

## **APPENDIX J: SAMPLE LETTER OF INTENT**

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This appendix provides a sample Letter of Intent to Participate that was provided to all jurisdictions of the Town of Blooming Grove.



Date

XXXX  
XXXX Department  
Street  
City, New York XXXX

Subject: Town of Blooming Grove All Hazard Mitigation Plan  
Authorization and Letter of Intent to Participate  
Municipality Name

Dear XXXX:

In response to your letter, dated \_\_\_\_, the Municipality Name, is committed to participating in the County XXX All Hazards Mitigation Plan Update project. By way of this letter, the Municipality Name:

1. Authorizes the Town of Blooming Grove and the Town Planning Committee, to guide and direct this planning process, perform certain parts of the planning process, and prepare certain parts of the plan documents on our behalf.

2. Agrees to meet the minimum requirements of jurisdictional participation (a.k.a. the Planning Partner Expectations), specifically:

- Execute and return this “Authorization and Acknowledgement” letter to the [agency], attention: XXXX.
- Identify municipal representatives to serve as the planning point of contacts (POC), below. These people will be responsible for representing their community and assuring that these participation expectations are met by their community.
- Support the Town of Blooming Grove Planning Committee selected to oversee the development of this plan.
- Provide representation at Planning Committee meetings.
- Provide information about the assets (structures and facilities, new development, etc.) within your municipality as requested by the Town, Planning Committee or the contract consultant.
- Assisting with the identification of stakeholders within your community that should be informed and potentially involved with the planning process.
- Review draft Plan sections when requested and provide comment and input as appropriate.
- Prepare and submit a Jurisdictional Annex to the Planning Committee and/or the contract consultant. Templates and instructions to aid in the compilation of this information will be provided to all participating partners. Each partner will be expected to complete their templates in a timely manner and according to the timeline specified by the Committee. The Committee and/or the contract consultant will assure that technical and administrative resources are available to assist with the preparation and completion of the annexes.
- Identify at least one mitigation initiative (action, project or program) that your community will implement in order to reduce their risk to each high ranked natural hazard. These initiatives will be presented in your annex.
- Involve your local NFIP Floodplain Administrator in the planning process.
- Adopt the Plan by resolution of their governing body after FEMA conditional approval.
- Annually, provide information on progress on identified initiatives as requested by the Town Hazard Mitigation Coordinator.

3. [Municipality name] has assigned the following person(s) to be the Points of Contact for our jurisdiction. We understand that these POCs are responsible for assuring municipal representation at Planning Committee meetings, and assuring that the other minimum requirements of jurisdictional participation, as detailed in the Planning Partner Expectations above, are met.

*(The Town recommends that you designate your National Flood Insurance Program (NFIP) Floodplain Administrator. This is typically your building inspector, code official or municipal engineer. Other municipal representatives that should be actively involved in the development of this Plan include persons from DPW, planning and zoning, construction and engineering.)*

The [Municipality name] Primary Hazard Mitigation Planning Point of Contact is:

Name of HMP POC:

Position/Department:

Phone Number:

Email Address:

The [Municipality name] Secondary Hazard Mitigation Planning Point of Contact is:

Name of HMP POC:

Position/Department:

Phone Number:

Email Address:

The [Municipality name] designated local Floodplain Administrator (FPA) under the National Flood Insurance Program (NFIP) is:

Name of NFIP FPA:

Position/Department:

Phone Number:

Email Address:

Thank you.

Sincerely,