:

Haley Dodson

3. NOI Instructions have been received and read:

Yes No

4. Federal Information Processing Number (FIPS #):

079-240A1 nnn-nnnnn

5. Data Universal Numbering System (DUNS #):

057578221 nnnnnnnnn

6. Applicant Name:

Cambria Community Services District

7. Applicant Address:

P.O. Box 65

City: Cambria

State: California Zip Code: 93428

Project Location: San Luis Obispo ▼

8. Applicant Type:

City County State Private Non-Profit Special District Tribal

EIN (For Private Non-Profits):

9. Legislative Districts:

Applicant

Project Site

State Assembly: 35
State Senate: 17
U.S. Congressional District: 24

35
17
24

10. Authorized Applicant Agent:

First Name: Jerry

Title: General Manager

Address: P.O. Box 65

City: Cambria

Last Name: Gruber Salutation: Mr.

State: California Zip Code: 9342

Phone: 805 - 927 - 6230 Ext: 130

Fax #: 805 - 927 - 5584

E-Mail Address: jgruber@cambriacsd.org

11. Project Manager/Working Contact:

First Name: Bob

Title: District Engineer

Address: P.O. Box 65

City: Cambria

Last Name: Gresens Salutation: Mr.

State: California Zip Code: 9342

Phone: 805 - 927 - 6119 Ext: 119

Fax #:

805 - 927 - 5584

E-Mail Address: bgresens@cambriacsd.org

12. Project Manager/Working Contact (Alternate):

First Name: Haley
Title: Confidential Administrative Assistant
Address: P.O. Box 65
City: Cambria
Phone: 805 - 927 - 6235 Ext: 135
Fax #: 805 - 927 - 5584
E-Mail Address: hdodson@cambriacsd.org

Last Name: Dodson
Salutation: Ms.
State: California
Zip Code: 9342

13. ApplicationType: Project Planning 5% Activity

14 Hazard Type: Earthquake

15. Activity Type: Non-Structural and Structural Retrofit

16. Activity Title/Name: Seismic Study and Vulnerability Study and Mitigation

17. Population (Planning Activities Only):

18. Activity Location: Cambria Community Services District

Latitude & Longitude: 35.563278 -121.090789 E.g,34.324862 -120.345677

19. Describe the problem to be mitigated: Minimize the level of damage and losses to people, existing and future critical facilities and infrastructure due to geological events (earthquakes and landslides). Enhance the ability of community assets, particularly critical facilities, to survive the impacts of a significant earthquake. Both direct and indirect consequences of a major earthquake will severely stress the resources of the both Districts and the County and will require a high level of self-help, coordination and cooperation. Outside

20. Describe the scope of work: infrastructure to earthquake/mudslide. This includes all public buildings and facilities state and locally owned. Included will be a study of the vulnerability of the community water and wastewater infrastructure and provide a plan to mitigate and prevent damage to this infrastructure due to earthquake and/or mudslide. As hazards are identified, funds will be used to repair structures as needed. We are aware that the Leimert Water Tanks, the Wastewater Plant, and Veterans Hall are all structures needing

21. Performance Period: 36 Months

22. Duplicate Programs:

Is this activity eligible for funding from another federal program such as the NRCS Emergency Watershed Protection Act, FEMA Public Assistance Program, and the US Department of Agriculture/Department of the Interior Healthy Forest Restoration Act of 2002?

Yes No Uncertain

If yes, identify the program and the Disaster Survey Report, Project Worksheet, or application number(s).

[Empty text box for identifying programs and reports]

23. Activity Costs:

Federal Requested Share: \$ 60,000
Applicant Match: \$ 20,000
Total Activity Cost: \$ 80,000

Source of 25% non-federal match:

General Funds

24. LHMP Approval Date: February 7, 2018

25. Local Hazard Mitigation Plan:

Provide a narrative that identifies how the proposed project activity is in conformance with your FEMA-approved Local Hazard Mitigation Plan (LHMP). Any references to the LHMP must include the page number and/or section.

The approved LHMP specifically cites the Earthquake as a high risk to the community both in severity and probability. Hazard: Earthquake section of the LHMP pages 54 through 66.

Electronic Notification of NOI Status, Workshops, and Application Updates

The Hazard Mitigation Grant Program will provide immediate notification of your NOI status following our review. Please provide us with the contact information for 1 of your staff.

(If the contact is the same as entered above, please reenter the information below. This person will receive information about workshops and updates regarding the application process.)

Contact Person:

Name: (Last, First)

Gresens, Bob

Email Address:

bgresens@cambriacsd.org

**NOTE: Please print this form before clicking the *Submit NOI* button below.
You will not be able to print the NOI once you have pressed the *Submit NOI* button.
You will receive a project control number once you click on submit button. Please retain this number and include it in any correspondence with Cal OES regarding your project.**

Submit NOI

(FYI: Pressing the Submit NOI button will save and submit your NOI to the Governor's Office of Emergency Services for Approval. Please ensure that you have filled out this form with as much detail as possible.)