

STATE OF WISCONSIN  
WISCONSIN DIVISION OF EMERGENCY MANAGEMENT  
Pre-Application Form  
Section 404-Hazard Mitigation Grant Program  
FEMA-1768-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  

_____ Acquisition and Demolition	_____ Floodproofing/Elevation
_____ Relocation	_____ Wind resistant retrofit or construction
_____ Structural Hazard Control	_____ Education
_____ Education	_____ Other
_____ Development or update of All Hazard Mitigation Plan	
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"):

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9. BRIEF DESCRIPTION OF THE PROBLEM:

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

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

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

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

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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.):

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

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

RETURN COMPLETED PRE-APPLICATION FORM NO LATER THAN SEPTEMBER 15, 2008 TO:

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