



## **Mitigation Interest Survey**

## Individual

When complete, you may save as or print to PDF before emailing completed form.

State	Zip	
Cell		
State	Zip	
Impacts		
-		ast for the
ing? Yes	No	
g & Grants Divisi	on Manager)	
d Insurance? Ye	s No	
	State Cell State Impacts nome mitigation ing? Yes g & Grants Divisi	Impacts nome mitigation programs in the pa ing? Yes No g & Grants Division Manager)

Completing this form does not guarantee funding, but is a required. You must also check to acknowledge you have read "Preparing to Apply for Mitigation Grants through Your Local Jurisdiction" I HAVE READ THIS GUIDANCE DOCUMENT.