

### Appendix 3

## Sample Project Evaluation Sheet

Project Name _____	Contact Person _____
Project Location _____	Contact Phone Number _____
Project Number _____	Date of Inspection: _____
Funding Source: <input type="checkbox"/> HMGP <input type="checkbox"/> PDM <input type="checkbox"/> FMA <input type="checkbox"/> Other _____	
Photos attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Past Damages: _____	
<b>Condition of Mitigation Project:</b> <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Unacceptable	
<b>Project type:</b> <input type="checkbox"/> Acquisition <input type="checkbox"/> Retrofit of Critical Facilities <input type="checkbox"/> Elevation <input type="checkbox"/> Erosion Control <input type="checkbox"/> Other: _____ <input type="checkbox"/> Relocation <input type="checkbox"/> Flood Control _____ <input type="checkbox"/> Wind Retrofit <input type="checkbox"/> Drainage Improvement _____	
<b>Design level of protection:</b> (designed to protect against) Flooding: <input type="checkbox"/> 100 yr <input type="checkbox"/> 50 yr <input type="checkbox"/> 25 yr <input type="checkbox"/> 10yr <input type="checkbox"/> Other _____ <input type="checkbox"/> Wind <input type="checkbox"/> Snow <input type="checkbox"/> Ice <input type="checkbox"/> Seismic <input type="checkbox"/> Other _____	
Most recent event the project was designed to protect against: _____ (date)	
Project Performance*: <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Comments: _____	
SEMO Inspector: _____	
SEMO Region: _____	

\* **Very Good:** Project performed at a level above the design criteria      **Good:** Project performed as designed  
**Fair:** Project provided some protection, but not at design criteria      **Poor:** Project didn't provide protection against the design event

**Appendix 3**

Name of Project: \_\_\_\_\_

Project ID #: \_\_\_\_\_

SEMO Region: \_\_\_\_\_

Date: \_\_\_\_\_

**Site Visit Worksheet**

SEMO Personnel: \_\_\_\_\_

Project Type:

Acquisition     Erosion Control     Retrofit of Critical Facilities

Elevation     Flood Control     Drainage Improvement

Relocation     Wind Retrofit     Other: \_\_\_\_\_

Condition of the mitigation project:

Excellent     Very Good     Good     Fair     Poor     Unacceptable