



Pre-Application Instructions

Hazard Mitigation Assistance, Non-Disaster Flood Mitigation Assistance (FMA) FY2024

Completion of this pre-application is the first step in responding to the current FEMA FMA FY2024 NOFO released on April 30, 2026.

Submitting this form ensures that your proposal is reviewed by the OEM Mitigation Team for the upcoming grant notice of funding opportunity.

Per the OEM announcement for the revised NOFO, only organizations submitting preapplications by the deadline identified below will be considered for invitations to submit subapplication through the State of Oregon for the open grant round for FEMA FMA FY2024 NOFO.

Submittal of this form does not fully guarantee the submitter will be invited to submit a subapplication for the current NOFO and does not guarantee subsequent activity funding or award by FEMA.

As you read through the form, the use of “jurisdiction,” “organization,” “party,” “pre-applicant,” and “entity,” are interchangeable terms referencing you, participant.

Completion of the Pre-Application form:

1. This pre-application consists of 28 response areas. Please review the document and collect information you may need while completing. The completion burden of this document is approximately 1 hour.
2. The submittal deadline for pre-applications to the OEM Mitigation Team is **5:00 PM, June 12, 2026.**
3. Please submit one form per activity/project requested. Jurisdictions submitting multiple pre-applications are requested to fill out Section 1 to prioritize their preapplications by order of importance (e.g. 1 of 1 for a single submittal, or 1, 2, 3 of 3 for multiple).
4. To complete the MS Word version of the pre-application, text fields and check boxes are embedded in the document. Please ensure that choices are selected and answers provided to all questions. The downloadable form can be found at the [OEM HMA webpage](#).
5. Pre-application file naming should follow this example:
Jurisdiction_ActivityTitle_PreApp_FMA_FY2024.
6. When ready to submit the preapplication, please email the document to oem.hazardmitigation@oem.oregon.gov, and include OEM Pre-Application BRIC FY2025 in the subject line.
7. OEM Mitigation Team will acknowledge receipt of the submittal and begin the pre-application review. Pre-application review may result in feedback or requests for additional information to the pre-applicant returned within the email thread.
8. Following pre-application review, an email with selection information will be sent to the point(s) of contact listed on the preapplication. Those preapplications being further considered will receive an invitation from the OEM Mitigation Team by **5:00 PM, June 18, 2026.**

- 9.** Submittal can be made at any time up until the deadline, participants are encouraged to submit as early as practicable.
- 10.** Once invitations are received, subapplicants will move directly into sub-application development in FEMAGO.



**Pre-Application
Hazard Mitigation Assistance, Non-Disaster
Flood Mitigation Assistance (FMA) FY2024**

1. Priority of
2. **Proposal Category:** Select the Hazard Mitigation Assistance project type you are seeking funding under (*one selection per pre-application*)

<p>FMA</p> <p><input type="checkbox"/> Localized Flood Risk Reduction (Competitive)</p> <p><input type="checkbox"/> Individual Flood Risk Reduction (Competitive)</p> <p><u>Capability & Capacity-Building</u></p> <p><input type="checkbox"/> Flood Mitigation Plan</p> <p><input type="checkbox"/> Project Scoping</p> <p><input type="checkbox"/> Additional Capability & Capacity Building Activity</p>
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3. **Pre-Applicant Information.** Please input your Jurisdiction/Organization/Entity information

Name:

Address:

City:

Zip Code:

County:

Entity UEI:

4. **Organization Type.** Please select the organization type (*select one*):

State Government

Tribal Government

Special District

Local Government

Special District

Other

5. **Point of Contact.** This is the person designated as responsible for completion of this pre-application

Name and Job Title:

Phone Number:

E-mail Address:

6. FEMAGO Registration. Is the organization registered in the FEMAGO system under the UEI provided in section 3?

Yes

No

Unsure

7. County Emergency Manager. Please reference your County Emergency Manager or point of contact.

Name:

Phone Number:

E-mail Address:

Has this pre-application been reviewed by the County Emergency Management Office?

Yes

No

If "Yes", please provide the date of review:

8. Floodplain Manager. Please reference the activity or project area Floodplain Manager or point of contact.

Name:

Phone Number:

E-mail Address:

Has this pre-application been reviewed by the Floodplain Manager?

Yes

No

If "Yes", please provide the date of review:

9. National Flood Insurance Program Policy. Please reference community or jurisdictional NFIP policy number. Look up here: [Community Status Book](#)

CID Policy #:

Effective Date:

10. Community NHMP. Please reference the FEMA-approved hazard mitigation plan are you are submitting this preapplication under?

Full Plan Name:

Plan type:

Approval Date:

11. NHMP Action Items. Are the main goals and objectives of your preapplication taken directly from Action Items in the referenced Mitigation Plan?

Yes

No

12. If “Yes”, please provide the Action Item(s) titles, table and page number reference:

If “No”, please describe why the proposed activity constitutes a priority for the community at this time:

13. Small Impoverished Community Information. Identify any small, impoverished communities that will benefit from this activity to include any outreach efforts that have already occurred or strategies that will be used during implementation of the activity.

14. Preapplication Title Title:

15. Scope of Work. Please provide detail on the proposed activity, addressing the specific infrastructure components or systems, how the proposed activity will support said infrastructure, how the activity will reduce risk of injuries, loss of life, and damage and destruction of property, critical services, and address the outcomes and benefits it aims to achieve:

16. Implementation Schedule. Describe the implementation schedule anticipated for this activity. In your description use “Start date + # of months” to indicate the duration, do not use actual months or years.

17. Location Coordinates. Provide GPS coordinates for the proposed project location or area (in decimal degrees):

18. Natural Hazard Information. Please select all Natural Hazards that this proposal aims to mitigate or reduce risk of (select all that apply):

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Coastal Erosion | <input type="checkbox"/> Extreme Temperature | <input type="checkbox"/> Wildfire |
| <input type="checkbox"/> Drought | <input type="checkbox"/> Landslide | <input type="checkbox"/> Windstorm |
| <input type="checkbox"/> Earthquake | <input type="checkbox"/> Tsunami | <input type="checkbox"/> Winter Storm |
| <input type="checkbox"/> Flood | <input type="checkbox"/> Volcano | |
| <input type="checkbox"/> Other: | | |

19. Community Lifeline Information. Select all applicable Community Lifelines that your proposal aims to increase resilience or reduce risk to (select all that apply):

- Safety and Security** (law enforcement/security, fire services, search and rescue, government services, and community safety)
- Food, Water, Shelter** (food, water, wastewater, shelter, agriculture)
- Health and Medical** (medical care, patient movement, public health, fatality management, medical supply chain)
- Energy** (power and fuel systems/storage)
- Communications** (infrastructure, alerts, warnings, and messages, 911 and dispatch, responder communications, finance)
- Transportation** (highway, roadway, motor vehicle, mass transit, railway, aviation, maritime)
- Hazardous Materials** (facilities, HAZMAT, pollutants, contaminants)

20. Socioeconomic Information. From the list below, select all criteria that are applicable to the community which the proposal will benefit:

- | | | |
|--|--|---|
| <input type="checkbox"/> Limited water and sanitation access and affordability | <input type="checkbox"/> High unemployment and underemployment | <input type="checkbox"/> High housing cost burden and substandard housing |
| <input type="checkbox"/> High and/or persistent poverty | <input type="checkbox"/> Low income | <input type="checkbox"/> Limited access to health care |
| <input type="checkbox"/> Rural community | <input type="checkbox"/> Linguistic isolation | <input type="checkbox"/> Distressed neighborhood |
| <input type="checkbox"/> Jobs lost through the energy transition | <input type="checkbox"/> High transportation cost burden and/or low transportation access | <input type="checkbox"/> All geographic areas within Tribal jurisdictions |
| <input type="checkbox"/> High energy cost burden and low energy access | <input type="checkbox"/> Racial and ethnic segregation particularly where the segregation stems from discrimination by government entities | <input type="checkbox"/> Disproportionate environmental stressor burden and high cumulative impacts |
| <input type="checkbox"/> Other | | |

21. Proposed Activity Information. Please concisely describe your activity or project. If this activity is intended as a construction project please indicate the anticipated % of design at the time of submittal here:

22. Supporting Information. Please indicate if feasibility studies, vulnerability analysis, or other supporting reports have been produced related to this proposal:

23. Subapplication Preparation. Please explain if the entity has experience in providing inputs or using the FEMA Benefit Cost Analysis Calculator?

24. Proposal Cost Estimate. Has a detailed cost estimate been created for this activity?

- Yes No

Estimated Cost: \$

25. Cost Match Information. Does the jurisdiction already have a plan to obtain local cost match funding amounts (up to 25% of estimated total)?

Yes

No

If “Yes”, what are the anticipated sources of local funding:

26. Management Cost Information. Do you intend to apply for the 5% management costs with this proposal? Please note the FMA management cost has an equivalent cost share to that of the activity.

Yes

No

Unsure

27. Nature Based Solutions. Please describe any NBS that will be included in this proposal and how they aim to achieve an effect or result as an intended outcome:

28. Innovative Techniques Information. Please describe the use of innovative approaches, techniques or technical applications that will be included in this proposal and the desired effect or result they aim to achieve as an intended outcome:

29. Grant Experience. Which of the following statements best characterizes your organization's level of comfort in developing a mitigation grant sub-application?

This entity/organization is a first-time applicant to BRIC and has never been selected through the FEMA national competition process.

This entity/organization lacks experience in grant sub-applications and does not have access to a Grants Coordinator. The applicant anticipates to rely heavily on the support and guidance of the OEM Hazard Mitigation Team during a sub-application process.

This entity/organization has the ability to collaborate with a Grants Coordinator within the organization who will assist in sub-application development.

This entity/organization possesses prior experience in working on grant sub-applications. While the applicant may require occasional guidance, they have organizational capacity and are confident in the ability to develop a sub-application.