

**Appendix H:
Project Submittal Form and Priority Worksheet**

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

2018 SHELTER RETROFIT PROJECT SUBMITTAL FORM
EMPA Base Grant Task 8.A
Ref: Section 252.385(3), Florida Statutes

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:

<http://www.floridadisaster.org/Response/engineers/documents/2016SRR/Appd%20C%202016.pdf>

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-Prescriptive-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 _____

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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 Name _____

Page 2 of _____

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:

- | | |
|---|--|
| <input type="checkbox"/> SBC or MBMA, Edition <u>19</u> _____ | <input type="checkbox"/> ANSI A58.1-1982 |
| <input type="checkbox"/> SFBC, Edition <u>19</u> _____ | <input type="checkbox"/> ASCE 7, year _____ |
| <input type="checkbox"/> IBC or FBC, Edition _____ | <input type="checkbox"/> Other, _____
Edition, year _____ |

Wind Design Criteria, if available: wind speed V , _____ mph $I =$ _____

$K_d =$ _____ Exposure = _____ Enclosure Class, $GC_{pi} =$ _____

General Construction Classification, check only one response:

- | | |
|--|--|
| <input type="checkbox"/> Light Steel Frame* | <input type="checkbox"/> Heavy Steel Frame (I or W section) |
| <input type="checkbox"/> Reinforced Concrete Frame | <input type="checkbox"/> Reinforced Concrete or Tilt-up Wall |
| <input type="checkbox"/> Reinforced Masonry/PRM wall-bearing | <input type="checkbox"/> Unreinforced Masonry wall-bearing |
| <input type="checkbox"/> Heavy Timber or Glulam Frame | <input type="checkbox"/> 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 Name _____

Page 4 of _____

FACILITY DESCRIPTION, (cont'd):

Exterior Wall Construction, check only one response as appropriate:

- | | |
|--|--|
| <input type="checkbox"/> Reinforced Masonry
(Rebar @ 4 ft. o.c. or closer) | <input type="checkbox"/> Light Wood or Metal Stud
w/ 1/2"+ wood structural panels |
| <input type="checkbox"/> Partially Reinforced Masonry
(Reference Instructions 6) | <input type="checkbox"/> Light Wood or Metal Stud
w/ light non-plywood sheathing
(includes EIFS) |
| <input type="checkbox"/> Unreinforced Masonry
(or rebar spacing unknown) | <input type="checkbox"/> Glazed Panel or Block System |
| <input type="checkbox"/> Poured-in-place or Precast
Reinforced Concrete (2" min. thick) | <input type="checkbox"/> 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:

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

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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 Clrm 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)?

	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Quantity
Toilets	<input type="checkbox"/>	<input type="checkbox"/>	_____
Showers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Potable Water	<input type="checkbox"/>	<input type="checkbox"/>	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.

	Project Type	Impact (safety/capacity)	Cost estimate, \$
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

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 _____ Page 9 of _____

Attachment A

2018 Shelter Retrofit Report
Preliminary Budget Worksheet

Project # _____		
Descriptive Title: _____		
Line	Item Description	Cost Estimate
A	Salary & Benefits	\$
B	Other Personal/Contractual Services (e.g., Vendor)	\$
C	A/E Service Fees	\$
D	Expenses	\$
E	Operating Capital Outlay	\$
F	Fixed Capital Outlay	\$
G		\$
H		\$
I	Contingency (10% maximum*)	\$
J	SUB-TOTAL	\$
K	Admin Expenses (5% maximum)	\$
L	TOTAL ESTIMATED PROJECT COST	\$

*-Contingency is limited to 10% unless detailed justification provided.

Project # _____		
Descriptive Title: _____		
Line	Item Description	Cost Estimate
A	Salary & Benefits	\$
B	Other Personal/Contractual Services (e.g., Vendor)	\$
C	A/E Service Fees	\$
D	Expenses	\$
E	Operating Capital Outlay	\$
F	Fixed Capital Outlay	\$
G		\$
H		\$
I	Contingency (10% maximum*)	\$
J	SUB-TOTAL	\$
K	Admin Expenses (5% maximum)	\$
L	TOTAL ESTIMATED PROJECT COST	\$

*-Contingency is limited to 10% unless detailed justification provided.

Facility Name _____

Page _____ of _____

Attachment A

2018 Shelter Retrofit Report
Preliminary Budget Worksheet

Project # _____		
Descriptive Title: _____		
Line	Item Description	Cost Estimate
A	Salary & Benefits	\$
B	Other Personal/Contractual Services (e.g., Vendor)	\$
C	A/E Service Fees	\$
D	Expenses	\$
E	Operating Capital Outlay	\$
F	Fixed Capital Outlay	\$
G		\$
H		\$
I	Contingency (10% maximum*)	\$
J	SUB-TOTAL	\$
K	Admin Expenses (5% maximum)	\$
L	TOTAL ESTIMATED PROJECT COST	\$

*-Contingency is limited to 10% unless detailed justification provided.

Project # _____		
Descriptive Title: _____		
Line	Item Description	Cost Estimate
A	Salary & Benefits	\$
B	Other Personal/Contractual Services (e.g., Vendor)	\$
C	A/E Service Fees	\$
D	Expenses	\$
E	Operating Capital Outlay	\$
F	Fixed Capital Outlay	\$
G		\$
H		\$
I	Contingency (10% maximum*)	\$
J	SUB-TOTAL	\$
K	Admin Expenses (5% maximum)	\$
L	TOTAL ESTIMATED PROJECT COST	\$

*-Contingency is limited to 10% unless detailed justification provided.

Facility Name _____

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2018 Shelter Retrofit List Report
 Project Priority Worksheet

County: _____

Building Name/ID: _____

Address, City, Zip: _____

	<u>ITEM</u>	<u>MAX POINT</u>	<u>SCORE</u>
1.	Regional General Population Shelter Deficit	(75)	_____
2.	County General Population Shelter Deficit	(50)	_____
3.	Regional Special/Medical Needs Shelter Deficit	(30)	_____
4.	County Special/Medical Needs Shelter Deficit	(20)	_____
5.	Recognized Multi-County Risk Shelter Destination	(50)	_____
6.	The Building is a Designated Risk Special/Medical Needs Shelter	(25)	_____
7.	The Building is a Designated Risk Pet-Friendly Shelter	(25)	_____
8.	Building Ownership and Availability	(50)	_____
9.	Flood & Building Design and Construction Criteria	(125)	_____
10.	Numerical Increase in Risk Shelter Capacity	(75)	_____
11.	Structural Envelope & Essential Equipment Protection	(50)	_____
12.	Cost-Effectiveness Considerations	(50)	_____
13.	Project Specified in Local Mitigation Strategy	(50)	_____
14.	Project Engineering and/or Construction Timeline/Duration	(25)	_____
	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 Points¹):

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 points²):

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. <u>High Winds/Type of Construction</u>		
High Wind Resistant/Heavy Construction (preferred)	(25)	_____
Moderate Hurricane Resistance (less preferred)	(15)	_____
Some Hurricane Resistance (marginal)	(5)	_____
Light Construction/Info not available	(0)	_____
D. <u>Building's Structural Design, Wind Code Year</u>		
2003 – present	(50)	_____
1995 – 2002	(25)	_____
1989 – 1994	(10)	_____
Prior to 1989	(0)	_____

10. Numerical increase³ in shelter capacity due to proposed retrofit project (Maximum 75 Points):

501 or greater additional spaces	(75)	_____
301 – 500 additional spaces	(50)	_____
151 – 300 additional spaces	(25)	_____
51 – 150 additional spaces	(10)	_____
1 – 50 additional spaces	(5)	_____
No increase in hurricane shelter capacity	(0)	_____

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-effectiveness⁴ 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)	_____