CITY OF HIGH POINT AGENDA ITEM



Title: NCEM Grant Designation of Applicant's Agent Resolution

From: Eric Olmedo, Managing Director

Advertising Date:

Meeting Date: March 15, 2019

Public Hearing: N/A

Advertising Date Advertised By:

N/A N/A

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Attachments: NCEM Resolution

PURPOSE:

The City intends to apply for a Hazard Mitigation grant through the North Carolina Division of Emergency Management (NCEM). NCEM requires that City Council adopt a resolution to designate primary and secondary agents for the purpose of applying for this grant.

BACKGROUND:

The City of High Point's Emergency Manager intends to apply for grants to add generators at the Allen Jay and Deep River Recreation Centers. The Federal portion of the grant will pay for 75% and the State will pay for 25% of the cost. If approved, there will be a future budget amendment to approve receiving the grant funds.

BUDGET IMPACT:

None. If approved the grant will pay 100% of the costs on a reimbursable basis.

RECOMMENDATION / ACTION REQUESTED:

City Council is requested to approve a resolution to designate Perry Hall, Emergency Manager and Brian Evans, Deputy Fire Chief with the Fire Department as the City's agents to apply for the NCEM Hazard Mitigation grant.

RESOLUTION DESIGNATION OF APPLICANT'S AGENT

North Carolina Division of Emergency Management

named Organization) City of High Point, NC	Disaster Number: 4364	
ency for Single Audit purposes (If Cognizant Agency is no	ot assigned, please indicate):
	07 Day: 01	
	Day.	
Processing Standards (FIPS) Nu	ımber	
Y AGENT	SECONDARY AGENT	
	Agent's Name Brian Evans	
ire Department	Organization High Point Fire Department	
y Manager	Deputy Fire Chief	
St #	434	S. Elm St
NC 27261	Higi	h Point, NC 27261
(336) 362-1124		(336) 689-7713
(336) 822-3550		(336) 822-3550
(336) 362-1124	Pager or Cellular Numb	^{er} (336) 689-7713
econdary Agents are hereby authoriz irpose of obtaining certain state and f ic Law 93-288 as amended) or as oth id act for the Organization in all deali pertaining to such disaster assistance LY RESOLVED THAT the above-na	ed to execute and file applica ederal financial assistance un erwise available. BE IT FUR ings with the State of North C required by the grant agreen	ations for federal and/or state assistance on ader the Robert T. Stafford Disaster Relief THER RESOLVED that the above-named Carolina and the Federal Emergency ments and the assurances printed on the
*	CERTIFYING OFFICIAL	
	Name	
	Official Position	
	Daytime Telephone	
CERTIFI	CATION	
ereby certify that the above is	a true and correct copy	of a resolution passed and
 Rev. 06/02	Signature:	
	ency for Single Audit purposes (1) art Month: Identification Number 56 - 6000231 A Processing Standards (FIPS) Number Y AGENT The Department Y Manager St NC 27261 (336) 362-1124 (336) 362-1124 (336) 362-1124 Ing body of the Organization (a public econdary Agents are hereby authorized prose of obtaining certain state and find act for the Organization in all dealing pertaining to such disaster assistance LY RESOLVED THAT the above-ing 20. NG BODY CERTIFICATION (Name) duly apponence of the properties of the organization of the o	City of High Point, NC ency for Single Audit purposes (If Cognizant Agency is not art Month: 07 Day: 01 Identification Number 56 - 6000231 Aprocessing Standards (FIPS) Number Y AGENT Agent's Name Brian Organization High Official Position Dep Mailing Address 434 City ,State, Zip High (336) 362-1124 City ,State, Zip High (336) 362-1124 Pager or Cellular Number In Substitute and federal financial assistance uric Law 93-288 as amended) or as otherwise available. BE IT FUR dact for the Organization in all dealings with the State of North Copentaing to such disaster assistance required by the grant agreer LY RESOLVED THAT the above-named agents are authorized to the Corporation of the Organization of Daytime Telephone CERTIFICATION , (Name) duly appointed and creby certify that the above is a true and correct copy cody of