

FORM APPROVED COUNTY COUNSEL
 BY: *[Signature]* 7/29/15
 GREGORY P. PRIAMOS DATE

Departmental Concurrence

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

735



FROM: Riverside County Emergency Management Department (EMD)

SUBMITTAL DATE:
7/30/15

SUBJECT: Adopt Resolution Number 2015-167 to change the Authorized Agents under the DR-1810 Hazard Mitigation Grant Program Shake Shingle Roof Project - Phase 2 [All Districts], [\$0.00]

RECOMMENDED MOTION: That the Board of Supervisors:
 Adopt Resolution Number 2015-167: Change Designated Authorized Agents under the DR-1810 Hazard Mitigation Grant Program- Shake Shingle Roof, Project Phase 2 that is administered under the Governor's Office of Emergency Services (CalOES)

BACKGROUND:

Summary
 See page 2

[Signature: Kim Saruwatari]
 Kim Saruwatari
 Director of Emergency Management

| FINANCIAL DATA | Current Fiscal Year: | Next Fiscal Year: | Total Cost: | Ongoing Cost: | POLICY/CONSENT (per Exec. Office) |
|-----------------|----------------------|-------------------|-------------|---------------|---|
| COST | \$ N/A | \$ N/A | \$ N/A | \$ N/A | Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/> |
| NET COUNTY COST | \$ N/A | \$ N/A | \$ N/A | \$ N/A | |

SOURCE OF FUNDS:
 Budget Adjustment: *NO*
 For Fiscal Year: 15/16

C.E.O. RECOMMENDATION: APPROVE

BY: *[Signature: Debra Cournoyer]*
 Debra Cournoyer

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

- A-30
- Positions Added
- 4/5 Vote
- Change Order

Prev. Agn. Ref.: 3.40 9/10/13 | District: All | Agenda Number:

3-58

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

FORM 11: Adopt Resolution Number 2015-167 to change the Authorized Agents under the DR-1810 Hazard Mitigation Grant Program Shake Shingle Roof Project Phase 2 [All Districts], [\$0.00]

DATE: 7/30/15

PAGE: 2 of 2

BACKGROUND:

Summary (continued)

Resolution # 2013-213 was approved by the Riverside County Board of Supervisors on September 10, 2013 and gave the County Fire Chief and the Deputy Director and Administrative Services Officer from County OES the signature authority for all grant related activities for the DR-1810 Hazard Mitigation Grant Program Shake Shingle Roof Project Phase 2 (Item 3.40). CalOES requires a new resolution to be submitted if there is a change to the authorized agents who have signature authority. On May 12, 2015 the Board of Supervisors approved the creation of the Emergency Management Department (EMD), which includes the Riverside County Office of Emergency Services (Item 3.49). EMD will now be responsible for overseeing the Operational Area grants and will be required to complete transactions pertaining to the Hazard Mitigation Program grant. The Director of Emergency Management will be the signature authority for all grant related activities and will delegate signature authority to the Emergency Services Manager, the Program Chief II and the Public Health Program Director.

Impact on Citizens and Businesses

This change will have no impact on citizens or businesses.

SUPPLEMENTAL:

Additional Fiscal Information

N/A

Contract History and Price Reasonableness

N/A

2 **RESOLUTION NO. 2015-167**

3 **RESOLUTION TO CHANGE DESIGNATED AUTHORIZED AGENTS**
4 **UNDER THE DR-1810 HAZARD MITIGATION GRANT PROGRAM**
5 **- SHAKE SHINGLE ROOF PROJECT, PHASE 2**

6 BE IT RESOLVED AND ORDERED by the Board of Supervisors of the County of
7 Riverside, State of California, in regular session on August 18, 2015, that the individuals
8 whose position and title appear below are hereby designated as Authorized Officials and are
9 authorized, as an individual, to execute for and on behalf of the County of Riverside, a public
10 entity established under the laws of the State of California, any actions necessary for the
11 purpose of obtaining and maintaining federal financial assistance provided by the Federal
12 Emergency Management Agency and subgranted through the Governor's Office of Emergency
13 Services.

14 Director of Emergency Management , OR

(Title of Authorized Agent)

15 Emergency Services Manager, OR

(Title of Authorized Agent)

16 Program Chief II, OR

(Title of Authorized Agent)

17 Public Health Program Director

(Title of Authorized Agent)

FORM APPROVED COUNTY COUNSEL
BY: ES ERIC STOPHER
DATE: 7/28/15