



MITIGATION

Notice of Interest Form

Hurricane Loss Mitigation Program (HLMP)
FY 2026-2027 Application Period

Form Submittal Deadline: February 20, 2026

The Hurricane Loss Mitigation Program (HLMP) is a State-funded mitigation grant program administered by the Florida Division of Emergency Management (FDEM). Each Applicant may submit one application totaling no more than \$250,000.00. All projects must be completed by June 30, 2027 or sooner.

Please complete this form to determine the applicability of a potential mitigation project for funding consideration for FY 2026 HLMP. This Notice of Interest (NOI) Form is REQUIRED in order to submit an application to the State for the FY 2026-2027 HLMP application period. The NOI period allows Applicants to receive feedback on the proposed project prior to submitting an application. Submission of this form does not guarantee future approval of an award.

For assistance or to submit the completed form, email HLMP@em.myflorida.com.

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

Potential Project Information *		
Applicant Name:		
Has this proposed project been submitted for funding consideration under any other program?	Yes	No

**Eligible 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.)*

**Eligible project costs are 100% reimbursable with no match requirement. There is a funding limit of \$250,000.00 per project. Projects submitted by local governments are limited to one project award per city and county, however both may apply and can be awarded at the same time.*

Current as of 01/2026

(*) 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)*

Activity Type: *(Select One)*

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

*Estimated Length of Project: Cannot exceed 12 months July 1, 2026 - June 30, 2027

*Estimated Project Cost: Maximum State Share is \$250,000.00

Current as of 01/2026

(*) all fields required