

REQUEST FOR BOARD ACTION

HENDERSON COUNTY BOARD OF COMMISSIONERS

MEETING DATE: September 19, 2012

SUBJECT: Hazard-Mitigation Planning Grant

PRESENTER: Rocky Hyder

ATTACHMENTS: Yes

1. Resolution
2. Budget Amendment

SUMMARY OF REQUEST:

The North Carolina Division of Emergency Management has offered a grant to Henderson, Polk, Rutherford and Transylvania counties for a regional hazard-mitigation planning initiative. Henderson County has been requested to serve as the lead agency for grant administration. The total grant amount is \$100,000.00 with an in-kind match requirement of 25 % which will be accomplished through staff labor and GIS mapping. No additional funding is required.

BOARD ACTION REQUESTED:

Approve the grant allocation, the County as the lead agency on the grant, and a budget amendment for \$75,000.00 with equal funding and expenditures.

Suggested Motion:

I move the Board approve participation in the Hazard-Mitigation Grant program as the lead agency in the regional planning initiative and make the necessary budget amendments as presented.

RESOLUTION
DESIGNATION OF APPLICANT'S AGENT
North Carolina Division of Emergency Management

Organization Name (hereafter named Organization): Henderson County, NC - Board of Commissioners	Disaster Number: PDM
Applicant's State Cognizant Agency for Single Audit purposes (If Cognizant Agency is not assigned, please indicate): North Carolina Division of Emergency Management	
Applicant's Fiscal Year (FY) Start	Month: July
	Day: 1 2012
Applicant's Federal Employer's Identification Number: 56-6000307	
Applicant's Federal Information Processing Standards (FIPS) Number: 37089	

PRIMARY AGENT	SECONDARY AGENT
Agent's Name Rocky Hyder	Agent's Name Carey McLelland
Organization Henderson County Emergency Management	Organization Henderson County Finance Department
Official Position Director	Official Position Director
Mailing Address 211 First Avenue East	Mailing Address 113 North Main Street
City, State, Zip Hendersonville, NC 28792	City, State, Zip Hendersonville, NC 28792
Daytime Telephone 828-697-4728	Daytime Telephone 828-697-4821
Facsimile Number 828-698-6164	Facsimile Number 828-697-4569
Pager or Cellular Number [REDACTED]	Pager or Cellular Number [REDACTED]

BE IT RESOLVED BY the governing body of the Organization (a public entity duly organized under the laws of the State of North Carolina) that the above-named Primary and Secondary Agents are hereby authorized to execute and file applications for federal and/or state assistance on behalf of the Organization for the purpose of obtaining certain state and federal financial assistance under the Robert T. Stafford Disaster Relief & Emergency Assistance Act, (Public Law 93-288 as amended) or as otherwise available. BE IT FURTHER RESOLVED that the above-named agents are authorized to represent and act for the Organization in all dealings with the State of North Carolina and the Federal Emergency Management Agency for all matters pertaining to such disaster assistance required by the grant agreements and the assurances printed on the reverse side hereof. BE IT FINALLY RESOLVED THAT the above-named agents are authorized to act severally.

PASSED AND APPROVED this 19th day of September 2012

GOVERNING BODY	CERTIFYING OFFICIAL
Name and Title Thomas Thompson, Chairman	Name Terry Wilson
Name and Title	Official Position Clerk to the Board
Name and Title	Daytime Telephone 828-697-4808

CERTIFICATION

I, Terry Wilson (Name) duly appointed and Clerk to the Board (Title) of the Governing Body, do hereby certify that the above is a true and correct copy of a resolution passed and approved by the Governing Body of Henderson County North Carolina (Organization) on the 19th day of September, 20 12

Date: _____ Signature: _____

**LINE-ITEM TRANSFER REQUEST
HENDERSON COUNTY**



Department: Emergency Management

Please make the following line-item transfers:

What expense line-item is to be increased?

Account		Amount
<u>115433-539000</u>	<u>CONTRACTED SERVICES</u>	<u>75,000.00</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What expense line-item is to be decreased? Or what additional revenue is now expected?

Account	Line-Item Description	Amount
<u>114433-454008</u>	<u>EMER MGMT GRANT-HAZ</u>	<u>\$75,000</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Justification: *Please provide a brief justification for this line-item transfer request.*
Hazard Mitigation Regional Planning Grant for Henderson, Polk, Rutherford and Transylvania counties.

Rocky D. Hyder
Authorized by Department Head

9/19/2012
Date

Authorized by Budget Office

Date

Authorized by County Manager

Date

<i>For Budget Use Only</i>	
Batch #	_____
BA #	_____
Batch Date	_____