

Duval County LMS Project Submission Form
Duval County Local Mitigation Strategy
Project Submission Form
General Information Required



1. Name, address and phone for contact regarding proposed project:

Name: _____

Address: _____

Phone #: (____) _____

Organization: _____

Project Name: _____

2. Description of the proposed project:

3. Explanation of need for proposed project:

4. Relation to goals, objectives and policies in the LMS and/or consistency with existing emergency management plan or other functional plan of a local government entity:

5. Hazard that proposed project will mitigate against and the project's effective useful life:

6. Estimated cost of proposed project. Has cost-benefit ratio been established?:

7. Source of funding for proposed project:

8. Estimated percentage of population benefited from proposed project. Is there public support for the project?:

9. Estimated percentage of jurisdiction benefited from proposed project (or project's potential to provide economic benefits):

10. Estimated amount of time to implement proposed project:

11. Party responsible for implementing proposed project:

12. Potential environmental impacts of proposed project:

13. Additional comments or information not inquired for above:

**Please return project information to:
Emergency Preparedness Division,
Jacksonville Fire and Rescue Department
515 North Julia Street, Suite 400, Jacksonville, FL 32202
Contact Information: (904) 255-3110
Email: TJSmith@coj.net**