



Appendix C:

Disaster Mitigation Act of 2000 (DMA2K)

Commonwealth of Virginia Standard Hazard Mitigation Plan Mitigation Project Status

Report Date: _____
(Day/Month/Year)

Responsible Agency: _____

Street Address: _____

City/County: _____

Zip code: _____

Point of Contact: _____ Title: _____

Phone #: _____ E-mail address: _____

Mitigation Project Status:

Mitigation Project/Strategy Name:			
Project #:		Goal #:	
Description:			
Project Ranking:	Critical <input type="checkbox"/>	High <input type="checkbox"/>	Medium <input type="checkbox"/> Low <input type="checkbox"/>
Project Status:	Not Started <input type="checkbox"/>	Cancelled <input type="checkbox"/>	In progress <input type="checkbox"/> Completed <input type="checkbox"/>
	Please elaborate:		
If completed, were the goals and objectives achieved as planned? Yes <input type="checkbox"/> No <input type="checkbox"/> Please elaborate:			
If Started or Completed:	Project Cost? \$ _____	Cost-effective? Yes <input type="checkbox"/> No <input type="checkbox"/>	Project Funding Type (please specify): FEMA: <input type="checkbox"/> Other/Federal: <input type="checkbox"/> Other/Local: <input type="checkbox"/> Please specify if other: _____
	Indicator of Success (e.g., losses avoided)		
	How many people were protected by this action?		
	How many structures were mitigated?		
	Other indicators (i.e. losses avoided)?		
If no:	Please elaborate (i.e. problems encountered):		
Are the State Mitigation Goals still relevant? Yes <input type="checkbox"/> No <input type="checkbox"/> Please elaborate:			
Additional Comments:			