

WIND RETROFIT WORKSHEET

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

Applies for the following mitigation activities: **WIND RETROFIT which includes Opening Protection, Load Path, Roof, Code Plus activities.**
 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

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- 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 IV - STRUCTURE INFORMATION

What is the size of the building (heated square footage only)?	
What is the Building Replacement Value?	
What is the source of your Building Replacement Value?	
Is this a new construction or retrofit of existing structure?	New construction <input type="checkbox"/> Existing <input type="checkbox"/>

Hazard Mitigation Assistance program requires to protect the entire building envelope. To ensure this project complies with program requirements please answer the following:

Are you protecting all openings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you are not, please provide an explanation:		
If existing protection is in place and will not be replaced, would you be able to provide certification proving the existing protection is in compliance and applicable with effective code requirements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the building roof up to code?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
if not, are you retrofitting the building roof?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this a Code Plus project?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If this is a code plus project, the grant will only fund the difference between building up to code and building above code requirements

If your project is a code plus:

What is the Design Wind Speed required for the area (MPH)?	
What is the Code Plus Project Design Wind Speed?	

Select the type of construction of the building:	
Wood <input type="checkbox"/>	Comments:
Masonry / Concrete Block <input type="checkbox"/>	Comments:
Poured Reinforced Concrete Walls <input type="checkbox"/>	Comments:
Engineered Steel Frame <input type="checkbox"/>	Comments:
Manufactured Home <input type="checkbox"/>	Comments:
What is the number of stories above grade?	

SECTION V - LOSS OF SERVICE

Select the type of critical facility service to mitigate	<input type="checkbox"/> Fire Station
	<input type="checkbox"/> Hospital
	<input type="checkbox"/> Police Station
	<input type="checkbox"/> Other

*In the case of "Other" skip to questions referring to "Other Critical Facility Building".

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 address of the nearest Hospital capable of providing the same type of service?	
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?

\$