



MITIGATION

Notice of Interest Form

Flood Mitigation Assistance (FMA) FY 2025-2026 Application Period

Form Submittal Deadline: August 29, 2025

Please complete this form to determine the applicability of a potential mitigation project for the FEMA Flood Mitigation Assistance (FMA) Grant program, administered by the Florida Division of Emergency Management (FDEM). This Notice of Interest (NOI) Form is **REQUIRED** in order to submit a subapplication to the State for the FY 2025-2026 FMA application period. Submission of this form does not guarantee future approval of an award.

For assistance or to submit the completed form, email non-disasterprograms@em.myflorida.com.

Point of Contact Information *	
First Name:	Last Name:
Organization:	Title:
Email: (to receive NOI response)	

Potential Project Information *		
Flood Mitigation Assistance (FMA)		
Sub-Applicant Name:		
Is the community in good standing with the NFIP?	Yes	No
Is the activity included in an approved local hazard mitigation plan?	Yes	No
Expiration date of approved local hazard mitigation plan: (MM/DD/YY)		
Has this proposed project been submitted for funding consideration under any other Hazard Mitigation Assistance program?	Yes	No

**Eligible Sub-Applicants include State Agencies, Federally-recognized Tribes, Local Governments/Communities (Local Governments/community may include non-federally recognized tribes consistent with the definition of local government in 44 CFR 201.2, including any federally recognized Indian tribe or authorized tribal organization, or Alaska Native village or organization that is not federally recognized per Title 25 of the United States Code Section 479a et seq.)*

**General cost share is 75% Federal and 25% Non-federal with select exceptions.*

**Capability and Capacity Building refers to new plan creation and plan updates, project scoping and partnership building activities, etc.*

Current as of 07/2025

(*) all fields required



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Potential Project Information *

Project Title: *(Please include location in title, i.e., Anywhere County, Main St. Elevation)*

Location: *(if applicable)*

Estimated Length of Project: *(in months)*

Estimated Project Cost: *(Total Cost)*

Anticipated Cost Share Percentage:

Activity Type:

Activity Description: *(Provide a detailed description of the problem, the proposed solution, and a sketch/map of the project; add additional pages if necessary)*

Current as of 07/2025

() all fields required*