

THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS  
ACTION AGENDA SUMMARY

DEPT: CEO -OFFICE OF EMERGENCY SERVICES

BOARD AGENDA # \*B-5

Urgent

Routine

*G. Hrisidow*

AGENDA DATE June 30, 2009

CEO Concurs with Recommendation YES  NO

4/5 Vote Required YES  NO

(Information Attached)

SUBJECT:

Approval to Apply for the Fiscal Year 2009 Homeland Security Grant Program

STAFF RECOMMENDATIONS:

1. Approve the Chief Executive Office - Office of Emergency Services to apply for funds available through the Fiscal Year 2009 Homeland Security Grant Program.
2. Adopt the attached Governing Body Resolution authorizing participation in the 2009 Homeland Security Grant Program.

FISCAL IMPACT:

The Fiscal Year 2009 Homeland Security Grant is the eighth in a series of terrorism grants available to local government. The grant combines the State Homeland Security Program and Metropolitan Medical Response System Program. The amount of funds available for Fiscal Year 2009 has not yet been identified; however the previous grant totaled \$1.4 million.

BOARD ACTION AS FOLLOWS:

No. 2009-435

On motion of Supervisor O'Brien, Seconded by Supervisor Grover

and approved by the following vote,

Ayes: Supervisors: O'Brien, Chiesa, Grover, Monteith, and Chairman DeMartini

Noes: Supervisors: None

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

1) X Approved as recommended

2) \_\_\_\_\_ Denied

3) \_\_\_\_\_ Approved as amended

4) \_\_\_\_\_ Other:

MOTION:

*Christine Ferraro*

ATTEST: CHRISTINE FERRARO TALLMAN, Clerk

File No.

**DISCUSSION:**

The Fiscal Year 2009 (FY09) State Homeland Security Grant is the eighth in a series of grants from the federal Department of Homeland Security and administered by the State of California. The Stanislaus Operational Area (Stanislaus County) has successfully competed for funds since Fiscal Year 2003 and through Fiscal Year 2008 has received a total of \$7,195,410. The Board approved the County's application and acceptance of the previous Homeland Security Grants.

At this time, the amount of funding available to Stanislaus County through the Fiscal Year 2009 Homeland Security Grant is unknown. The federal government initiated a competitive process for this program. The State has submitted their Homeland Security application to the Federal Department of Homeland Security. The State application is being reviewed by a peer committee of State representatives, who will determine the merit of the application. The State will be advised of the total amount of funding for which it is eligible at the end of June 2009 or beginning of July 2009. The local governments, including Stanislaus County, will receive funding information from the State after the federal allocation is determined and reviewed by the California Emergency Management Agency.

Since the local application for the Fiscal Year 2009 grant is due in Sacramento by July 17, 2009, the Board is requested to authorize the Operational Area to apply for the grant and approve the Governing Body Resolution that must be submitted with the grant application. The Governing Body Resolution identifies the authorized agents to execute any actions necessary on behalf of Stanislaus County for the purpose of obtaining federal financial assistance provided by the Federal Department of Homeland Security and sub-granted through the State of California. The authorized agents identified by position for Stanislaus County are: Director of Emergency Services, Richard W. Robinson; Assistant Director of Emergency Services, Gary Hinshaw and Program Manager, Deborah Thrasher.

Once Stanislaus County's application is approved by the California Emergency Management Agency an agenda item requesting approval to accept the award will be submitted to the Board.

**POLICY ISSUES:**

This grant supports the Board's priorities of *A safe community, A healthy community and Effective partnerships* by ensuring local and regional disaster preparedness.

**STAFFING IMPACT:**

There is no staffing impact associated with this item.

**Governing Body Resolution**

BE IT RESOLVED BY THE Board of Supervisors  
(Governing Body)

OF THE Stanislaus County THAT  
(Name of Applicant)

Director of Emergency Services OR  
(Name or Title of Authorized Agent)

Assistant Director of Emergency Services OR  
(Name or Title of Authorized Agent)

Program Manager of Emergency Services ,  
(Name or Title of Authorized Agent)

is hereby authorized to execute for and on behalf of the named applicant, a public entity established under the laws of the State of California, any actions necessary for the purpose of obtaining federal financial assistance provided by the federal Department of Homeland Security and subgranted through the State of California.

Passed and approved this 30th day of June, 2009

**Certification**

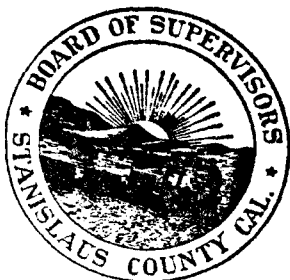
I, Christine Ferraro Tallman, duly appointed and  
(Name)

Clerk of the Board of the Board of Supervisors  
(Title) (Governing Body)

do hereby certify that the above is a true and correct copy of a resolution passed and approved by

the Board of Supervisors of the County of Stanislaus on the  
(Governing body) (Name of Applicant)

30th day of June, 2009



Clerk of the Board  
(Official Position)

Christine Ferraro  
(Signature)

June 30, 2009  
(Date)

AUTHORIZED AGENT

Alterations to this document may result in delayed application approval, modification, or reimbursement requests. Subgrantees may be asked to revise and/or re-submit any altered Financial Management Forms Workbook.

CFDA #: \_\_\_\_\_

Stanislaus County  
099-00000

Supporting Information for Reimbursement/Advance of State and Federal Funds

This request is for an/a: Initial Application

This claim is for costs incurred within the grant expenditure period from and does not cross fiscal years.

\_\_\_\_\_

(Beginning Expenditure Period Date)

through

\_\_\_\_\_

(Ending Expenditure Period Date)

Under Penalty of Perjury I certify that:

I am the duly authorized officer of the claimant herein. This claim is true, correct, and all expenditures were made in accordance with applicable laws, rules, regulations and grant conditions and assurances.

Statement of Certification - Authorized Agent

By signing below, I hereby certify that I am the duly appointed Authorized Agent and have the authority to apply for the Homeland Security, Transit Security, Non-Profit Security Grant Program, PROP 1B, Urban Area Security Initiative, and the Operational Area's application represents the needs for the State Homeland Security Program.

Gary Hinshaw

Printed Name



Signature of Authorized Agent

7/14/2009

Date

Mail workbooks to:

California Emergency Management Agency  
Homeland Security Grants Division  
State Capitol  
Sacramento, CA 95814

BOARD OF SUPERVISORS  
2009 SEP 18 P 2:49

CALIFORNIA EMERGENCY MANAGEMENT AGENCY

GRANT APPLICATION COVER SHEET

Alterations to this document may result in delayed application approval, modification, or reimbursement requests.  
Subgrantees may be asked to revise and/or re-submit any altered Financial Management Forms Workbook.

CFDA #: \_\_\_\_\_

1. Applicant Name: Stanislaus County  
 2. FIPS #: 099-00000  
 3. Date: July 14, 2009  
 4. Grant Number:

*For State Use only*

Application Approved By: \_\_\_\_\_  
 Grant Performance Period: \_\_\_\_\_  
 FIPS Number: \_\_\_\_\_  
 Grant Number: \_\_\_\_\_  
 Date: \_\_\_\_\_

5. Program Selection: State Homeland Security Grant Program (SHSGP)  
 6. Amount Requested: \$ 1,132,449  
 7. FOR YEAR: 2009

8. Authorized Body of 5- Signature and contact information						
Position	Signature	Printed Name	Title	Designee Y/N	Phone	Email
County Public Health Officer		John Walker	Public Health Officer	N	209-558-8804	twalker@schea.org
County Fire Chief		Gary Hinshaw	Fire Warden	N	209-552-3600	ghinshaw@stanoes.com
Municipal Fire Chief		James Miguel	Fire Chief	N	209-572-9590	jmiguel@modestofire.com
County Sheriff		William Heyne	Undersheriff	Y	209-525-7216	heyneb@stanislaussheriff.com
Chief of Police		Michael Harden	Police Chief	N	209-342-6122	hardenm@modestopd.com
Additional Position (Optional)						
Additional Position (Optional)						

9. Authorized Agent contact information							
Authorized Agent's Name	Title	Mailing Address	City	State	Zip	Phone	Email
Rick Robinson	Director of Emergency Services	1010 10th Street	Modesto	CA	95354	209-525-6333	rickceo@stancounty.com
Gary Hinshaw	Asst. Director of Emergency Services	3705 Oakdale Road	Modesto	CA	95357	209-552-3600	ghinshaw@stanoes.com
Deborah Thrasher	Program Manager	3705 Oakdale Road	Modesto	CA	95357	209-552-3857	dthrasher@stanoes.com
Contact's Name	Title	Mailing Address	City	State	Zip	Phone	Email
Deborah Thrasher	Program Manager	3705 Oakdale Road	Modesto	CA	95357	209-552-3857	dthrasher@stanoes.com

10. Statements of Certification

Statement of Certification-Approval Authority Body - SHSGP only

By signing below, I hereby certify that the Operational Area's application represents the Approval Authority's consensus on the Operational Area's Homeland Security Grant Program needs for the State Homeland Security Grant Program.

Select Application Type: NSGP, TA, SA, UASI, OA ->

Statement of Certification - County Authorized Agent - By signing below, I hereby certify I am the duly appointed Authorized Agent and have the authority to apply for this Grant Program and the Operational Area's application represents the needs for this Grant Program.

11. Authorized Agent name/signature/date

Printed Name	Signature	Date
Gary Hinshaw		Tuesday, July 14, 2009

**CALIFORNIA EMERGENCY MANAGEMENT AGENCY**

**GRANT APPLICATION COVER SHEET**

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CFDA #: \_\_\_\_\_

1. Applicant Name:	Stanislaus County
2. FIPS #:	099-00000
3. Date:	July 14, 2009
4. Grant Number:	

For State Use only	
Application Approved By:	_____
Grant Performance Period:	_____
FIPS Number:	_____
Grant Number:	_____
Date:	_____

5. Program Selection	6. Amount Requested	7. FOR YEAR
Metropolitan Medical Response System (MMRS)	\$ 321,221	2009

8. Authorized Body of 5- Signature and contact information						
Position	Signature	Printed Name	Title	Designee Y/N	Phone	Email
County Public Health Officer		John Walker	Public Health Officer	N	209-558-8804	walker@schsa.org
County Fire Chief		Gary Hinshaw	Fire Warden	N	209-552-3600	ghinshaw@stanoes.com
Municipal Fire Chief		James Miguel	Fire Chief	N	209-572-9590	jmiguel@modestofire.com
County Sheriff		William Heyne	Undersheriff	Y	209-525-7216	heyneb@stanislaussheriff.com
Chief of Police		Michael Harden	Police Chief	N	209-342-6122	hardenm@modestopd.com
Additional Position (Optional)						
Additional Position (Optional)						

9. Authorized Agent contact information							
Authorized Agent's Name	Title	Mailing Address	City	State	Zip	Phone	Email
Rick Robinson	Director of Emergency Services	1010 10th Street	Modesto	CA	95354	209-525-6333	rckceo@stancounty.com
Gary Hinshaw	Asst. Director of Emergency Services	3705 Oakdale Road	Modesto	CA	95357	209-552-3600	ghinshaw@stanoes.com
Deborah Thrasher	Program Manager	3705 Oakdale Road	Modesto	CA	95357	209-552-3857	dthrasher@stanoes.com
Contact's Name	Title	Mailing Address	City	State	Zip	Phone	Email
Deborah Thrasher	Program Manager	3705 Oakdale Road	Modesto	CA	95357	209-552-3857	dthrasher@stanoes.com

**10. Statements of Certification**

**Statement of Certification-Approval Authority Body - SHSGP and MMRS**

By signing below, I hereby certify that the Operational Area's application represents the Approval Authority's consensus on the Operational Area's Homeland Security Grant Program needs for the State Homeland Security Grant Program, and Metropolitan Medical Response System.

Select Application Type: NSGP, TA, SA, UASI, OA ->	OA
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Statement of Certification - County Authorized Agent - By signing below, I hereby certify I am the duly appointed Authorized Agent and have the authority to apply for this Grant Program and the Operational Area's application represents the needs for this Grant Program.

<b>11. Authorized Agent name/signature/date</b>	
Printed Name	Date
Gary Hinshaw	Tuesday, July 14, 2009