Appendix H:
Project Submittal Form and Priority Worksheet

1. 2018 Shelter Retrofit Proposal Submittal Form
2. 2018 Project Priority Worksheet
INSTRUCTIONS

1. The Division’s hurricane shelter retrofit program is generally limited to high wind and flood hurricane-resistance improvements (e.g., ASCE 7 engineering assessments, window and door protection, masonry wall reinforcement, etc.)

2. Please review ARC 4496 (found in Appendix C, 2016 Shelter Retrofit Report) before beginning the project identification process. The 2017 Shelter Retrofit Report, Appendix C can be found at the following web address:


   The Division’s interpretation of the ARC 4496 hurricane safety criteria can be found at the following web address:

   http://www.floridadisaster.org/Response/engineers/HES/Manual/ARC4496-Prescriptve-Summary-Table.pdf

   Note all construction deficiencies with respect to ARC 4496 for individual buildings, and address each deficiency with a corrective action.

3. Prepare an individual Shelter Retrofit Project Submittal Form for each individual building being evaluated. DO NOT combine several buildings or a campus onto a single submittal form. An Open Plan building that has a common exterior wall and roof system (building envelope) may be considered a single building. If there are significant differences in construction found in the same building (i.e., major addition constructed to a more wind-resistant design), prepare separate forms and indicate structural separation barrier on a sketch.

4. For entries that provide a multiple choice format, choose the response that is “typical” for the individual building being evaluated. For buildings that have multiple construction materials (or characteristics) and cannot be described with a single entry, provide a description (and sketches) of the building. Assume the weakest materials will be a softspot, and therefore the limiting factor with respect to wind performance.

5. Multiple projects can be submitted for each individual building (e.g., window shuttering, door hardware improvements, gable-end bracing, generator prewiring, etc.). Please describe the tangible benefits that will be provided by each individual project (e.g., 250 additional shelter spaces if shuttering is performed) and a cost estimate for each individual project.

6. The definitions of reinforced and partially reinforced masonry, as needed for both General and Wall Construction Type description, are provided below:

   Partially Reinforced Masonry (PRM) - For 8-inch hollow concrete masonry units (CMU), the maximum spacing of vertical reinforcement (rebar) at exterior walls shall be 8'-0"; 12" CMU rebar can be extended up to 11'-4". Rebar are located at each side of wall openings, corners and wall-to-wall intersections. An alternative to reinforced cell construction is tie-column (or pilaster) and beam systems. For 8-inch CMU, the maximum spacing between tie-columns shall not exceed 13'-6"; 12-inch CMU tie-columns can be
2018 SHELTER RETROFIT PROJECT SUBMITTAL FORM
INSTRUCTIONS, Cont’d

extended to 20'-0". Horizontal reinforcement must be present at roof and floor levels, and above and below wall openings. Interior masonry bearing and/or “core area” walls shall meet the same reinforcement requirements as exterior walls.

Reinforced masonry - Reinforced masonry has the same definition as partially reinforced masonry above, except the maximum spacing of the principal vertical reinforcement cannot exceed six (6) times the wall thickness or 4'-0". The presence of tie-columns does not have an effect upon a masonry walls classification as reinforced masonry.

7. For the purposes of this report, standard weight (wgt) concrete will have a minimum density of 100 pounds per cubic foot and minimum compressive strength of 2500 pounds per square inch.

8. These additional budget limitations apply to 2018 Shelter Retrofit Report projects:

   a) No more than $500 per general population hurricane evacuation shelter space gained per individual building, or for campuses/sites with multiple buildings, a campus-wide average of no more than about $350 per space; or

   b) A maximum of $300,000 total per facility, excluding Standby Electrical System (SES) work; and,

   c) SES work may be considered separately from hurricane wind and flood retrofit construction. SES is limited to $300,000 total per facility campus/site. (Thus potentially a limit of $300,000 in SES work, plus $300,000 in other construction/structural mitigation work, for a combined total limit of up to $600,000.)
2018 SHELTER RETROFIT PROJECT SUBMITTAL

County: ___________________________

Latitude: ______________________  Longitude: _________________________________

Facility Name: _________________________________________________________________

Building Number or ID: __________________________________________________________

Address: ______________________________________________________________________

Current Ownership of Facility: (Public, Private) ______________________________________

Is Facility currently used as a high wind shelter?  □ Yes  □ No

If answer is No, why? ____________________________________________________________

_____________________________________________________________________________

HURRICANE EVACUATION SHELTER TYPE AND CAPACITY

Is the building proposed to be designated by local Emergency Management (EM) to serve as
person(s) with special needs (PSN) public hurricane evacuation risk shelter (SpNS)?

□ Yes  □ No

If yes, what is the estimated PSN client space capacity at 60 sq.ft./usable space? ___________

Is the building proposed to be designated by local EM to serve as a general population hurricane
evacuation risk shelter?

□ Yes  □ No

If yes, what is the estimated client space capacity at 20 sq.ft./usable space? _______________

Is the building designated by local EM to serve as a pet-friendly hurricane evacuation risk
shelter?

□ Yes  □ No

Facility Name ____________________________

Page 1 of 1
Is the proposed facility located in a county recognized to be a multi-county hurricane evacuation risk shelter destination for counties with very limited or no Category 4/5 sheltering options?

☐ Yes  ☐ No

If yes, what is the estimated out-of-county SpNS client space capacity at 60 sq.ft./usable space?

_______________

Also, if yes, what is the estimated out-of-county general population space capacity at 20 sq.ft./usable space?

_______________

Building ownership and availability for use as a public shelter, check only one response as appropriate:

☐ Public Facility/Full Availability

☐ Public Facility/Limited Availability

☐ Private Facility/Full Availability

☐ Private Facility/Limited Availability

**HURRICANE HAZARD INFORMATION (ARC 4496 Survey)**

If proposed facility has been surveyed by division staff, consultants, or locally acquired architectural/engineering (A/E) or building inspection services, please attach applicable survey report(s) and proceed to Page 9, SHELTER RETROFIT/MITIGATION PROJECT PROPOSAL; please check appropriate response.

☐ FLDEM Least-Risk Decision Making (LRDM) report attached

☐ Other A/E survey report or LRDM attached

☐ No LRDM available, please complete FACILITY DESCRIPTION below
FACILITY DESCRIPTION:

Is the facility located within one mile of the ocean or a large body of water (greater than 1 mile in width or diameter)?  □ Yes  □ No

Is the building located on a coastal barrier island?  □ Yes  □ No

What is the finished floor elevation (FFE) of the 1st floor of the bldg (above mean sea level)?  FFE ________ feet

Facility is located in a storm surge inundation zone for landfalling or paralleling scenarios, check appropriate response:

□ 1/A  □ 2/B  □ 3/C  □ 4/D  □ 5/E  □ None

If applicable, is the Facility/Shelter FFE above SLOSH Category 4 landfalling flood inundation?  □ Yes  □ No

Facility is located in a storm surge inundation zone for exiting scenarios (if applicable), check appropriate response:

□ 1/A  □ 2/B  □ 3/C  □ 4/D  □ 5/E  □ None

If applicable, is the Facility/Shelter floor elevation above SLOSH Category 4 Paralleling or Exiting inundation elevation?  □ Yes  □ No

NFIP Flood (FIRM) Zone that Facility is located within, check appropriate response:

□ A_______ □ B/X-shaded □ C/X-unshaded □ D □ V

If applicable, is the Facility/Shelter floor elevation above Base Flood Elevation (BFE) flood inundation elevation?  □ Yes  □ No

Additional comments concerning flooding issues (e.g., exiting storm surge inundation zone):

____________________________________________________________________________
____________________________________________________________________________

Facility Name ________________________________  Page 3 of _____
FACILITY DESCRIPTION, (cont'd):

Construction Year ______________ , Major Addition(s) ______________ , ______________

Has building been surveyed by structural engineer, architect, construction technician, or other building design & construction specialist? ☐ Yes ☐ No

Are construction drawings (architectural & structural) and specifications available? ☐ Yes ☐ No

Structural wind load code or standard used in the design and construction of this facility, check only one response:

☐ SBC or MBMA, Edition 19_____ ☐ ANSI A58.1-1982
☐ SFBC, Edition 19_____ ☐ ASCE 7, year ______
☐ IBC or FBC, Edition ________ ☐ Other, ______________________

Wind Design Criteria, if available: wind speed \( V \), __________ mph \( I = \) _______
\[ K_d = \] _______ Exposure = _______ Enclosure Class, \( GC_{pi} = \) _______

General Construction Classification, check only one response:

☐ Light Steel Frame* ☐ Heavy Steel Frame (I or W section)
☐ Reinforced Concrete Frame ☐ Reinforced Concrete or Tilt-up Wall
☐ Reinforced Masonry/PRM wall-bearing ☐ Unreinforced Masonry wall-bearing
☐ Heavy Timber or Glulam Frame ☐ Light Metal or Wood Stud wall-bearing

*includes Pre-engineered Metal Building (PEMB) Frames.

If multistory, what is the number of concrete floors elevated above grade? ________
FACILITY DESCRIPTION, (cont'd):

Exterior Wall Construction, check only one response as appropriate:

- □ Reinforced Masonry (Rebar @ 4 ft. o.c. or closer)  □ Light Wood or Metal Stud w/ ½"+ wood structural panels
- □ Partially Reinforced Masonry (Reference Instructions 6)  □ Light Wood or Metal Stud w/ light non-plywood sheathing (includes EIFS)
- □ Unreinforced Masonry (or rebar spacing unknown)  □ Glazed Panel or Block System
- □ Poured-in-place or Precast Reinforced Concrete (2" min. thick)  □ Metal Sheets or panels other Light Architectural Panel Systems

Percent of exterior wall area comprised of unprotected fenestrations (e.g., windows, doors):

_________%

Roof Construction, check only one response as appropriate:

- □ Cast-in-place Reinforced Concrete (standard wgt concrete, 3 inch min.)  □ Plywood on wood or metal joist or truss
- □ Precast Concrete Panels ("T's", "Double T's", Planks, etc.)  □ Wood boards or T & G deck on wood joist or truss
- □ Metal Decking w/ standard wgt concrete (2" min. thick) on steel joist, truss or beam  □ Precast Cement-fiber (eg, tectum) panels on wood or metal joist/truss
- □ Other Metal Decking Systems (insulating concrete and/or rigid insulation or other light coverings)  □ Poured Gypsum on Formboard Decking on wood or metal joist or truss

Facility Name ________________________________  Page 5 of _____
FACILITY DESCRIPTION, (cont'd):

What is the roof geometry type, check appropriate response:

☐ Flat or low slope (< 1:12)  ☐ Gable-end  ☐ Hip System

☐ Other ________________________________________________

Is the Roof Slope greater than 30 degrees (6:12)?  ☐ Yes  ☐ No  ☐ N/A

Does the roof have a long span area (span of greater than 40 ft. between vertical supports)?

☐ Yes  ☐ No

Are Roof Eaves/Overhangs (width greater than 2 ft.) present that connect directly to the roof structure?

☐ Yes  ☐ No

Are appropriate loadpath connections present for the building's construction type?  
(e.g., hurricane clips and straps for wood-frame construction)

☐ Yes  ☐ No

If Parapet(s) are present and roof ponding is a hazard, are emergency overflow scuppers present?

☐ Yes  ☐ No

Are there any tall structures/trees that are close enough and large enough, that if they fell over, they could strike the building with enough force to significantly breach the roof/walls?

☐ Yes  ☐ No

If yes, describe the tree(s) or structures:______________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Facility Name _______________________________________  Page 6 of ____
FACILITY DESCRIPTION, (cont'd):

Describe General Condition of the Building:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Describe other construction features (features that enhance and detract from shelter usage) and/or site specific special hazards (e.g., close proximity debris sources or laydown hazards, etc.) associated with this facility that should be considered by the Division of Emergency Management:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Describe wind or other storm effects damage history of this facility (e.g., severe roof leaks, etc.):
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Facility Name _______________________________________  Page 7 of _____
FACILITY DESCRIPTION, (cont'd):

NOTE: IF available, please attach completed ARC 6564 or other mass care survey form and proceed to SHELTER RETROFIT/MITIGATION PROJECT PROPOSAL.

Which of the following descriptions best describes the food preparation capabilities of this facility, check appropriate response?

- Full Kitchen
- Warming Kitchen
- Home Ec Clsrn
- None

Which of the following descriptions best describes the food serving capabilities of this facility, check appropriate response?

- Restaurant
- Cafeteria
- Other
- None

Seating Capacity, if known? _______________ persons

Are sanitary facilities directly accessible from shelter area(s)?

- Toilets
  - Yes
  - No
  - Quantity _______________

- Showers
  - Yes
  - No
  - _______________

- Potable Water
  - Yes
  - No
  - N/A

Which of the following best describes the potable water source of this facility, check appropriate response?

- Public Utility
- Onsite Well
- Other

Which of the following best describes the sanitation utility of this facility, check appropriate response?

- Public Utility
- Onsite Septic
- Other

Facility Name ________________________________  Page 8 of ___
SHELTER RETROFIT/MITIGATION PROJECT PROPOSAL

Describe type of project(s) to be undertaken and what impact it will have upon the shelter characteristics of the facility (e.g., shuttering, generator pre-wiring, roof bracing, etc.); indicate the pre and post retrofit shelter capacity and whether the retrofits will only improve the safety of existing spaces; describe what impact the project will have upon the local and regional shelter deficit situation; provide cost estimates (+/- 15%), source of cost estimates, copies of cost estimate takeoffs if available; and, the time period necessary to complete all projects if construction is performed concurrently. Also provide detailed information on availability of other cost-sharing sources (local or other). Attach additional sheets if necessary.

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Impact (safety/capacity)</th>
<th>Cost estimate, $</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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</tbody>
</table>

Is this project listed in the County’s Local Mitigation Strategy? ☐ Yes ☐ No

If yes, is the project listed by specific building ________, or by campus only_______?

Estimated project design and/or construction timeline duration? _________ Months

Facility Name ___________________________
## 2018 Shelter Retrofit Report
### Preliminary Budget Worksheet

**Project # ____**

**Descriptive Title:** __________________________________

<table>
<thead>
<tr>
<th>Line</th>
<th>Item Description</th>
<th>Cost Estimate</th>
</tr>
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<tbody>
<tr>
<td>A</td>
<td>Salary &amp; Benefits</td>
<td>$</td>
</tr>
<tr>
<td>B</td>
<td>Other Personal/Contractual Services (e.g., Vendor)</td>
<td>$</td>
</tr>
<tr>
<td>C</td>
<td>A/E Service Fees</td>
<td>$</td>
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<td>D</td>
<td>Expenses</td>
<td>$</td>
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<tr>
<td>E</td>
<td>Operating Capital Outlay</td>
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<td>F</td>
<td>Fixed Capital Outlay</td>
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<td>H</td>
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<tr>
<td>I</td>
<td>Contingency (10% maximum*)</td>
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<tr>
<td>J</td>
<td>SUB-TOTAL</td>
<td>$</td>
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<tr>
<td>K</td>
<td>Admin Expenses (5% maximum)</td>
<td>$</td>
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<tr>
<td>L</td>
<td>TOTAL ESTIMATED PROJECT COST</td>
<td>$</td>
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*Contingency is limited to 10% unless detailed justification provided.*
## Preliminary Budget Worksheet

**Project # ____**

**Descriptive Title:** __________________________________

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</tr>
</tbody>
</table>

*-Contingency is limited to 10% unless detailed justification provided.
### 2018 Shelter Retrofit List Report

#### Project Priority Worksheet

County: _______________________________________________

Building Name/ID: ______________________________________

Address, City, Zip: ______________________________________

<table>
<thead>
<tr>
<th>ITEM</th>
<th>MAX POINT</th>
<th>SCORE</th>
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</thead>
<tbody>
<tr>
<td>1. Regional General Population Shelter Deficit</td>
<td>(75)</td>
<td>_____</td>
</tr>
<tr>
<td>2. County General Population Shelter Deficit</td>
<td>(50)</td>
<td>_____</td>
</tr>
<tr>
<td>3. Regional Special/Medical Needs Shelter Deficit</td>
<td>(30)</td>
<td>_____</td>
</tr>
<tr>
<td>4. County Special/Medical Needs Shelter Deficit</td>
<td>(20)</td>
<td>_____</td>
</tr>
<tr>
<td>5. Recognized Multi-County Risk Shelter Destination</td>
<td>(50)</td>
<td>_____</td>
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<tr>
<td>6. The Building is a Designated Risk Special/Medical Needs Shelter</td>
<td>(25)</td>
<td>_____</td>
</tr>
<tr>
<td>7. The Building is a Designated Risk Pet-Friendly Shelter</td>
<td>(25)</td>
<td>_____</td>
</tr>
<tr>
<td>8. Building Ownership and Availability</td>
<td>(50)</td>
<td>_____</td>
</tr>
<tr>
<td>9. Flood &amp; Building Design and Construction Criteria</td>
<td>(125)</td>
<td>_____</td>
</tr>
<tr>
<td>10. Numerical Increase in Risk Shelter Capacity</td>
<td>(75)</td>
<td>_____</td>
</tr>
<tr>
<td>11. Structural Envelope &amp; Essential Equipment Protection</td>
<td>(50)</td>
<td>_____</td>
</tr>
<tr>
<td>12. Cost-Effectiveness Considerations</td>
<td>(50)</td>
<td>_____</td>
</tr>
<tr>
<td>13. Project Specified in Local Mitigation Strategy</td>
<td>(50)</td>
<td>_____</td>
</tr>
<tr>
<td>14. Project Engineering and/or Construction Timeline/Duration</td>
<td>(25)</td>
<td>_____</td>
</tr>
</tbody>
</table>

TOTAL POINTS (700) _____
1. Proposed project is located within a region with a General Population hurricane evacuation risk shelter space deficit (Maximum: 75 points):

   Regional shelter capacity is less than 10 sf per space (75) ________
   Regional shelter capacity 10 – 14.9 sf per space (60) ________
   Regional shelter capacity 15 – 19.9 sf per space (40) ________
   Regional shelter capacity 20 – 30 sf per space (15) ________
   Regional shelter capacity is more than 30 sf per space (0) ________

2. Proposed project is located within a county with a General Population hurricane evacuation risk shelter space deficit (Maximum 50 Points):

   County shelter capacity is less than 10 sf per space (50) ________
   County shelter capacity 10 – 14.9 sf per space (40) ________
   County shelter capacity 15 – 19.9 sf per space (25) ________
   County shelter capacity 20 – 30 sf per space (10) ________
   County shelter capacity is more than 30 sf per space (0) ________

1 – Fiscally-constrained counties may receive a 5-point preference in score, but not exceed total of 50 points

3. Proposed project is located within a region with a Special/Medical Needs Shelter (SpNS) hurricane evacuation risk shelter space deficit (Maximum: 30 points):

   Regional shelter capacity is less than 30 sf per space (30) ________
   Regional shelter capacity 30 – 39.9 sf per space (25) ________
   Regional shelter capacity 40 – 59.9 sf per space (15) ________
   Regional shelter capacity 60 – 80 sf per space (10) ________
   Regional shelter capacity is more than 80 sf per space (0) ________
4. Proposed project is located within a county with a SpNS hurricane evacuation risk shelter space deficit (Maximum: 20 points):

- County shelter capacity is less than 30 sf per space (20) ________
- County shelter capacity 30 – 39.9 sf per space (15) ________
- County shelter capacity 40 – 59.9 sf per space (10) ________
- County shelter capacity 60 – 80 sf per space (5) ________
- County shelter capacity is more than 80 sf per space (0) ________

2 – Fiscally-constrained counties may receive a 5-point preference in score, but not exceed total of 20 points

5. Proposed retrofit project’s building is located in a county that is recognized to be a multi-county hurricane evacuation risk shelter destination for counties with very limited or no Category 4/5 sheltering options (Maximum 50 Points):

- Destination county with 301+ dedicated multi-county SpNS spaces (50) ________
- Destination county with 51 – 300 dedicated multi-county SpNS spaces (35) ________
- Destination county with dedicated multi-county General Population-only and/or limited multi-county SpNS spaces (< 51 dedicated SpNS spaces) (25) ________
- Not a recognized multi-county shelter destination (0) ________

6. Is the building designated by local EM to serve as a hurricane evacuation risk SpNS? (Maximum 25 Points):

- Yes (25) ________
- No (0) ________
7. Is the building designated by local EM to serve as a hurricane evacuation risk Pet-Friendly Shelter? (Maximum 25 Points):

- Yes (25) _________
- No (0) _________

8. Building ownership and availability for use as a public shelter (Maximum 50 Points):

- Public Facility/Full Availability (50) _________
- Public Facility/Limited Availability (25) _________
- Private Facility/Full Availability (15) _________
- Private Facility/Limited Availability (0) _________

9. Existing facility is demonstrated to address ARC 4496 hurricane-associated criteria (Maximum 125 Points):

   A. Surge Inundation/SLOSH Considerations

   - Outside landfalling Cat 5 storm surge zone (25) _________
   - Inside landfalling Cat 4/5 storm surge zone, and floor above Cat 5 maximum inundation elevation (15) _________
   - Inside landfalling Cat 3 or lower storm surge zone, and floor above Cat 5 maximum inundation elevation (5) _________
   - Inside landfalling Cat 3 or lower storm surge zone, and/or floor below Cat 5 maximum inundation elevation (0) _________

   B. Rainfall Flooding/NFIP FIRM Review Considerations

   - FIRM Zones C, D or unshaded-X (25) _________
   - FIRM Zone B, BE or shaded-X (15) _________
   - FIRM Zone A, AE, AH or A## (5) _________
   - FIRM Zone V, VE, Coastal A or SFHA (0) _________
C. **High Winds/Type of Construction**

<table>
<thead>
<tr>
<th>Type of Construction</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Wind Resistant/Heavy Construction (preferred)</td>
<td>25</td>
</tr>
<tr>
<td>Moderate Hurricane Resistance (less preferred)</td>
<td>15</td>
</tr>
<tr>
<td>Some Hurricane Resistance (marginal)</td>
<td>5</td>
</tr>
<tr>
<td>Light Construction/Info not available</td>
<td>0</td>
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</table>

D. **Building’s Structural Design, Wind Code Year**

<table>
<thead>
<tr>
<th>Year</th>
<th>Points</th>
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</thead>
<tbody>
<tr>
<td>2003 – present</td>
<td>50</td>
</tr>
<tr>
<td>1995 – 2002</td>
<td>25</td>
</tr>
<tr>
<td>1989 – 1994</td>
<td>10</td>
</tr>
<tr>
<td>Prior to 1989</td>
<td>0</td>
</tr>
</tbody>
</table>

10. **Numerical increase** in shelter capacity due to proposed retrofit project (Maximum 75 Points):

<table>
<thead>
<tr>
<th>Additional Spaces</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>501 or greater</td>
<td>75</td>
</tr>
<tr>
<td>301 – 500</td>
<td>50</td>
</tr>
<tr>
<td>151 – 300</td>
<td>25</td>
</tr>
<tr>
<td>51 – 150</td>
<td>10</td>
</tr>
<tr>
<td>1 – 50</td>
<td>5</td>
</tr>
<tr>
<td>No increase</td>
<td>0</td>
</tr>
</tbody>
</table>

3  For SpNS to GP equivalence, multiply numerical capacity increase by a factor of three (3).
11. Structural Envelope & Essential Equipment Protection-ONLY Project(s) (Maximum 50 Points):

   Fenestration protection-only (windows, doors, etc.) required (50) ___________
   Fenestration protection and engineer certifications-only required (25) ___________
   Genset/Standby Electric System/MEP protection enclosure-only (10) ___________
   More structural work than described above (0) ___________

12. Cost-effectiveness\(^4\) of project(s) (Maximum 50 Points):

   $99 average total cost or less per shelter space (50) ___________
   $100 to $199 average total cost per shelter space (40) ___________
   $200 to $349 average total cost per shelter space (25) ___________
   $350 to $500 average total cost per shelter space (10) ___________
   In excess of $500 average total cost per shelter space (0) ___________

\(^4\) – For SpNS to GP equivalence, multiply numerical cost per space by a factor of three (3).

13. Project Specified in Local Mitigation Strategy (Maximum 50 Points):

   Specific Campus & Building(s) referenced in LMS (50) ___________
   Specific Campus/Complex-Only referenced in LMS (35) ___________
   General Reference to Reduction in Shelter Deficit or Hurricane Shelter Safety Improvements in LMS (10) ___________
   No Specific applicable references to project(s) in LMS (0) ___________
14. Proposed retrofit project’s design, engineering and/or construction timeline/duration (Maximum 25 Points):

- Less than 12 months (25) __________
- 12 – 18 months (15) __________
- 19 – 24 months (5) __________
- Greater than 24 months or Timeline Not Available (0) __________