

FLOOD CONTROL - DRAINAGE IMPROVEMENT WORKSHEET

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

Applies for the following mitigation activities: **ACQUISITION, ELEVATION, DRY FLOOD PROOFING, DRAINAGE IMPROVEMENTS, FLOOD CONTROL MEASURES, FLOODPLAIN AND STREAM RESTORATION AND FLOOD DIVERSION.** 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 to collect support documentation.

SECTION I - PROJECT GENERAL INFORMATION

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

SECTION II - STRUCTURE GENERAL INFORMATION

Select the type of critical facility to mitigate	<input type="checkbox"/>	Building
	<input type="checkbox"/>	Utility Infrastructure
	<input type="checkbox"/>	Road
	<input type="checkbox"/>	Other
Address		

In case of multiple sites, attach to this worksheet a list of all locations/sites involved in this project.

City, State and Zip Code			
County			
Is this a historical building?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Year Built		Source (Ex: Property Appraiser):	

In the case of utility infrastructure, provide the year of construction of the oldest structure or the average age of the structure, if improvements have been completed over the years, due to land development.

SECTION III - HAZARD / MITIGATION INFORMATION

Please select the type of project you are proposing:

Acquisition	<input type="checkbox"/>	Elevation	<input type="checkbox"/>	Dry Flood Proofing	<input type="checkbox"/>	Drainage	<input type="checkbox"/>
Flood Control Measures	<input type="checkbox"/>	Floodplain and Stream Restoration	<input type="checkbox"/>	Flood Diversion	<input type="checkbox"/>		
Other	<input type="checkbox"/>	Please describe:					

SECTION IV - PROJECT COST INFORMATION

Mitigation Project Cost	\$
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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.

Annual Maintenance Cost	\$
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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 - HISTORICAL DAMAGES / LOSS OF SERVICE

Complete the following section in the structure and or area suffered any damages in the past, otherwise refer to next section:

Utility Infrastructure							
Potable Water	<input type="checkbox"/>	Wastewater	<input type="checkbox"/>	Electrical	<input type="checkbox"/>	Gas	<input type="checkbox"/>
Telecom	<input type="checkbox"/>	Other (describe):					
What is the population being served by the utility system that will be mitigated?							
How many customers suffered outages?							
For how long was the service out (hrs)?							

Roads or Bridges	
What is the two-way traffic count for this road (trips)?	
What will be additional time if traffic is routed to avoid the flooded area (hours/minutes)?	
How many miles will be added if traffic is routed to avoid flooding?	
For how long was the the road or bridge closed due to flooding?	

Other Buildings (please describe):	
Provide a brief description of how this building is a critical facility which functions are essential to the community during a storm event:	
What is the Annual Operational Budget of this critical facility?	\$

SECTION VI - LOSS OF SERVICE

Non Residential			
Fire Station	<input type="checkbox"/>	Hospital	<input type="checkbox"/>
Police Station	<input type="checkbox"/>	Other	<input type="checkbox"/>

If your critical facility is a FIRE STATION please answer the following questions:

How many people are served by this Fire Station?		
Select the type of area served by this Fire Station	Urban	<input type="checkbox"/>
	Suburban	<input type="checkbox"/>
	Rural	<input type="checkbox"/>
Does the Fire Station provide Emergency Medical Services (EMS)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Provide the address of the nearest Fire Station (Name, City, Zip Code):		
What is the population being served by the nearest Fire Station?		

If your critical facility is a HOSPITAL please answer the following questions:

How many people are being served by this Hospital?		
What is the distance in miles to the nearest Hospital capable of providing the same type of service?		
Provide the address of the nearest Hospital capable of providing the same type of service (Name, City, Zip Code):		
How many people are being served by the nearest Hospital capable of providing the same type of service?		

If your critical facility is a POLICE STATION please answer the following questions:

Indicate the type of area served by this Police Station	Metropolitan	<input type="checkbox"/>
	City	<input type="checkbox"/>
	Rural	<input type="checkbox"/>
How many people are served by this Police Station?		
How many Police Officers work or report to this Police Station?		
How many officers would still work from this building if it is shut down due to a disaster?		

Other Critical Facility Buildings (please describe):	
Provide a brief description of how this building is a critical facility which functions are essential to the community during a storm event:	
What is the Annual Operational Budget of this critical facility?	\$

Utility Infrastructure (select or describe the type of utility)			
Potable Water	<input type="checkbox"/>	Wastewater	<input type="checkbox"/>
		Electrical	<input type="checkbox"/>
		Gas	<input type="checkbox"/>
Telecom	<input type="checkbox"/>	Other (describe):	

What is the population being served by the utility system that will be mitigated?	
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Relates to number of customers being served by the system and that will be affected in the case of an outage. Include only the customers connected to locations that will be mitigated.

SECTION VII - HISTORICAL DAMAGES

Year	Storm Name	Property Address	Water depth (inches)	Claims (\$)	City Expenses (\$)

Attach an additional page if necessary

Were residents trapped during the flooding	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
For how long (hrs)?:				

Did the City or County incurred into any expenses attending the emergency during past events? If so, please provide details:		
Year	Expense Description	Cost (\$)

