

# 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.

**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

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

<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>		Yes	No
<b>Year Built</b>		<b>Source</b> (Ex: Property Appraiser):	

## SECTION III - PROJECT COST INFORMATION

<b>Mitigation Project Cost</b>	\$
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>	\$
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 - HAZARD / MITIGATION INFORMATION**

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

**SECTION V - SAFE ROOM INFORMATION**

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

	<b>Latitude</b>	
	<b>Longitude</b>	

<b>What would be the maximum occupancy of the safe room (number of occupants)?</b>	
<b>What would be the gross square footage of the safe room?</b>	
<b>What is the wind speed the safe room will be designed to withstand?</b>	
<b>What is the number of people that will use the safe room?</b>	

**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)	Manufactured Housing (includes mobile homes)
One- or two- Family Residences	Open Areas (parkland, fairgrounds, etc.)
Pre-engineered Metal Building (e.g. auditorium)	School (K-12)
Small Professional Building (unreinforced masonry)	

**Enter the percent of total occupancy coming from each structure type (total must equal 100%):**

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