SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE, STATE OF CALIFORNIA



FROM: Riverside County Fire - Office of Emergency Services (OES)

SUBMITTAL DATE: January 23, 2014

SUBJECT: Resolution No. 2014-046, Designation of Applicant's Agent Resolution for Disaster Relief and Emergency Assistance, All Districts [\$0]

RECOMMENDED MOTION: That the Board of Supervisors:

- 1. Adopt Resolution No. 2014-046, Designation of Applicant's Agent Resolution for Disaster Relief and Emergency Assistance; and,
- 2. Authorize the Chairman of the Board to certify form "Cal EMA 130 Designation of Applicant's Agent Resolution For Non-State Agencies" on the Board of Supervisors behalf; and,
- 3. Authorize the Riverside County Fire Chief, or his designee, to administer all actions necessary and sign all documents related to the administration of these recovery funds.

BACKGROUND:

<u>Summary</u>

The Public Assistance Division of the Governor's Office of Emergency Services (CalOES), formerly the California Emergency Management Agency (CalEMA), provides financial support to state agencies, local governments, special districts and eligible private non-profit organizations to assist in recovery from major disasters or emergencies.

(Continued on next page)

By Peter Lent, Deputy Director, County Fire, OES For John R. Hawkins, County Fire Chief

FINANCIAL DATA	Current Fisc	al Year:	Next Fiscal	Year:	Total Cost:		Or	ngoing Cost:		CONSENT ec. Office)
COST	\$	0	\$	0	\$	0	\$	0	Canaant	Policy 🗗
NET COUNTY COST	\$	0	\$	0	\$	0	\$	0	Consent L	Policy M
SOURCE OF FUN				r Federa	lly Funde	d,		Budget Adjusti	ment:	
depending on recov	ery assist	tance gr	anted.					For Fiscal Year	:	
C E O PECOMME	MDATIO	NI ·								

C.E.O. RECOMMENDATION

APPROVE

County Executive Office Signature

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MINUTES OF THE BOARD OF SUPERVISORS

	Change Order		□ 4/5 Vote
ERIC STOPHER (]]
BY.	Positions Added		□ A-30
FORM APPROVED COUNTY COLINSE			

Prev. Agn. Ref.: 3/31/09, 3.26;	District: All	Agenda Number:
2/4/08, 3.32; 8/28/07, 3.28; 8/29/06,		
3.40; 3/15/05, 3.19; 3/13/01, 3.26		

SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

FORM 11: Riverside County Fire -Office of Emergency Services (OES)

DATE: Resolution No. 2014-046, Designation of Applicant's Agent Resolution for Disaster Relief and

Emergency Assistance, All Districts [\$0]

PAGE: 2 of 2

BACKGROUND:

Summary (continued)

Programs available include the California Disaster Assistance Act (CDAA), the Emergency Management Assistance Compact (EMAC), Federal Disaster Assistance, and the Fire Management Assistance Grant (FMAG).

In order to be eligible for this assistance, CalOES requires a new Designation of Applicant's Agent Resolution for Disaster Relief and Emergency Services submittal every three (3) years.

Impact on Citizens and Businesses

By submitting this resolution, there is no impact on the citizens or businesses within the County; however, if a disaster occurs, this resolution will provide a substantial benefit in that it will enable the County to apply for and be eligible for disaster relief and emergency assistance that, given the gravity of the disaster, the County may not be equipped to provide on its own.

SUPPLEMENTAL:

Additional Fiscal Information

N/A

Contract History and Price Reasonableness

N/A

Attachments

- A. Resolution No. 2014-046
- B. Designation of Applicant's Agent Resolution for Non-State Agencies

APPROVED COUNTY COUNSE!

Board	of Su	pervisors
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County of Riverside

RESOLUTION NO. 2014-046

RESOLUTION OF THE BOARD OF SUPERVISORS REGARDING SIGNATURE AUTHORITY UNDER PUBLIC RECOVERY FOR DISASTER RELIEF AND EMERGENCY ASSISTANCE ADMINISTERED BY THE GOVERNOR'S OFFICE OF EMERGENCY SERVICES (CaIOES) AND THE FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA).

BE IT RESOLVED AND ORDERED by the Board of Supervisors of the County of Riverside,
State of California, in regular session on that the individuals whose
position titles appear below are hereby designated as Authorized Officials and are authorized, as
an individual, to execute for and on behalf of the County of Riverside, a public entity established
under the laws of the State of California, any actions necessary for the purpose of obtaining
federal financial assistance provided by the Governor's Office of Emergency Services (CalOES)
and/or the Federal Emergency Management Agency (FEMA) and sub-granted through the State
of California.

Administrat	ive Services Officer, OES	, or
(Tit	le of Authorized Agent)	
Emergency	Services Manager, OES	,or
(Tit	le of Authorized Agent)	
Dep	outy Director, OES	,or
(Tit	le of Authorized Agent)	
С	ounty Fire Chief	
(Tit	le of Authorized Agent)	

Disaster No:	
Cal EMA ID No:	065-00000

DESIGNATION OF APPLICANT'S AGENT RESOLUTION FOR NON-STATE AGENCIES

BE IT RESOLVED BY T	HE BOARD OF SUPERV	ISORS OF THE	COUNTY OF RIVERSIDE
	(Governing Body)		(Name of Applicant)
THAT	ADMINISTRATIVE SE	RVICES OFFICE	CER, OES . OR
	(Title of Aut	horized Agent)	
	EMERGENCY SERV	ICES MANAG	ER, OES OR
		horized Agent)	
	DEPUTY DIRECTOR, OE	S, OR COUNTY F	TRE CHIEF
	(Title of Aut	horized Agent)	
is hereby authorized to execut	te for and on behalf of the	COUNTY	OF RIVERSIDE , a public entity
the purpose of obtaining certa	in federal financial assistance ur	ication and to file it was der Public Law 93-23	e of Applicant) vith the California Emergency Management Agency fo 88 as amended by the Robert T. Stafford Disaster Relic California Disaster Assistance Act.
THAT the COUN	ITY OF RIVERSIDE	a muhlia an	tity established under the laws of the State of Californ
(1)	name of Applicant) to provide to the California Eme		Agency for all matters pertaining to such state disaster
Please check the appropriate	e box below:		
This is a disaster specific res	solution and is effective for only day of	disaster number(s) _	
r assed and approved this _	day of	, 20	
	JEFF STONE, CHAIRMAN	N OF THE BOARD	OF SUPERVISORS
		of Governing Body Repr	
	Board of Supervisors	Kevin Jeffries,	John Tavaglione
		of Governing Body Repr	
	John Benoi	t, and Marion	Ashley
	(Name and Title of	of Governing Body Repr	esentative)
	CF	RTIFICATION	
I,	. duly	appointed and	of
(Nan	ne)	<u></u>	(Title)
		lo hereby certify the	at the above is a true and correct copy of a
(Name of A	applicant)		
Resolution passed and appr	roved by the(Govern	o	of the
			(Name of Applicant)
on the	_day of	, 20	
(Signature)		(Title)