



NOTICE OF INTENT

Due to the Division of Emergency Management by:
Close of Business January 17, 2012
Disaster Relief Fund

Project Name

Sponsoring Agency

<i>For State Use Only</i>		
Date Received	Application Type	Application Number

Attn: Ron Hood; rhood@dps.state.nv.us;
Nevada Division of Emergency Management
2478 Fairview Drive, Carson City, Nevada 89701-6824
(775) 687-0319 phone | (775) 687-0323 fax
<http://dem.state.nv.us>

Part I: Contact Information

Primary Contact

Secondary Contact

Title

Title

Agency

Agency

Address

Address

City, County, State, Zip Code

City, County, State, Zip Code

Phone Number

Phone Number

E-mail

E-mail

Part II: Community Information

Name of Applicant and Type (County, Tribe, City): _____

_____ Address

_____ What is the size of the community?

_____ City and County

_____ County Code

_____ State

_____ Zip Code

_____ State Legislative District(s)

_____ US Congressional District

_____ DUNS Number

_____ FIPS Code

Part III: Financial

Funding

Project Cost	Annual Maintenance Cost (if applicable)	Proposed Disaster Relief Fund Share (\$ and %)	Proposed Local Share (\$ and %)
		\$	\$
		%	%

Matching Non-Federal Funds

Local Share Source	Source Agency Name	Funding Type	Amount	Date Available

Use the space below to add any pertinent details not accounted for above.

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Be sure to include a letter that indicates the date the funds are available to be committed.

Part IV: Project Information

Scope of Work

Describe the project, including what it entails, (what, when, where, how, who).

Part V: Project Information, Continued

Estimated Project Timeline

Phase	Duration	Itemized Action List
Total		<i>*Duration must be in days</i>

Be sure to attach all relevant estimates and drawings.

Attachments

Check the box next to each article that has been included with this application:

- Estimates
- Maps or Photos
- Funds Commitment Letter