ARKANSAS DEPARTMENT OF AGRICULTURE

FLOOD MITIGATION ASSISTANCE GRANT PROGRAM

2026 NOTICE OF INTENT

Swift Current

DEADLINE FOR SUBMITTAL TO ARKANSAS DEPARTMENT OF AGRICULTURE: August 1, 2026

I. APPLICANT INFORMATION

Community Name: _____ **County**: _____

Community Contact

Name and Title: _____

Address: _____

_____

Phone: _____

Email: _____

II. MITIGATION PLAN

Is the jurisdiction covered by a current FEMA approved Mitigation Plan? ☐ YES ☐ NO

Name of Plan: _____ **Plan Approval Date:** _____

Type of Plan: ☐ Local Multi-Jurisdictional Multi-hazard Mitigation Plan

☐ Local Multi-hazard Mitigation Plan

Describe how the proposed activity relates to or is consistent with the FEMA-approved mitigation plan.

*** IF YOUR COMMUNITY IS NOT PART OF AN APPROVED MITIGATION PLAN, YOU CAN NOT SUBMIT AN NOI. CONTACT THE ARKANSAS DEPARTMENT OF AGRICULTURE IF YOU HAVE ANY QUESTIONS.**

III. PROJECT BACKGROUND

PROJECT TITLE: _____

PROJECT LOCATION *(latitude and longitude)*: _____

SPECIFIC AREA AFFECTED BY THE PROJECT *(County/City/Subdivision/Street)*:

One the next page, provide a detailed description of the proposed project's location (e.g. municipality, street address, major intersecting streets and other important landmarks). Please attach supporting documentation such as maps that clearly identify the location and critical features to the project such as topography, waterways, adjacent community boundaries, etc. and mark your project site on the FIRM/DFIRM/FHBM (even if it is out of the floodplain).

III. PROJECT BACKGROUND

DESCRIPTION OF SPECIFIC AREA AFFECTED BY THE PROJECT:

PROJECT TYPE/ MITIGATION ACTIVITY:

Pick the **ONE** option that best fits your proposed project. You cannot pick multiple project types! You can, however, submit multiple proposals, one for each project type. If you are unable to identify the correct project type, please contact the Arkansas Department of Agriculture for guidance.

	#	PROJECT TYPE	CLASS*
❑	**1**	Property Acquisition and Structure Demolition/Relocation	*IFM*
❑	**2**	Non-structural Retrofitting of Existing Buildings and Facilities	*IFM*
❑	**3**	Structure Elevation	*IFM*
❑	**4**	Mitigation Reconstruction	*IFM*
❑	**5**	Dry Floodproofing of Historic Residential Structures or Non-residential Structures	*IFM*
❑	**6**	Structural Retrofitting of Existing Buildings	*IFM*
❑	**7**	Floodwater storage and diversion (bioretention ponds, detention ponds, bioswales, surface grading, outfalls, etc.)	*LFRR*
❑	**8**	Stormwater management (upsizing/expanding storm sewers, Municipal Separate Storm Sewer System (MS4), culverts, catch basins, increased green infrastructure and pervious surfaces, etc.)	*LFRR*
❑	**9**	Floodplain, wetland, marsh, and riverine restoration and protection (restoring natural ecosystem functions, bulkheads, pump stations)	*LFRR*
❑	**10**	Other combination of green, gray Infrastructure and nature-based solutions	*LFRR*
❑	**11**	Localized flood control projects with co-benefits to other hazards, social, and environmental benefits	*LFRR*
❑	**12**	Multi-Hazard Plan	*CACB*
❑	**13**	Project Scoping: Localized Flood Risk Reduction	*CACB*
❑	**14**	Project Scoping: Individual Flood Mitigation	*CACB*
❑	**15**	Partnership Development	*CACB*
❑	**16**	Enhancing Local Floodplain Management	*CACB*
❑	**17**	Severe Repetitive Loss/Repetitive Loss Strategy Plan Development	*CACB*

* *IFM* *Individual Flood Mitigation*
LFRR *Localized Flood Risk Reduction*
CACB *Capability and Capacity Building*

III. PROJECT BACKGROUND

BRIEFLY DESCRIBE THE NEED FOR THIS ACTIVITY. WHY SHOULD THIS MITIGATION ACTIVITY BE COMPLETED?

Number of INDIVIDUALS this project will protect: _____

Number of STRUCTURES this project will protect: _____

Does this project benefit Severe Repetitive Loss or Repetitive Loss structures? ☐ YES ☐ NO

If yes, please provide the number of structures that will benefit: _____

Does the project protect a critical facility? If yes, please explain. ☐ YES ☐ NO

IV. SCOPE OF WORK

PROVIDE A DETAILED DESCRIPTION OF THE PROJECT. HOW WILL THE MITIGATION ACTIVITY BE IMPLEMENTED? WHAT ARE YOU PROPOSING TO DO? *(Attach additional documentation if necessary)*

Continue on next page if needed.

IV. SCOPE OF WORK

Detailed description continued.

TECHNICAL FEASIBILITY:

Describe how the project is technically feasible and will be effective in reducing the risk by reducing or eliminating damages to property and/or loss of life in the project area. Please include engineering design parameters and references to the following: preliminary schematic or engineering drawings/design; applicable building codes, engineering practices and/or best practices; level of protection (e.g., life safety, 100-yr flood protection with freeboard, etc.).

WILL THE PROJECT ADDRESS THE HAZARDS IDENTIFIED? ☐ **YES** ☐ **NO**

WHAT RISKS WILL REMAIN FROM ALL HAZARDS AFTER PROJECT IMPLEMENTATION (RESIDUAL RISK)?

WHO WILL COMPLETE (CONDUCT AND IMPLEMENT) THE MITIGATION PROJECT?

WHO WILL MANAGE THE MITIGATION PROJECT?

IV. SCOPE OF WORK

EXPLAIN WHY THIS PROJECT IS THE BEST ALTERNATIVE. WHAT ALTERNATIVES WERE CONSIDERED TO ADDRESS THE RISK AND WHY WAS THE PROPOSED ACTIVITY CONSIDERED THE BEST ALTERNATIVE?

WHO WILL PERFORM LONG-TERM MAINTENANCE?

WHAT IS THE MAINTENANCE SCHEDULE AND COST?

V. COST EFFECTIVENESS

WHAT IS THE BCA FOR THIS PROJECT?

HOW WAS THE BCA (COST-EFFECTIVENESS) DETERMINED FOR THIS PROPERTY?

- ☐ FEMA's Benefit Cost analysis (BCA) Tool
- ☐ Greatest Savings to the Fund (GSTF)
- ☐ Pre-calculated Benefits
- ☐ Substantial Damage in Special Flood Hazard Area (SFHA) - for acquisition only
- ☐ Other

PLEASE CHECK WITH ARKANSAS DEPARTMENT OF AGRICULTURE BEFORE COMPUTING COST EFFECTIVENESS.

If Other, please specify:

VI. WORK SCHEDULE *[see sample on next page]*

PLEASE LIST ALL TASKS NECESSARY TO IMPLEMENT THIS PROJECT, THE DURATION FOR EACH TASK, AND WHO WILL COMPLETE IT.
INDICATE UNIT OF TIME FOR WORK SCHEDULE: ☐ **DAYS** ☐ **WEEKS** ☐ **MONTHS** ☐ **YEARS**

DESCRIPTION OF TASKS	STARTING POINT	DURATION	WORK TO BE COMPLETED BY
Estimate the total duration of the proposed activity:			

VI. WORK SCHEDULE

PLEASE LIST ALL TASKS NECESSARY TO IMPLEMENT THIS PROJECT, THE DURATION FOR EACH TASK, AND WHO WILL COMPLETE IT.
INDICATE UNIT OF TIME FOR WORK SCHEDULE: ■ DAYS ☐ WEEKS ☐ MONTHS ☐ YEARS

DESCRIPTION OF TASKS	STARTING POINT	DURATION	WORK TO BE COMPLETED BY
Coordination with Property Owners	1	180	County / Project Manager (Coordinator)
Bid letting and Selection of CRM Contractor	1	120	County / Project Manager (Coordinator)
Bid letting and Selection of Asbestos Contractors	1	90	County / Project Manager (Coordinator)
Submittal, Review, and Finalization of CRM Plan	1	90	County / Project Manager (Coordinator)
County Makes an Offer on Property	90	90	Property Owners / County Officials/ Project Coordinator
Closing, Legal Work for Properties	90	90	County Attorney / Title Company / County Real Estate Division
Bid letting and Selection of Demolition Contractors	180	90	County / Project Manager (Coordinator)
Asbestos Survey and Abatement	180	60	County Building Safety Division / Certified Contractor
Demolition and Disposal	270	180	County / Certified Contractor
Submittal and Review of Final CRM Report	420	60	County / Certified Contractor
Grant Closeout	480	60	County / Project Manager (Coordinator)
Buffer time for unexpected delays	540	180	County / Project Manager (Coordinator)
Estimate the total duration of the proposed activity:	**720 days**		

VII. COST ESTIMATE *[sample on next page]*

Please provide an estimate of the cost to complete this project.

ITEM OR TASK	QUANTITY	UNIT OF MEASURE	UNIT COST ($)	COST ESTIMATE
PROJECT COST				
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
TOTAL PROJECT COST				**$ 0.00**
ESTIMATED MANAGEMENT COST *[5% of project cost]*				**$ 0.00**
			TOTAL COST ESTIMATE:	**$ 0.00**

VII. COST ESTIMATE

Please provide an estimate of the cost to complete this project.

ITEM OR TASK	QUANTITY	UNIT OF MEASURE	UNIT COST ($)	COST ESTIMATE
PROJECT COST				
Appraisal Fee (Pre-Award)	3	Each	$ 750	$ 2,250
Property Surveys	3	Each	$ 1,000	$ 3,000
Asbestos Testing, Inspection & Removal	3	Each	$ 27,000	$ 81,000
Property Acquisition - Post-Event Valuation [PROPERTY 01]	1	Each	$ 61,500	$ 61,500
Property Acquisition - Post-Event Valuation [PROPERTY 02]	1	Each	$ 124,750	$ 124,750
Property Acquisition - Post-Event Valuation [PROPERTY 03]	1	Each	$ 42,000	$ 42,000
Title Search / Closing Cost	3	Each	$ 500	$ 1,500
Site Demolition & Debris Disposal	3	Each	$ 19,000	$5 7,000
Sea Wall Removal and Bank Stabilization	2	Each	$ 14,000	$ 28,000EXAMPLE
Contingencies*	1	Each	$ 2,000	$ 2,000
TOTAL PROJECT COST				**$ 403,000**
ESTIMATED MANAGEMENT COST *[5% of project cost]*				**$ 20,150**
			TOTAL COST ESTIMATE:	**$423,150**

VIII. COST SHARE

The default cost share is 75% Federal/25% Non-Federal.	**SHARE (IN DOLLARS)**	**SHARE (PERCENTAGE OF TOTAL COST)**
Proposed Federal Share		
Proposed Non-Federal Share		
Total	$ 0.00	0
	(Total should equal cost estimate)	*(Total should equal 100%)*

All information in this Notice of Intent is true and correct and the document has been duly approved by the governing body of the community applicant.

Name (print) Must have authority to commit funds.

Date

Title (print)

Signature

DISCLAIMER: This is not an application and does not constitute funding approval by FEMA.
DO NOT begin project without prior written approval.