## Pre-Disaster and Flood Mitigation Assistance NOTICE OF INTEREST (NOI) Control No:

All fields must be completed with valid input Click on Links for Help

1. Grant Program:	● PDM ○ FMA			
2. This NOI is for a (select	Project Planning			
one): 3. Eligible Sub-applicant		Nete @ On exist District		
<u>Туре:</u>	City County C	State 🗹 Special District		
4. Hazard Type:	Flood ▼			
5. Mitigation Activity Type:	Flood Control	▼		
6. Does this activity incorpo	rate climate resilient mi	itigation activities?   No	Yes	
7. Activity Costs:				
Federal Requested	\$ 2,500,000.00			
Share:				
Applicant Cost Share:	\$ 8,700,000.00			
Total Activity Cost:	\$ 11,200,000.00			
	<u>nefit Cost Analysis (BC</u>	A) using the most current FE	:MA BCA Toolkit vei	rsion?
○ No ● Yes ○ N/A Benefit: \$	Cost: \$ 12,921.597			Ratio:
66,603,368	Cost. \$ 12,921.597			5.15
		N. O.V.		00
9. Have the Cost Sharing Fu	inds been secured?	No Ves		
10. Activity Title/Name: San	eta Clara Bivar Lavaa 2 (	Completion Project		
11. Population: ca. 9,000	la Ciara River Levee 3 C	Sompletion Project		
TT. Population.				
12. Activity Location:				
Union Pacific Railroad	Bridge (UPRR) to th	e east. Phase 1,	•	
Victoria Avenue to the				
		leted in February 2018. ct) consists of Reach 4		
encompassing 0.43 miles				
with the northeast-sout	thwest-oriented corr	idor of Ventura Road,		
generally between the F UPRR to the east.	≀iver Ridge Golf Cou	rse to the west and the		
	27647	110 100010	//	0.045677
<u>Latitude &amp; Longitude:</u> 34.23	)/04/	-119.190910	e.g, 34.324862 -120	J.343077
13. Describe the problem to	be mitigated: *Include i	past occurrence and how oft	en thev occur.	
FEMA and WPD have deter			<u> </u>	
banks at the project s				
presenting a risk to re				
		d causing a high degree		
of property damage and		n to the economy. The flow is generally 1 to (	5	
feet with depths up to			▼	

14. Describe the scope of work: Describe in detail the proposed mitigation activity. Explain how the activity will solve the provide the level(s) of protection. Include a description of the desired outcome and methodology of the proposed activity, solutions evaluated, and objective to be achieved.

with the prior completion of Phase 1, will allow WPD to certify the levee system, and therefore facilitate FEMA's accreditation of SCR-3 by providing present and future protection from the 1% annual chance flood to approximately 3,800 structures in North Oxnard with an estimated population of nearly 9,000, and FEMA BCA benefits calculated at almost \$67M, with a BVA of 5.15.

b. This project is the completion of a four-reach, two-phase levee design and construction project for the Santa Clara River between

15. Performance Period (Not to exceed 36 M	lonths):
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*NOTE: For LHMPs, you must i process.	nclude at least 6 months for OES and FEMA review and approval
36 Months	
16. Does this project include N	National Flood Insurance Program (NFIP) Properties? O No Yes
	g from another federal program such as the NRCS Emergency Watershed Protection Act, FEMA S Department of Agriculture/Department of the Interior Healthy Forest Restoration Act of 2002?
If yes, identify the program and	the Disaster Survey Report, Project Worksheet, or application number(s).

## 18. Local Hazard Mitigation Plan Requirement (For Projects Only):

Provide a narrative that identifies how the proposed project activity is in conformance with your FEMA-approved Local Hazard Mil (LHMP). Any references to the LHMP must include the page number and/or section.

of Levee Failure Inundation. Urban levee systems are built to provide flood protection and flood loss reduction for population centers and the industrial, commercial, and residential facilities located within them. Currently, SCR-3 is not certifiable to FEMA under its present condition. The Completion Project will complete the work required for FEMA accreditation of the certification of the entirety of SCR-3 in accordance with the requisite levee certification regulations found in 44 CFR 65.10.

19. LHMP Approval Date:	July 26, 2016

NOTE: All Subapplicants submitting mitigation projects must have a FEMA approved LHMP by the **FEMA** application deadline and at time of obligation in accordance with Title 44 CFR Part 201

201.			
20. Sub-applicant Name:	Ventura County Watershed Protection District		
21. Sub-applicant Address:	800 South Victoria Avenue		
City:	Ventura	California	Zip C
County:	Ventura ▼	State:	
22. Name of Person Completing NOI:	Martha Symes		
23. Federal Information	111-91042 ###-####		

**Processing Number (FIPS** 

24. Data U Numbering #):			066691122		#########			
25. Legisla	ative Dist	ricts:	Applicar	\ <del>1</del>			Project Site	
State As	sembly:	37	Арріісаі	ıı		37	Project Site	
State Se	•	19				19		
U.S.		26				26		
Congres District:	sional							
26. Sub-ap	oplicant A	uthorized	Agent (AA	) <u>:</u>		l act	Shephard	Salutatior
Name:	Glenn					Name:		Salutation
Title:	Director							
Address	800 Sou	th Victoria	Avenue					
City:	Ventura						California	Zip Code:
DI		1				State:		
Phone:	805	- 654	- 2040	Ext:				
Fax #:	805	- 654	- 3350					
EMail Address:		ephard@v	entura.org					
7 (44) 000	•							
27. Projec First		<u>r/Working</u>	Contact:			Loot		Calutation
Name:	Masood					Name:	Jilani	Salutation
Title:	Enginee	r Manager					•	
Address	5: 800 South Victoria Avenue							
City:	Ventura					California	Zip Code:	
						State:		
Phone:	805	- 654	- 2929	Ext:				
Fax #:	805	- 654	- 3350					
EMail Address:		jilani@ver	ntura.org					
Addi C33.	•							
		<u>r/Working</u>	Contact (A	<u>lternate):</u>				
First Name:	Devi					Last Name:	Nallamala	Salutation
Title:	Enginee	r IV				ivanic.	•	
Address			Avenue					
City:	Ventura						California	Zip Code:
•						State:		·
Phone:	805	- 654	- 2903	Ext:				
Fax #:	805	- 654	- 3350					
EMail		amala@ve	entura.org					
Address	•							
29. CA Pu	blic Reco	rds Act						
	I belie	ve there	e is infori	mation in	the application t	:hat is ex	xempt from the Pu	blic Records A
have att			ent to sup		•			

(Initials)

## **Electronic Notification of NOI Status, and Application Updates**

The Pre-Disaster and Flood Mitigation Division will provide immediate notification of your NOI status following our review. Please provide us with the contact information for one of your staff. (If the contact is the same as entered above, please re-enter the information below. This person will receive information and updates regarding the application process.)

ontact Person:	_
ame: (Last, First)	
mes, Martha	
nail Address:	
artha.symes@ventura.org	

Created on 09/18/2019 08:49:50 AM

NOTE: Please print this form before clicking the *Submit NOI* button below. You will not be able to print the NOI once submitted.

Submit NOI

FYI: Pressing the Submit NOI button will submit your NOI to the Governor's Office of Emergency Services for approval. Please ensure that you have filled out this form with as much detail as possible.