

## The Orange County Local Mitigation Working Group Compilation of Scores

Initiative identification number (Issued by the Mitigation Planning Subcommittee) : \_\_\_\_\_

Proposing jurisdiction/organization: \_\_\_\_\_

Contact Individual Name: \_\_\_\_\_

Agency or organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_

Date of Submittal of INOI to Mitigation Planning Subcommittee : \_\_\_\_\_

Date of Submittal of Initiative Characterization Form to Mitigation Planning Subcommittee: \_\_\_\_\_

Brief Description of Proposed Mitigation Initiative: \_\_\_\_\_

Numerical Score for Initiative	Issue
	<i>Total population benefited</i>
	<i>Percentage of jurisdiction's population benefited</i>
	<i>Health and safety considerations</i>
	<i>The cost of the initiative</i>
	<i>The cost impact of the initiative</i>
	<i>The benefit to cost/cost impact ratio</i>
	<i>The probability of community acceptance</i>
	<i>The probability of receiving funding</i>
	<i>The feasibility of implementation</i>
	<i>Consistency with other plans and programs</i>

**Total Score** \_\_\_\_\_

*Participants in the ranking for this initiative:*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_