

DATE SUBMITTED _____
 SUBMITTED BY Jenell Guerrero
 DATE ACTION REQUIRED 12/20/23

COUNCIL ACTION
 PUBLIC HEARING REQUIRED
 RESOLUTION
 ORDINANCE 1ST READING
 ORDINANCE 2ND READING
 CITY CLERK'S INITIALS

**IMPERIAL CITY COUNCIL
 AGENDA ITEM**

SUBJECT:	DISCUSSION/ACTION: 1. Approve Cal OES form 130 designating City Manager and Finance Manager as authorized agents for City of Imperial to be eligible to obtain financial assistance via Federal/State means following a disaster.		
DEPARTMENT INVOLVED: City Manager			
BACKGROUND/SUMMARY: A Designation of Applicant's Agent Resolution for Non-State Agencies (Cal OES form 130) is required of all applicants to be eligible to receive funding through Federal/State means as a result of natural disasters, pandemics, etc. A resolution must be passed by the applicable governing body and submitted to California Governor's Office of Emergency Services and remain active for three (3) years. It is, therefore, requested that Council approve Cal OES form 130 designating the City Manager and Finance Manager as authorized agents for the City of Imperial. The designation will be effective for all open and future disasters/grants declared up to three (3) years following the date of approval.			
FISCAL IMPACT: NOT TO EXCEED There is no fiscal impact.		FINANCE INITIALS	<u>DA</u>
STAFF RECOMMENDATION: Staff recommends approval of Cal OES form 130 designating the City Manager and Finance Manager as authorized agents for the City of Imperial.		DEPT. INITIALS	<u>JMG</u>
MANAGER'S RECOMMENDATION: Approve staff recommendation.		CITY MANAGER'S INITIALS	<u>JHM</u>
MOTION:			
SECONDED:	APPROVED	()	REJECTED
AYES:	DISAPPROVED	()	DEFERRED
NAYES:	REFERRED TO:		
ABSENT:			



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

BE IT RESOLVED BY THE City Council OF THE City of Imperial
 (Governing Body) (Name of Applicant)

THAT City Manager, OR
 (Title of Authorized Agent)

Finance Manager, OR
 (Title of Authorized Agent)

 (Title of Authorized Agent)

is hereby authorized to execute for and on behalf of the City of Imperial,
 (Name of Applicant)

a public entity established under the laws of the State of California, this application and to file it with the California Governor's Office of Emergency Services for the purpose of obtaining federal financial assistance for any existing or future grant program, including, but not limited to any of the following:

- **Federally declared Disaster (DR), Fire Mitigation Assistance Grant (FMAG), California State Only Disaster (CDAA), Immediate Services Program (ISP), Hazard Mitigation Grant Program (HMGP), Building Resilient Infrastructure and Communities (BRIC), Legislative Pre-Disaster Mitigation Program (LPDM)**, under
- Public Law 93-288 as amended by the Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988, and/or state financial assistance under the California Disaster Assistance Act.
- **Flood Mitigation Assistance Program (FMA)**, under Section 1366 of the National Flood Insurance Act of 1968.
- **National Earthquake Hazards Reduction Program (NEHRP)** 42 U.S. Code 7704 (b) ((2) (A) (ix) and 42 U.S. Code 7704 (b) (2) (B) National Earthquake Hazards Reduction Program, and also The Consolidated Appropriations Act, 2018, Div. F, Department of Homeland Security Appropriations Act, 2018, Pub. L. No. 115-141
- **California Early Earthquake Warning (CEEW)** under CA Gov Code – Gov, Title 2, Div. 1, Chapter 7, Article 5, Sections 8587.8, 8587.11, 8587.12

That the City of Imperial,
 (Name of Applicant)

laws of the State of California, hereby authorizes its agent(s) to provide to the Governor's Office of Emergency Services for all matters pertaining to such state disaster assistance the assurances and agreements required.



Please check the appropriate box below

- This is a universal resolution and is effective for all open and future disasters/grants declared up to three (3) years following the date of approval.
- This is a disaster/grant specific resolution and is effective for only disaster/grant number(s): _____

Passed and approved this ___ day of _____, 20___

 (Name and Title of Governing Body Representative)

 (Name and Title of Governing Body Representative)

 (Name and Title of Governing Body Representative)

CERTIFICATION

I, Kristina Shields, duly appointed and City Clerk of
 (Name) (Title)

City of Imperial, do hereby certify that the above is a true and
 (Name of Applicant)

correct copy of a resolution passed and approved by the City Council
 (Governing Body)

of the City of Imperial on the ___ day of _____, 20___
 (Name of Applicant)

(Signature)

City Clerk

(Title)