



Screening Criteria Feedback Form

Name: ______ Affiliation: ______ Email: _____

Read through the following criteria topics below and rate them by relative level of importance. You can select up to two for each column: (up to two for *Less Important*, up to two for *Important* and up to two for *More Important*). Mark your choices with an X, and provide comments, if any, below.

| Criteria Topic | Less Important (select up to two) | Important (select up to two) | More Important (select up to two) |
|-------------------------------------|--------------------------------------|---------------------------------|--------------------------------------|
| Seismic Resiliency | | | |
| Emergency Response | | | |
| Multi-modal Needs | | | |
| Consistency with Emergency Plans | | | |
| Long-term Functionality | | | |
| Other: | | | |
| Other: | | | |

Comments (if any):

Stakeholder Representative Group Meeting #1 April 2017