

## Mitigation Action Evaluation

Project Number: \_\_\_\_\_ Project Name: \_\_\_\_\_

Project Description:

Affected Jurisdiction (s):

Lead/Participating Agencies:

Actual Time to Complete (or Anticipated Completion):

Actual Cost to Complete (or Anticipated Cost):

Funding Source:

Anticipated Benefit vs. Cost:

(For those projects with a measurable benefit in terms of future loss reduction, please quantify. For those projects less easily quantified, please provide a qualitative assessment of the benefit in relation to the cost.):

Other Comments:

Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_