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	079-240A1	nnn-nnnnn						
Number (FIPS #): 5. Data Universal Numbering System (DUNS #):	057578221	nnnnnnnn						
6. Applicant Name	Cambria Community S	Services District						
7. Applicant Address:	P.O. Box 65							
City:	Cambria			State:	California	Zip Code:	93428	
Project Location:	San Luis Obispo ▼					oodo.		
8. Applicant Type:			r: 🗖 o					
EIN (For Private I Profits):		County State Private Non-Pro	TIT 💌 SP	peciai Di	istrict U i rit	oai		
9. Legislative Distr								
State Assen	Applic	cant	25	Projec	t Site			
State Assembly: 35			35					
State Senat			17					
U.S. Congre District:	essional 24		24					
10. Authorized App	olicant Agent:							
First Jerry			Last G	ruber			Salutation:	Mr.
Name: Title: General		N	Name:					
Contora	l Manager							
Address: P.O. Bo			0.	-lifei-			Zin Cada	
City: Cambria	a			alifornia			Zip Code:	9342
Phone: 805	- 927 - 6230 E	Ext:	State:					
Fax #: 805	- 927 - 5584	LAt.						
	@cambriacsd.org							
Address:	gcambhacsd.org							
	er/Working Contact:							
First William Name:		N	Last H Name:	ollingsw	orth		Salutation:	Mr.
Title: Fire Chi	ef							
Address: 2850 Bu								
City: Cambria				alifornia			Zip Code:	9342
Phone: 805	- 927 - 6240 E	Ext: 311	State:					

21. Performance Period: 22. Duplicate Programs:
Is this activity eligible for funding from another federal program such as the NRCS Emergency Watershed Protection Act, FEM 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).
23. Activity Costs: Federal Requested Share: \$ 24,000 Applicant Match: \$ 8,000 Total Activity Cost: \$ 32,000 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 fire break work as key to mitigating the most highly rated hazard, wild fire, to the Cambria Community. Hazard: Wild Fire section of the LHMP pages 90 through 103.
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

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(If the contact is the same as entered above, please reenter the information below. This person will receive information about

us with the contact information for 1 of your staff.

Contact Person:

Name: (Last, First)

Hollingsworth, William

whollingsworth@cambriacsd.org

Email Address:

workshops and updates regarding the application process.)

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.)