

HURRICANE SAFE ROOM WORKSHEET

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

Applies for the following mitigation activities: **NEW SAFE ROOM AND RETROFIT OF EXISTING STRUCTURE.** 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

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

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

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):	

SECTION III - HAZARD / MITIGATION INFORMATION

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

SECTION IV - PROJECT COST INFORMATION

Mitigation Project Cost	\$
--------------------------------	-----------

A lump sum on this worksheet is acceptable for preliminary BCA, but a detailed breakdown attached to your application is required.

Annual Maintenance Cost	\$
--------------------------------	-----------

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

Please provide exact GPS coordinates for the structure in decimal degrees:

	Latitude	
	Longitude	

What would be the maximum occupancy for the safe room (occupants)?	
---	--

What would be the square footage of the safe room?	
---	--

How much of the safe room square footage will be usable?	
---	--

What is the wind speed the safe room will be design to withstand?	130 MPH <input type="checkbox"/>	200 MPH <input type="checkbox"/>	
	160 MPH <input type="checkbox"/>	250 MPH <input type="checkbox"/>	

What is the size of the community that will use the safe room (radius, in miles)?	
--	--

What is the predominant structure type(s) that people will leave to go to the safe room (indicate up to two types):

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"/>		

Specify the percentage of occupancy that each structure type you selected will have (total must equal 100%):

Structure Type (from selection above)	Percentage of Occupancy (%)