

STATE OF WISCONSIN
WISCONSIN DIVISION OF EMERGENCY MANAGEMENT
Pre-Application Form
Section 404-Hazard Mitigation Grant Program
FEMA-1933-DR-WI

1. NAME OF APPLICANT: _____ COUNTY: _____

2. PRIMARY CONTACT PERSON: _____

TITLE: _____

ADDRESS: _____ CITY: _____

ZIP: _____ TELEPHONE: _____ FAX: _____

E-MAIL ADDRESS _____

3. ALTERNATE CONTACT PERSON: _____

TITLE: _____

TELEPHONE: _____ FAX: _____

E-MAIL ADDRESS _____

4. TYPE OF PROJECT

- | | |
|--|--|
| <input type="checkbox"/> Acquisition and Demolition | <input type="checkbox"/> Floodproofing/Elevation |
| <input type="checkbox"/> Relocation | <input type="checkbox"/> Wind resistant retrofit or construction |
| <input type="checkbox"/> Structural Hazard Control (detention ponds, stormwater, etc.) | <input type="checkbox"/> Community Storm Shelters |
| <input type="checkbox"/> Education | <input type="checkbox"/> Education |
| <input type="checkbox"/> Development or update of All Hazard Mitigation Plan | <input type="checkbox"/> Other |

5. MITIGATION PLANNING

Name of All Hazard Mitigation plan: _____

Date Plan Approved: _____

Location of project/mitigation action in Plan (attach copy): Page Number _____

6. LOCATION OF PROJECT (Road or street address, geographic landmarks, legal description, etc. Include legible maps/drawings of the location. Provide a map showing the range and section for the project area.)

7. IS PROJECT LOCATED IN A 100-YEAR FLOODPLAIN? (If yes, attach a FIRM map with the location)

Yes No Floodway Floodfringe

8. BRIEF DESCRIPTION OF PROJECT (If acquisition, what are the plans for the "open land"):

9. BRIEF DESCRIPTION OF THE PROBLEM:

10. BRIEF DESCRIPTION OF DAMAGES AND THE REDUCTION IN FUTURE DAMAGES (include damages to improved property, infrastructure, public safety costs, economic impact, etc.):

11. FREQUENCY THAT DAMAGES OCCUR (Number of times or the years that the event has occurred causing damages, etc.)

12. HOW DOES THE PROPOSED PROJECT ELIMINATE OR REDUCE FUTURE DAMAGES?

13. OTHER ALTERNATIVES CONSIDERED FOR SOLVING THE PROBLEM: (List at least 2. One alternative can be "do nothing.")

14. TOTAL ESTIMATED COST OF THE PROJECT (Attach any supporting documentation available such as preliminary designs, estimated costs from contractors, studies or reports, pictures, etc.):

15. SOURCE OF FUNDING FOR APPLICANT SHARE (12.5%):

ATTACH ANY ADDITIONAL INFORMATION THAT IS PERTINENT TO THE PROPOSED PROJECT AND WILL SUPPORT THE APPLICATION.

RETURN COMPLETED PRE-APPLICATION FORM NO LATER THAN OCTOBER 15, 2010 TO:

STATE OF WISCONSIN
DEPARTMENT OF MILITARY AFFAIRS
WISCONSIN DIVISION OF EMERGENCY MANAGEMENT
2400 WRIGHT STREET
P.O. BOX 7865
MADISON, WI 53707