

DEPARTMENT: Fire Protection

BY: Blaine Shultz, Fire Chief
PHONE: 209-966-4330

RECOMMENDED ACTION AND JUSTIFICATION:

The Governors Office of Emergency Services administers the federal disaster planning funds and in order to expedite emergency planning, hazard assessments and Emergency Plan development along with community emergency training, the Emergency Plan Update grants is available. The amount of funding is based on a per capita amount and is dedicated to Mariposa County in the amount of \$10,689 for FY2002-2003 and \$58,898 for FY2003-2004. This grant does not require a match.

The department requests approval of a budget action for \$10,689 in unanticipated revenue and appropriation of \$4179 in extra help (542.02-01), \$300 in office supplies (542.04-17), \$5160 in volunteer firefighters (542.04-39, and \$1050 in county vehicle expense (542.04-50).

The department proposes to utilize extra help to support the clerical/office functions and to use qualified County firefighters to complete the hazard assessment in each of the communities within the County. The Community Emergency Response component is proposed to be contracted to a consultant of a personal services contract.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The Board approved application for this Office of Emergency Services grant on January 28, 2003 as these funds supplement general fund appropriations for emergency planning.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Financial Impact? <input checked="" type="checkbox"/> Yes (x) No	Current FY Cost: \$	Annual Recurring Cost: \$
Budgeted In Current FY? () Yes (x) No () Partially Funded		
Amount in Budget: \$ -0		List Attachments, number pages consecutively
Additional Funding Needed: \$ -0 10,689		Approval Notice [1-2]
Source: xx Grant		Budget Action [3]
Internal Transfer		
Unanticipated Revenue xx 4/5's vote		
Transfer Between Funds 4/5's vote		
Contingency 4/5's vote		
() General () Other		

CLERK'S USE ONLY:

Res. No.: 03-68 Ord. No. _____
Vote - Ayes: 5 Noes: _____
Absent: _____
hms Approved
() Minute Order Attached () No Action Necessary

The foregoing instrument is a correct copy of the original on file in this office.

Date: _____
Attest: MARGIE WILLIAMS, Clerk of the Board
County of Mariposa, State of California
By: _____
Deputy

COUNTY ADMINISTRATIVE OFFICER:

_____ Requested Action Recommended
_____ No Opinion
Comments:

CAO: *[Signature]*



**GOVERNOR'S OFFICE OF EMERGENCY SERVICES
DISASTER ASSISTANCE RESOURCES BRANCH
GRANT PAYMENTS UNIT
POST OFFICE BOX 419023
RANCHO CORDOVA, CALIFORNIA 95741-9023
PHONE: (916) 845-8110 FAX: (916) 845-8392**



February 13, 2003

Blaine Shultz
Fire Chief
Mariposa County
P.O Box 162
Mariposa, CA 95338

Dear Mr. Shultz:

**SUBJECT: NOTIFICATION OF APPLICATION APPROVAL
FEDERAL EMERGENCY MANAGEMENT AGENCY
FEMA 02 Supplemental - Emergency Operations Planning
2003-313, OES #043-00000**

The Governor's Office of Emergency Services has approved your grant application in the amount of \$69,587.00. A copy of your approved application is enclosed for your records. The award period for this grant can be found on the enclosed application.

In order to receive payment, Grant Assurances and Governing Body Resolution Forms must be on file with our office. Payment must be requested using a FEMA Supplemental Reimbursement Request form; a copy is enclosed.

As a requirement of this program, a special fund for the deposit of the state warrant must be established upon receipt. Under no circumstances are expenditures to be made for any damages other than those approved in this application. This grant is subject to all policies and provisions of the Single Audit Act of 1984 and the Single Audit Act Amendments of 1996. Any funds received in excess of current needs or approved amounts, or those found owed as a result of an audit or final inspection, must be refunded to the State within 30 days upon receipt of an invoice from the Governor's Office of Emergency Services.

Quarterly Reports must be prepared and submitted to OES for the duration of the grant period or until all planning activities are completed and the grant is formally closed. The reports must include the status of all activities. Quarterly report template, with instructions, will be distributed under separate cover prior to the deadline for the first report. Failure to submit quarterly reports could result in grant reduction, termination or suspension.

For further assistance, please contact the Grant Management Section at (916) 845-8110.

GRANT PAYMENTS UNIT

Enclosure

c: Applicant's File

Mariposa

Federal Emergency Management Agency, Office of National Preparedness FY 2002
Supplemental Grant for Emergency Operations Planning

Application for Assistance -

Mariposa County
County

RECEIVED
FEB 10 2003
92413
GRANT PAYMENTS UNIT

P.O. Box 162 Mariposa,
Authorized Agent Mailing Address

Mariposa, CA 95338
City / State / Zip Code

\$ 69,587
Maximum Amount Authorized per Appendix A

\$ 69,587
Amount Requested per Budget Detail Worksheet

Contact Information:

Blaine Shultz
Name

Fire Chief
Title

209-966-4330
Area Code / Office Telephone

209-966-0252
Area Code / Office Fax

mpsafire@yosemite.net
E-Mail Address

Application Checklist - The following items must be included with this grant application package:

- Narrative
- Budget Detail Worksheet
- Immediate Needs Funding (if needed)
- Grant Assurances (if needed)
- Governing Body Resolution (if needed)

Certification and Signature of Authorized Agent

I hereby certify that the attached application represents the Operational Area consensus on emergency planning needs to improve the Operational Area's capabilities to respond to Terrorism incidents.

BES
Signature of Authorized Agent

Blaine Shultz
Printed Name

Fire Chief
Title

1/30-03
Date

For OES Use ONLY

Application Reviewed/Grant Award Approved: Charles P. Wynn 2/7/03
Regional Administrator Signature Date

Grant Performance Period: February 10, 2003 thru December 15, 2003

OES ID # 043-00000 Catalog of Federal Domestic Assistance #83.562 Award # EMF-2003-GR-0313

RECEIVED
JAN 31 2003
CENTRAL EMERGENCY SERVICES
SOUTH REGION

2

BUDGET ACTION FORM

FUND	DEP/DIV	ACCOUNT	DESCRIPTION	PROJECT	INCREASE	DECREASE
001	0228	305.58-01	Disaster Planning	CF71	(10689)	
001	0228	542.02-01	Extra Help	CF71	4179	
001	0228	542.04-17	Office Supplies	CF71	300	
001	0228	542.04-39	Volunteer Firefighters	CF71	5160	
001	0228	542.04-50	County Vehicle		1050	
001	0104	414-1090	General Contingency			
TRANSFER	BETWEEN	FUNDS				
TOTALS					0	

ACTION REQUESTED: (CHECK ALL THAT APPLY)

- Budget appropriation by Board of Supervisors (4/5ths Vote Required): Ammending the total amount available in the county budget, or in any fund of the budget, or appropriating Reserve for Contingencies.
- Transfer by Board of Supervisors (3/5ths Vote Required): Moving existing appropriations from one budget to another, or between categoies within a budget unit;

JUSTIFICATION:

Appropriation of unanticipated revenue from the Emergency Planning Grant.

DEPT HEAD SIGNATURE: BEJ DATE: 2/21/03

APPROVED BY RES NO. 03-68 CLERK MWS DATE: 3-4-03

AUDITORS USE ONLY
BA#