

**Indian River County Local Mitigation Strategy (LMS)
Mitigation Measure (Project or Initiative) Proposal Form**

Municipality(s) or Agency(s): _____
 Contact Person: _____
 Office Phone: _____
 Fax #: _____
 E-mail: _____
 Estimated Cost of Project or Initiative _____

Describe the proposed mitigation measure as well as the population that will benefit:

What is the community's loss exposure **before** this mitigation effort? \$ _____

What will be the community's loss exposure **after** this mitigation effort? \$ _____

What is the estimated cost per benefited individual? \$ _____
 (project cost/# of benefited individuals)

Which LMS goal(s) does the mitigation project address?

Minimize the loss of life, property, and repetitive loss	yes	no
Achieve safe and fiscally sound, sustainable communities	yes	no
Minimize economic disruption and ensure orderly, effective recovery and redevelopment	yes	no

Which LMS hazard(s) does the mitigation project address? Mark with an **X**.

HAZARD	X	HAZARD	X	HAZARD	X
Agricultural Pest & Disease		Civil Disturbance		Communication Failure	
Drought		Epidemic		Erosion	
Extreme Temperature		Flooding		Hazardous Materials Accident	
Hurricane		Immigration Crisis		Lightning	
Power Failure		Radiological Accident		Seismic	
Terrorism		Thunderstorm		Tornado	
Transportation System Accident		Unexploded Military Ordnance		Wellfield Contamination	
Wildland Fire					

Please return completed forms to:
 Indian River County Dept. of Emergency Services, Emergency Management Division
 4225 43rd Avenue, Vero Beach, FL 32967
 Phone: (772) 567-2154, Fax: (772) 567-9323
 elopresti@ircgov.com

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Contained within:

The Jurisdiction's Comprehensive Growth Management Plan?	yes	no
Specific Location _____		
Jurisdiction's Comprehensive Emergency Management Plan?	yes	no
Specific Location _____		
Other local planning document (which one?) _____)	yes	no
Other local budgeting document (which one?) _____)	yes	no

Does this project address issues related to public health, safety, and welfare? yes no

Nature of critical facility benefited by this mitigation measure?
Primary Secondary Not Applicable

What is the life expectancy of the proposed mitigation measure? _____ years

Is there demonstrated public support for this measure? (attach documentation)

Has a public meeting or hearing been held (attach documentation)

Amount of match (funds or in-kind services) \$ _____ from
_____. (Source of Match)

Date funding will be available?

Sponsor(s) _____
NAME ALL SPONSORS OF THIS PROJECT, WHETHER OR NOT THEY WILL CONTRIBUTE FUNDS

If funding were immediately available, how long would it take until the community began receiving benefits from this mitigative measure? _____ years

Respond as completely as possible; attach additional pages as required.

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