Arizona Division of Emergency Management

HAZARD MITIGATION PROPOSAL (HMP)

NAME OF APPLICANT	CATEGORY	PW NUMBER

SCOPE OF MITIGATION WORK:

ESTIMATE OF WORK

QUANITITY	UNIT	MATERIAL AND/OR DESCRIPTION	UNIT PRICE	COST (Dollars)
				$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	$ 0.00

Local Representative	DATE
State Representative	DATE

NOTE: * Signature by the State Representative is not an approval of this work and signature by the Local Representative is not a commitment to perform the work.

FORM # AZ PA 204-17A