

# TORNADO SAFE ROOM WORKSHEET

for preliminary Benefit Cost Analysis conducted by the State Mitigation Technical Unit

Applies for the following mitigation activities: **NEW SAFE ROOM, RETROFIT OF EXISTING STRUCTURE, COMMUNITY SAFE ROOM, RESIDENTIAL SAFE ROOM.** For assistance, contact the State of Florida Mitigation Technical Unit.

IMPORTANT: This worksheet is required as part of your application. The State of Florida Mitigation Technical Unit will conduct a Benefit Cost Analysis (BCA) for your project and the following information is needed to evaluate cost effectiveness. Once a preliminary BCA is completed, the reviewer will contact you with results and/or to collect support documentation.

## SECTION I - PROJECT GENERAL INFORMATION

<b>Project Name</b>			
<b>Applicant</b>			
<b>Point of Contact</b>	Name:		
	Address (Please include City, State and Zip Code):		
	Phone number:		
	Email:		
<b>HMA Program</b> (FMA, PDM, HMGP, 406 PA MITIGATION)			

## SECTION II - STRUCTURE GENERAL INFORMATION

Provide the following information for the structure you will be mitigating.

<b>Address</b>			
In case of multiple sites, attach to this worksheet a list of all locations/sites involved in this project.			
<b>City, State and Zip Code</b>			
<b>County</b>			
<b>Is this a historical building?</b>	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
<b>Year Built</b>		<b>Source</b> (Ex: Property Appraiser):	

**SECTION III - HAZARD / MITIGATION INFORMATION**

<b>Is this a new safe room or retrofit of existing structure?</b>	New Safe Room <input type="checkbox"/>	Existing <input type="checkbox"/>	
<b>Is this a stand-alone or portion of existing structure?</b>	Stand-alone <input type="checkbox"/>	Internal Safe Room <input type="checkbox"/>	
<b>Is this a community or residential safe room?</b>	Community <input type="checkbox"/>	Residential <input type="checkbox"/>	

**SECTION IV - PROJECT COST INFORMATION**

<b>Mitigation Project Cost</b>	\$
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A lump sum on this worksheet is acceptable for preliminary BCA, but a detailed breakdown attached to your application is required.

<b>Annual Maintenance Cost</b>	\$
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Relates to the amount of money you expect to spend every year maintaining the project, to ensure functionality at the time of a storm event.

**SECTION V - SAFE ROOM INFORMATION**

<b>What would be the maximum occupancy for the safe room (occupants)?</b>	
<b>What would be the square footage of the safe room?</b>	
<b>How much of the safe room square footage will be usable?</b>	
<b>What is the wind speed the safe room will be design to withstand?</b>	130 MPH <input type="checkbox"/> 160 MPH <input type="checkbox"/>
	200 MPH <input type="checkbox"/> 250 MPH <input type="checkbox"/>
<b>What is the size of the community that will use the safe room (radius, in miles)?</b>	

<b>What is the predominant structure type(s) that people will leave to go to the safe room (indicate up to two types):</b>			
Institutional (e.g. hospital, dormitory) <input type="checkbox"/>		Manufactured Housing (includes mobile homes) <input type="checkbox"/>	
One- or two- Family Residences <input type="checkbox"/>		Open Areas (parkland, fairgrounds, etc) <input type="checkbox"/>	
Pre-engineered Metal Building (e.g. auditorium) <input type="checkbox"/>		School (k-12) <input type="checkbox"/>	
Small Professional Building (unreinforced masonry) <input type="checkbox"/>			

<b>Enter the percent of total occupancy coming from each structure type (one period must equal 100%):</b>
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	Time	Structure Type:	Structure Type:	Total
Day	6:00 AM - 6:00 PM			
Evening	6:00 PM - Midnight			
Night	Midnight - 6:00 AM			