## HAZARD MITIGATION GRANT PROGRAM NOTICE OF INTEREST

# **Control No:**

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

<u>1. Disaster #:</u>	🖲 DR-4	353					
2. Name of Perso Completing NOI:		odson					
3. NOI Instruction have been receiv and read:		O No					
<u>4. Federal</u> Information Processing Number (FIPS #)	079-240	A1	nnn-nnnnn				
5. Data Universal Numbering Syste (DUNS #):	0575782	221	nnnnnnnn				
6. Applicant Nam	e: Cambria	Communit	y Services Distri	t			
7. Applicant Address:	P.O. Box	c 65					
City:	Cambria	1		St	ate: California	Zip 93428 Code:	
Project Location	1: San Luis	s Obispo 🔻					
8. Applicant Type	<u>):</u>	City	County 🔲 State	Private Non-Profit Spece	cial District 🔲 Tri	bal	
EIN (For Private Profits): 9. Legislative Dis							
			olicant		Project Site		
State Asse	-	5		35			
State Sena	ate: 17	7		17			
	ressional 24	4		24			
District:							
10. Authorized A	pplicant Age	ent:					
First Jerry				Last Grul	ber	Salutation	ו: Mr.
Name:				Name:			
	al Manager	•					
Address: P.O. B	ox 65						
City: Camb	ria				ornia	Zip Code	9342
Phone: 805	007	<u> </u>		State:			
	- 927	- 6230	Ext:				
	- 927	- 5584					
EMail jgrube Address:	er@cambria	csd.org					
11. Project Mana	aer/Working	Contact:					
First Williar		oomact.	]	Last Holl	ingsworth	Salutation	n: Mr.
Name:				Name:	<u> </u>		
Title: Fire C							
Address: 2850 I	<b>Burton Drive</b>	е					
City: Camb	ria			Calif	ornia	Zip Code	9342
·				State:			L
Phone: 805	- 927	- 6240	Ext: 311				
Fax #:							

3/12/2018	Califo	ornia Emergency Management Agency	- Notitice of Interest Application	
	805 - 927 - 6242			
EMail	whollingsworth@cambriacsd.org	)		
Address				
<u>12. Proje</u> First Name:	<u>ct Manager/Working Contact (Alterna</u> Haley	<u>ate):</u>	Last Dodson Name:	Salutation: Ms.
Title:	Confidential Administrative Assis	stant	Name.	
Address	<sup>:</sup> P.O. Box 65			
City:	Cambria		California	Zip Code: 9342
Phone:	805 - 927 - 6235 E	xt:	State:	
Fax #:	805 - 927 - 5584			
EMail	hdodson@cambriacsd.org			
Address	:			
<u>13. Appli</u>	<u>cationType:</u> ● Project ○ Planr	ning – 5% Activity		
<u>14 Hazar</u>	d Type: Fire ▼			
<u>15. Activ</u>	Ity Type: Defensible Space	▼		
<u>16. Activ</u>	ity Title/Name: Fuel Reduction - Ca	ambria Pines Road Corridor		
<u>17. Popu</u> (Planning Only):	lation g Activities			
18. Activi				
	a Pines Road corridor, East uckley Drive, about about 2		rom Highway	
	, ,			
			1	
Latitude Longitud		-121.10459	E.g,34.324862 -120.345677	
10 Dece	ribe the problem to be mitigated.			
	<u>ribe the problem to be mitigated:</u> mbria Community is situated	I in the middle of a fores	st with	
Monter	ey Pine and Oak trees predo	minate. The intermixing	of	
	is typical of a urban wild ll lots directly next to fo		nouses	
penetr	ating the housing area. Th	ough efforts to provide f		
	reaks have been on-going th o resources available outsi			
condit	ions of the last 5 years ha	increased the available	e fuel as //	
20. Desci	ribe the scope of work:			
Dead a	nd dying trees will be clea			
	s on the forest floor. Add f it with high oil content			
A fire	/fuel break will be created	, in most cases a shaded	break, to	
	the growth of a wild fire. ly disposed of locally.	All debris will be chip	opea and	
	, ,			
			//	

21. Performance Period:	36

#### 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).

			1

#### 23. Activity Costs:

Federal			
Requested Share:	\$	60,000	
Applicant Match:	\$	20,000	
Total Activity Cost:	\$	80,000	
Source of 25% nor	n-fe	ederal match:	
General Funds			

24. LHMP Approval Date:	February 7, 2018
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#### 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 fire break work as key to				
mitigating the most highly rated hazard, wild fire, to the Cambria	1			
Community. Hazard: Wild Fire section of the LHMP pages 90 through 103.	I			

### 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)	
Hollingsworth, William	
Email Address:	
whollingsworth@cambriacsd.org	

#### Created on 03/12/2018 08:49:10 AM

#### 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.)