2007 SHELTER RETROFIT PROJECT SUBMITTAL
Ref: Section 252.385(3), Florida Statutes

Instructions and Clarifications

1. Please review ARC 4496 (found in Appendix C, 2006 Shelter Retrofit Report) before beginning the project identification process. Note all construction deficiencies with respect to ARC 4496 for individual buildings, and address each deficiency with a corrective action.

2. Prepare an individual Shelter Retrofit Project Submittal form for each individual building being evaluated. DO NOT combine several buildings or a campus onto a single submittal form. An Open Plan building that has a common exterior wall and roof system (building envelope) may be considered a single building. If there are significant differences in construction found in the same building (i.e., major addition constructed to a more wind-resistant design), prepare separate forms and indicate structural separation barrier on a sketch.

3. For entries that provide a multiple choice format, choose the response that is “typical” for the individual building being evaluated. For buildings that have multiple construction materials (or characteristics) and can not be described with a single entry, provide a description (and sketches) of the building. Also assume the weakest materials will be a softspot, and therefore the limiting factor with respect to wind performance.

4. Multiple projects can be submitted for each individual building (e.g., window shuttering, door head and foot bolts, gable-end bracing, generator prewiring, etc.). Please describe the tangible benefits that will be provided by each individual project (e.g., 250 additional shelter spaces if shuttering is performed) and a cost estimate for each individual project.

5. Please note the definition of reinforced and partially reinforced masonry, as defined in Wall Construction Type descriptions, when determining applicable General Construction Type entries. For the purposes of this submittal form, use the following prescriptive definitions:

Partially Reinforced Masonry - For 8-inch hollow concrete masonry units (CMU), the maximum spacing of vertical reinforcement (rebar) at exterior walls shall be 8'-0"; 12" CMU rebar can be extended up to 11'-4". Rebar shall be provided at each side of wall openings, corners and wall-to-wall intersections. An alternative to reinforced cell construction is tie-column (or pilaster) and beam systems. For 8-inch CMU, the maximum spacing between tie-columns shall not exceed 13'-6"; 12-inch CMU tie-columns can be extended to 20'-0". Horizontal reinforcement must be present at roof and floor levels, and above and below wall openings. Interior masonry bearing and/or “core area” walls shall meet the same reinforcement requirements as exterior walls.

Reinforced masonry - Reinforced masonry has the same definition as partially reinforced masonry above, except the maximum spacing of the principal vertical reinforcement can not exceed six (6) times the wall thickness or 4'-0". The presence of tie-columns does not have an effect upon a masonry walls classification as reinforced masonry.

6. For the purposes of this report, standard weight (wgt) concrete will have a minimum density of 100 pounds per cubic foot and minimum compressive strength of 2500 pounds per square inch.
7. These additional limitations shall be applied to 2006 Shelter Retrofit Report projects:

   a) $200 per shelter space, or

   b) Up to 5% of the total construction costs in the case of a project that is upgrading the
design of new construction to meet enhanced hurricane protection area (EHPA)
standards, or

   c) A maximum of $300,000 total per project site/campus (excluding generators/electrical
work)

   d) Generators/electrical work shall be considered separately from the $300,000 limit in item
c) above. Generators/electrical work shall also be limited to $300,000 total per project
site/campus. (Thus potentially a limit of $300,000 in generators/electrical work, plus
$300,000 in other mitigation work, for a combined total limit of $600,000.)
2007 SHELTER RETROFIT PROJECT SUBMITTAL (ARC 4496 Questionnaire)

County: ___________________________
Latitude: ______________________  Longitude: _________________________________
Facility Name: ________________________________________________________________
Building Number or ID: _________________________________________________________
Address: ______________________________________________________________________
Current Ownership of Facility: (Public, Private) ______________________________________
Is Facility currently used as a high wind shelter? Yes _______  No _______
If answer is No, why? ___________________________________________________________
_____________________________________________________________________________
Is the facility located within one mile of the ocean or a large body of water (greater than 1 mile in width or diameter)? Yes ______  No _______

Is the building located on a coastal barrier island? Yes _____  No _____

Storm Surge (SLOSH) Zone that Facility is located within, circle appropriate response:

1*  2  3  4  5  None  *  includes Tropical Storm

NFIP Flood (FIRM) Zone that Facility is located within, circle appropriate response:

A______  B  C  D  X  V zones will not be considered!

If applicable, is the Facility/Shelter floor elevation above Base Flood Elevation (BFE) and SLOSH Category 4 flood inundation elevation? Yes _______  No _______
What is the finished floor elevation (above mean sea level) of the 1st floor of the bldg? _____ft
Additional comments concerning flooding issues: ______________________________________
_____________________________________________________________________________

Facility Name _______________________________________  Page ___1__ of ___
FACILITY DESCRIPTION:

Year Built _____________ , Major Addition(s) ______________ , ______________

Has building been inspected by structural engineer, architect, construction technician, or other knowledgeable building construction inspector? Yes _________ No_________

Are construction drawings (architectural & structural) and specifications available? Yes _________ No_________

Which wind design standard(s) was used in the design and construction of this facility?

□ SBC or MBMA, Edition 19   □ ANSI A58.1-1982

General Construction Classification, check only one response as appropriate:

Light Steel Frame* _______ Heavy Steel Frame (I or W section) _______
Reinforced Concrete Frame _______ Reinforced Concrete or Tilt-up Wall _______
Fully or Partially Reinforced Masonry _______ Unreinforced Masonry wall-brg _______
Heavy Timber or Glulam Frame _______ Light Metal or Wood Stud wall-brg _______

*includes Preengineered Metal Building (PEMB) Frames.

Exterior Wall Construction, check only one response as appropriate:

Reinforced Masonry (Rebar @ 4 ft. o.c. or closer) _______ Light Wood or Metal Stud w/ ½ inch or thicker plywood _______
Partially Reinforced Masonry (Rebar @ 8 ft. o.c. or closer) or reinforced pilasters @ 13.5 ft. o.c. _______ Light Wood or Metal Stud w/ light nonplywood sheathing (Includes EIFS) _______
Unreinforced Masonry (exceeds above listed spacings)/Rebar spacing unknown _______ Large Panel Glass or other Glazed Panel or Block System _______
Reinforced Concrete or Precast Concrete Panels (2" min. thickness) _______ Metal Sheets or panels or other Light Architectural Panel Systems _______

Facility Name _________________________________________  Page 2 of _____
FACILITY DESCRIPTION (cont'd):

Do the exterior walls have a brick or stone veneer (3 to 4 inches thick) or ½ + thick stucco on metal lath?
Yes ________ No ________

What percentage (to the closest 5 %) of the total exterior wall area is glass? ___________%

Are there portions (softspots) of exterior walls consisting of gypsum wallboard and/or EIFS/vinyl finishes? Yes ____ No _____ If so, what percentage of exterior wall area is composed of this system (use worst-case wall face)? ______%  

Are there "storefront", atrium, or clerestory sections of glazing in the exterior walls?  
Yes __________ No ________

Are there fixed or operable shutters or other window coverings that will protect windows from large debris impact?  
Yes __________ No ________

Roof Construction, check only one response as appropriate:

Cast-in-place Reinforced Concrete  
(standard wgt concrete, 3 inch min.) ________  Plywood on wood or metal joist or truss ________

Precast Concrete Panels  
("T's", "Double T's", Planks, etc.) ________  Wood boards or T & G deck on wood joist or truss ________

Metal Decking w/ standard wgt concrete (3 inch min.) on metal joist, truss or beam ________  Cement-fiber panels (i.e.,"Tectum"-type) on wood or metal joist or truss ________

Other Metal Decking Systems  
(insulating concrete and/or rigid insulation or other light coverings) ________  Poured Gypsum on Formboard Decking on wood or metal joist or truss ________

Roof Geometry, check appropriate response:

Flat or low slope (< 1:12) ________  Gable-end ________  Hip System ________

Shed System ________  Other ____________________________________________

Is the Roof Slope greater than 30 degrees (6:12)? Yes ________ No ________ N/A ______

Facility Name ___________________________  Page 3 of _____
FACILITY DESCRIPTION (cont'd):

Does the roof have a long span area (span of greater than 40 ft. between vertical supports)?
Yes ________ No _______

If yes, what is the maximum span?_______________

Are Roof Eaves/Overhangs (width greater than 2 ft.) present that connect directly to the roof structure?
Yes ________ No _______ Width of overhang __________

Are appropriate loadpath connections present for the building's construction type? (e.g., hurricane clips and straps for woodframe construction)
Yes ________ No _______

If Parapet(s) are present and roof ponding is a hazard, are emergency overflow scuppers present?
Yes ________ No _______

Are Skylights or other overhead glass or plastic units present?
Yes ________ No _______

Are there any tall structures/trees that are close enough and large enough, that if they fell over, they could strike the building with enough force to significantly breach the roof/walls?
Yes ______ No _______

If yes, describe the tree(s) or structures:____________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Facility Name _______________________________________  Page 4 of _____
FACILITY DESCRIPTION (cont'd):

Describe General Condition of the Building:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Describe other construction features (features that enhance and detract from shelter usage) and/or site specific special hazards (e.g., close proximity debris sources or laydown hazards, etc.) associated with this facility that should be considered by the Division of Emergency Management:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Describe wind or other storm effects damage history of this facility (e.g., severe roof leaks, etc.):

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Facility Name _______________________________________  Page 5 of _____
FACILITY DESCRIPTION (cont'd):

NOTE: DO NOT COMPLETE THIS SECTION IF ARC 6564 HAS BEEN COMPLETED AND ATTACHED TO PROPOSAL!

Which of the following descriptions best describes the food preparation capabilities of this facility?

Full Kitchen ________   Warming Kitchen _______   HomeEc clrm _______   None ________

Which of the following descriptions best describes the food serving capabilities of this facility?

Restaurant _________    Cafeteria _________   Other _________   None _________

Seating Capacity, if known? ____________________ persons

Are Sanitary Facilities directly accessible from the shelter area(s)?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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Toilets

<table>
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<th>Yes</th>
<th>No</th>
<th>Quantity</th>
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<tbody>
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Showers

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<th>Yes</th>
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<th>Quantity</th>
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</table>

Potable Water

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Which of the following descriptions best describes the potable water source of this facility?

Public Utility _________   Onsite Well _________   Other _________

Which of the following descriptions best describes the sanitation utility of this facility?

Public Utility _________   Onsite Septic _________   Other _________

Describe normal/daily function and availability of this facility for use as a shelter:

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Facility Name _______________________________________  Page 6 of _____
FACILITY DESCRIPTION (cont'd):

SHELTER RETROFIT/MITIGATION PROJECT PROPOSAL:

Describe type of project(s) to be undertaken and what impact it will have upon the shelter characteristics of the facility (e.g., shuttering, generator pre-wiring, roof bracing, etc.); indicate the pre and post retrofit shelter capacity and whether the retrofits will only improve the safety of existing spaces; describe what impact the project will have upon the local and regional shelter deficit situation; provide cost estimates (+/- 15%), source of cost estimates, copies of cost estimate takeoffs if available; and, the time period necessary to complete all projects if construction is performed concurrently. Also provide detailed information on availability of other cost-sharing sources (local or other). Attach additional sheets if necessary.

<table>
<thead>
<tr>
<th>Project Description</th>
<th>Impact (safety/capacity)</th>
<th>Cost estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>3.</td>
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</table>

Is this project listed in the County’s Local Mitigation Strategy? □ Yes  □ No

If yes, is the project listed by specific building ________, or by campus only_______?

Can the project be completed in a fiscal year [i.e. 12 months]? □ Yes  □ No

Facility Name ________________________________________  Page 9 of ___
## Project #1

**Descriptive Title:**

<table>
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<tr>
<th>Line</th>
<th>Item Description</th>
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<tbody>
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<tr>
<td>B</td>
<td>Vendor Contractual Services</td>
<td>$</td>
</tr>
<tr>
<td>C</td>
<td>A &amp; E Service Fees</td>
<td>$</td>
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<tr>
<td>D</td>
<td>Materials</td>
<td>$</td>
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<tr>
<td>E</td>
<td>Installation/Force Account Labor</td>
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<tr>
<td>F</td>
<td>Permitting &amp; Inspections Fees</td>
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<td>G</td>
<td>Packing &amp; Freight</td>
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<td>I</td>
<td><strong>SUB-TOTAL</strong></td>
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<tr>
<td>J</td>
<td>Contingency (1% Maximum*)</td>
<td><strong>$</strong></td>
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<tr>
<td>K</td>
<td><strong>TOTAL ESTIMATED PROJECT COST</strong></td>
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*Contingency is limited to 1% unless detailed justification provided.

## Project #2

**Descriptive Title:**

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Facility Name ________________________________  Page 1 of _____
### Preliminary Budget Worksheet

**Project # ____**  
**Descriptive Title: ________________________________**

<table>
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Facility Name _________________________________________    Page_____of_____