

FLOOD CONTROL - DRAINAGE IMPROVEMENT WORKSHEET

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

Applies for the following mitigation activities: **ACQUISITION, ELEVATION, DRY FLOOD PROOFING, DRAINAGE IMPROVEMENTS, FLOOD CONTROL MEASURES, FLOODPLAIN AND STREAM RESTORATION AND FLOOD DIVERSION.** 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	Magnolia Bridge Replacement
Applicant	Osceola County Board of County Commissioners
Point of Contact	Name: Linette Matheny, PE
	Address (Please include City, State and Zip Code): 1 Courthouse Square, Suite 3100 Kissimmee, FL 34742
	Phone number: 407-742-0662
	Email: Linette.matheny@osceola.org
HMA Program (FMA, PDM, HMGP, 406 PA MITIGATION)	BRIC

SECTION II - STRUCTURE GENERAL INFORMATION

Select the type of critical facility to mitigate	<input type="checkbox"/> Building
	<input type="checkbox"/> Utility Infrastructure
	<input checked="" type="checkbox"/> Road
	<input type="checkbox"/> Other
Address	5785 Magnolia Court <small>In case of multiple sites, attach to this worksheet a list of all locations/sites involved in this project.</small>
City, State and Zip Code	Okeechobee, FL 34972
County	Osceola
Is this a historical building?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Year Built	1978
Source <small>(Ex: Property Appraiser):</small>	FDOT Bridge Report

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 - PROJECT COST INFORMATION

Mitigation Project Cost	\$ 1,500,000
<small>A lump sum on this worksheet is acceptable for preliminary BCA, but a detailed breakdown attached to your application is required.</small>	
Annual Maintenance Cost	\$ 1,000

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

Please select the type of project you are proposing:			
<input type="checkbox"/> Acquisition	<input type="checkbox"/> Elevation	<input type="checkbox"/> Dry Flood Proofing	<input checked="" type="checkbox"/> Drainage
<input type="checkbox"/> Flood Control Measures	<input type="checkbox"/> Floodplain and Stream Restoration		<input type="checkbox"/> Flood Diversion
<input type="checkbox"/> Other (Please describe):			

SECTION V - HISTORICAL DAMAGES / LOSS OF SERVICE

Complete the following section if the structure and or area suffered any damages in the past, otherwise refer to next section:

Utility Infrastructure			
<input type="checkbox"/> Potable Water	<input type="checkbox"/> Wastewater	<input type="checkbox"/> Electrical	<input type="checkbox"/> Gas
<input type="checkbox"/> Telecom	<input type="checkbox"/> Other (describe):		
What is the population being served by the utility system that will be mitigated?			
How many customers suffered outages?			
For how long was the service out (hours)? (Please list for all events)			

Roads or Bridges	
What is the two-way traffic count for this road (trips)?	155
What will be additional time if traffic is routed to avoid the flooded area (hours/minutes)?	0 (no detour available)
How many miles will be added if traffic is routed to avoid flooding?	0
For how long was the road or bridge closed due to flooding? (Please list for all events)	

SECTION VI - LOSS OF SERVICE

Non Residential			
<input type="checkbox"/> Fire Station	<input type="checkbox"/> Hospital	<input type="checkbox"/> Police Station	<input type="checkbox"/> Other

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		<input type="checkbox"/> Urban
		<input type="checkbox"/> Suburban
		<input type="checkbox"/> Rural
Does the Fire Station provide Emergency Medical Services (EMS)?		<input type="checkbox"/> YES <input type="checkbox"/> 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 distance in miles to the nearest Hospital capable of providing the same type of service?	
Provide the address of the nearest Hospital capable of providing the same type of service (Name, City, Zip Code):	
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	<input type="checkbox"/> Metropolitan
	<input type="checkbox"/> City
	<input type="checkbox"/> 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 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?	\$

SECTION VII - HISTORICAL DAMAGES

Provide a list of flood damages suffered in the past, due to a storm event.

Year	Storm Name	Property Address	Water depth (inches)	Claims (\$)

Attach an additional page if necessary

Were residents trapped during the flooding	<input type="checkbox"/> Yes	<input type="checkbox"/> No
For how long (hours)? (Please list for all events):		

Has the City or County incurred any expenses attending the emergency during past events? If so, please provide details:

Incurred expenses refers to any type of expense like: pumps, law enforcement, etc. to attend the emergency and avoid negative impact.

Year	Expense Description	Cost (\$)

Attach an additional page if necessary

SECTION VIII - EXPECTED DAMAGES

(Only if preliminary or final H&H study is available. Leave blank if no H&H studies are available)

Using your H&H results, please provide **before and after mitigation data** in regards of the number of structures that will suffer damages based on the modeled scenarios (25, 50, 100-year storm event)

Before Mitigation				
Recurrence Interval	Address	Estimated Structural Damages	Estimated Content Damages	Road closures (hrs.)
50				2400

Attach an additional page if necessary

After Mitigation				
Recurrence Interval	Address	Estimated Structural Damages	Estimated Content Damages	Road closures (hrs.)
100				0

Attach an additional page if necessary