

# GENERATOR WORKSHEET

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

Applies for the following mitigation activities: **PERMANENT and PORTABLE GENERATORS**. 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.

**NOTE:** Having a complete worksheet will expedite the Technical Review.

## 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

<b>Select the type of critical facility to mitigate</b>	Critical Facility Building
	Utility Infrastructure
	Other:
<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>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Year Built:</b>	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 - TYPE OF MITIGATION

**Please select the type of project you are proposing:**

Permanent Generator(s)

Portable generator(s)

## 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 generator(s), to ensure functionality at the time of a storm event.

**SECTION V - LOSS OF SERVICE**

**Select the type of critical facility service to mitigate:**

Fire Station

Police Station

Hospital

Utility

Other (Please describe):

\*In the case of "Other" skip the following questions and refer 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
		Suburban
		Rural
Does the Fire Station provide Emergency Medical Services (EMS)?		YES      NO
Alternate Fire Station	Provide the address of the <b>nearest</b> Fire Station (Name, Street Address, City, Zip Code):	Alternate Fire Station with EMS
		Provide the address of the <b>nearest Fire Station with EMS</b> (Name, Street Address, City, Zip Code):

**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
	City
	Rural
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?	

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

<b>Select the type of utility infrastructure to mitigate:</b>		
Electrical	Wastewater	Gas
Potable Water	Telecom	Other(describe):
<b>What is the <u>population</u> being served by the utility system that will be mitigated?</b>		
<i>Population 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.</i>		

**SECTION V - LOSS OF SERVICE (Cont'd)**

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

<b>Other Critical Facility Buildings</b> (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 - HISTORICAL DAMAGES**

**Provide a list of outages suffered in the past, due to a storm event:** (Attach an additional page if necessary)

Year	Storm Name	Date	Outage duration (hrs.)	Source of outage information

**Has the City or County incurred any expenses attending the emergency during past events? If so, please provide details:** (Attach an additional page if necessary)

Incurred Expenses refers to any type of expense like: renting portable generators, chillers, sewage trucks to attend the emergency and avoid negative impact.

Year	Expense Description	Cost (\$)