

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.

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

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	No
Year Built		Source (Ex: Property Appraiser):	

SECTION III- PROJECT COST INFORMATION

Mitigation Project Cost	\$
If this a Code Plus project , provide the difference is cost between building up to code and building above code requirements. 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?	

FEMA Hazard Mitigation Assistance requires to protect the entire building envelope (e.g. exterior doors, wall coverings, roof coverings, windows, shutters, skylights, etc.). To ensure this project complies with program requirements please answer the following:

Are you protecting all openings (e.g. doors, windows, vents, louvers, exhaust fans, etc.)?	Yes	No
If you are not, please provide an explanation:		

Is the building roof protected to withstand the wind speed in the area in accordance with effective code requirements?	Yes	No
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if not, are you retrofitting the building roof?	Yes	No
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Is this a Code Plus project?*	Yes	No
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*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)?	
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What is the Code Plus Project Design Wind Speed?	
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Select the type of construction of the building:

<input type="checkbox"/>	Wood	Comments:
<input type="checkbox"/>	Masonry / Concrete Block	Comments:
<input type="checkbox"/>	Poured Reinforced Concrete Walls	Comments:
<input type="checkbox"/>	Engineered Steel Frame	Comments:
<input type="checkbox"/>	Manufactured Home	Comments:

What is the number of stories above grade?	
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SECTION V - LOSS OF SERVICE

Select the type of critical facility service to mitigate:

<input type="checkbox"/> Fire Station	<input type="checkbox"/> Police Station
<input type="checkbox"/> Hospital	<input type="checkbox"/> Utility
<input type="checkbox"/> Other (Please describe):	

*In the case of "Other" skip the following questions and refer to "Other Critical Facility Building".

SECTION V - LOSS OF SERVICE (Continued)

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 nearest Fire Station (Name, Street Address, City, Zip Code):	Alternate Fire Station with EMS
		Provide the address of the nearest Fire Station with EMS (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:

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

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

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?	\$