# THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS BOARD ACTION SUMMARY

DEPT:	Office Of Emergency Services	BOARD AGENDA #:	*B-9
CUD IE	OT.	AGENDA DATE: Sep	tember 27, 2016
SUBJE(	CT: oval to Apply for the Fiscal Year 2016 Emerg	ency Management Perfo	rmance Grant
BOARD	ACTION AS FOLLOWS:	<b>No.</b> 2016	3-497
On motio	n of Supervisor _O'Brien, Sec oved by the following vote,	onded by Supervisor _With	row
On motio and appro Ayes: Su	n of Supervisor O'Brien , Sec oved by the following vote, pervisors: O'Brien, Chiesa, Withrow, DeMartini, and O	onded by Supervisor _With	row
On motio and appro Ayes: Su Noes: Su Excused	n of Supervisor O'Brien , Seconder , Seconder by the following vote, pervisors: O'Brien, Chiesa, Withrow, DeMartini, and opervisors: None or Absent: Supervisors: None	onded by Supervisor _With	row
On motio and appro Ayes: Su Noes: Su Excused Abstainin	n of Supervisor O'Brien , Seconded by the following vote, pervisors: O'Brien, Chiesa, Withrow, DeMartini, and O pervisors: None or Absent: Supervisors: None ng: Supervisor: None Approved as recommended	onded by Supervisor _With	row
On motio and appro Ayes: Su Noes: Su Excused Abstainin 1) X	n of Supervisor O'Brien , Seconded by the following vote, pervisors: O'Brien, Chiesa, Withrow, DeMartini, and o pervisors: None or Absent: Supervisors: None og: Supervisor: None Approved as recommended Denied	onded by Supervisor _With	row
On motio and appro Ayes: Su Noes: Su Excused Abstainin 1)X 2)	n of Supervisor O'Brien , Seconded by the following vote, pervisors: O'Brien, Chiesa, Withrow, DeMartini, and O pervisors: None or Absent: Supervisors: None ng: Supervisor: None Approved as recommended	onded by Supervisor _With	row

PAM VILLARREAL, Assistant Clerk

## THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS AGENDA ITEM

DE	EPT	Γ: (	Office	Of	Emergency	Services
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Urgent ○ Routine ●

BOARD AGENDA #: \*B-9

AGENDA DATE: September 27, 2016

**CEO CONCURRENCE:** 

4/5 Vote Required: Yes ○ No ●

#### **SUBJECT:**

Approval to Apply for the Fiscal Year 2016 Emergency Management Performance Grant

#### STAFF RECOMMENDATIONS:

- 1. Approve the Chief Executive Office Office of Emergency Services to apply for funds available through the Fiscal Year 2016 Emergency Management Performance Grant (EMPG).
- 2. Adopt the attached Governing Body Resolution authorizing participation in the Emergency Management Performance Grant.
- 3. Authorize the Chairman of the Board of Supervisors to sign the Governing Body Resolution.

#### **DISCUSSION:**

On June 14, 2016 the Chief Executive Office - Office of Emergency Services (OES) was notified that \$235,425 would be available to the Stanislaus County Operational Area (OA) for Fiscal Year 2016 through the EMPG. OA has been receiving this grant since the 1980s, and over the past five years received a total of \$1,153,704.

The EMPG is provided to County Operational Areas by the Department of Homeland Security through the California Governor's Office of Emergency Services (CalOES) providing federal funds to assist state, local, and tribal governments. These funds must be used to support activities that contribute to the OA's capability to prevent, prepare for, mitigate, respond to, and recover from emergencies and disasters. In the grant application, OES requests continued support of the OA's emergency services program. This program includes maintaining and building general to specific emergency/disaster preparedness programs throughout the OA to support the mitigation, response and recovery programs.

The Board is requested to authorize the Chief Executive Office - Office of Emergency Services to apply for the grant and approve the Governing Body Resolution which must be submitted with the grant application. The Governing Body Resolution (GBR) identifies the authorized agents to execute any and all actions necessary on behalf of Stanislaus County for the purpose of obtaining federal financial assistance provided by the Department of Homeland Security and sub-granted through the CalOES. This GBR will remain in effect for three grant cycles beginning with Fiscal Year 2016. The authorized agents identified by position for

Stanislaus County are: Director of Emergency Services, Stan Risen; Assistant Director of Emergency Services, Dale Skiles and Program Manager, Francine Gutierrez.

Once Stanislaus County's application is approved by the California Governor's Office of Emergency Services, staff will return to the Board for approval to accept the grant award.

#### **POLICY ISSUE:**

The Board of Supervisor's approval is required to authorize OES to apply for the EMPG and the Governing Body Resolutions allowing staff to act on the County's behalf for the purpose of obtaining federal financial assistance from the Department of Homeland Security and CalOES.

#### **FISCAL IMPACT:**

The Fiscal Year 2016 Emergency Management Performance Grant will provide funding to support the state and local efforts to prepare for all-hazards and support activities that contribute to the operational area's capability to prevent, prepare for, mitigate, respond to, and recover from emergencies and disasters.

Cost of recommended action:		\$	235,425
Source(s) of Funding:			
Governor's Office of Emergency Services	235,425	_	
Funding Total:	<u> </u>	\$	235,425
Net Cost to County General Fund		\$	-
Fiscal Year:	2016-2017	7	
Budget Adjustment/Appropriations needed:	No		
Fund Balance as of	N/A		

### BOARD OF SUPERVISORS' PRIORITY:

This grant supports the Board's priorities of A Safe Community, A Healthy Community and Effective Partnerships by ensuring local and regional disaster preparedness.

#### **STAFFING IMPACT:**

The existing staff of the CEO – Office of Emergency Services will administer the grant.

#### **CONTACT PERSON:**

Dale Skiles, Assistant Director of Emergency Services

#### ATTACHMENT(S):

Governing Body Resolution

## GOVERNING BODY RESOLUTION

BE IT RESOLVED BY THE	Board of Superv	isors	
		(Governing Body)	
OF THE		nty	THAT
	(Name of Applica	ant)	
		y Services	_OR
	(Name or Title of Authoriz	ed Agent)	
Assistant	Director of Emer	gency Services	$\_OR$
	Name or Title of Authoriz	ed Agent)	
Program 1	Manager of Emerg	gency Services	<b></b> ,
	(Name or Title of Authoriz	ed Agent)	
and sub-granted through the State of Passed and approved this27th		September	, 2016
	Certificat	ion	
Ι,		, duly appo	inted and
	(Name)		
	of the	Board of Supervisors	
(Title)		(Governing Body)	
do hereby certify that the above is	a true and correct	copy of a resolution passed and app	proved by
the Board of Supervisors	of the	County of Stanislaus	on the
(Governing body)	or the _	(Name of Applicant)	_ 011 tile
<u>27th</u> day o	f	September , 2016	
	Chairman af tha	Board of Supervisors	
	(Official Position)	Board of Suppressors	<del>-</del>
		1) lenter de	
-	(Signature)	as the production	_
	Ct127. 20	1.6	
	September 27, 20 (Date)	10	<del></del>