

- 5) **Approve the Application and Authorize Acceptance of the Emergency Management Performance Grant (EMPG-22) and the State Homeland Security Grant Program (SHSGP-23) from the California Office of Emergency Services (CAL-OES) for the Fiscal Year 2023-2024**

Approve Application and Authorize acceptance of the Emergency Management Performance Grant (EMPG-22) and the State Homeland Security Grant Program (SHSGP-23); and Adopt A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF LAKE ELSINORE, CALIFORNIA, AUTHORIZING DESIGNATED CITY EMPLOYEES TO TAKE ACTION NECESSARY FOR OBTAINING FINANCIAL ASSISTANCE FROM THE FEDERAL GOVERNMENT, DEPARTMENT OF HOMELAND SECURITY SUB-GRANTED THROUGH THE STATE OF CALIFORNIA, FOR THE EMERGENCY MANAGEMENT PERFORMANCE GRANT (EMPG-22), AND THE STATE HOMELAND SECURITY GRANT PROGRAM (SHSGP-23) FOR FISCAL YEARS 2023-2024.



REPORT TO CITY COUNCIL

To: Honorable Mayor and Members of the City Council

From: Jason Simpson, City Manager

Prepared by: Ralph Mesa Jr., Emergency Services Manager

Date: May 23, 2023

Subject: Approve the Application and Authorize Acceptance of the Emergency Management Performance Grant (EMPG-22) and the State Homeland Security Grant Program (SHSGP-23) from the California Office of Emergency Services (CAL-OES) for the Fiscal Year 2023-2024

Recommendation

1. Approve Application and Authorize acceptance of the Emergency Management Performance Grant (EMPG-22) and the State Homeland Security Grant Program (SHSGP-23); and
2. Adopt A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF LAKE ELSINORE, CALIFORNIA, AUTHORIZING DESIGNATED CITY EMPLOYEES TO TAKE ACTION NECESSARY FOR OBTAINING FINANCIAL ASSISTANCE FROM THE FEDERAL GOVERNMENT, DEPARTMENT OF HOMELAND SECURITY SUB-GRANTED THROUGH THE STATE OF CALIFORNIA, FOR THE EMERGENCY MANAGEMENT PERFORMANCE GRANT (EMPG-22), AND THE STATE HOMELAND SECURITY GRANT PROGRAM (SHSGP-23) FOR FISCAL YEARS 2023-2024.

Background

An invitation to apply for the FY2022/2023 Emergency Management Performance Grant (EMPG-22) and the FY2022/2023 State Homeland Security Grant Program (SHSGP-23) was accepted on behalf of the City by the Emergency Services Division; the award amount is \$18,005 for the EMPG grant and is a dollar-for-dollar match. The award amount for the SHSGP-23 grant is \$10,292 and is 100% full reimbursement of the amount awarded. Upon receipt of the award letter notification for each grant from Cal-OES, the City will then be required to commence the purchasing process for the grant.

Discussion

The Emergency Services Division will use these funds to sustain the Emergency Services capabilities and enhance community resilience to better prepare residents in our community with training programs such as CERT (Community Emergency Response Team). These grants will offset Emergency Services training materials, supplies, and equipment costs.

Fiscal Impact

Sufficient funds have been budgeted in the Emergency Services Fiscal Year 2023-2024 Adopted Budget, with revenue offsetting all proposed expenditures.

Attachments

Attachment 1-Resolution

Attachment 2-Emergency Management Performance Grant Application

Attachment 3-State Homeland Security Grant Program Application

Attachment 4-Designation of Applicant's Agent Resolution

RESOLUTION NO. 2023-____

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF LAKE ELSINORE, CALIFORNIA, AUTHORIZING DESIGNATED CITY EMPLOYEES TO TAKE ACTION NECESSARY FOR OBTAINING FINANCIAL ASSISTANCE FROM THE UNITED STATES (U.S.) DEPARTMENT OF HOMELAND SECURITY GRANT PROGRAM (EMPG-22 & SHSGP-23) FOR FISCAL YEAR 2022-2024

Whereas, City of Lake Elsinore (City) has filed an application for FY 2022-2024 EMPG-22 & SHSGP-23; and

Whereas, the key focus and requirement of the EMPG-22 & SHSGP-23 grant is to prevent, respond to, and recover from acts of terrorism, and to prepare for the threats and hazards that pose the greatest risk to the security of the City; and

Whereas, upon acceptance and award of the EMPG-22 & SHSGP-23 grant, the Public Works Department will obtain quotes for training supplies & training equipment that will enhance and support the Emergency Services capabilities to address emergent threats and enhance community resilience with training.

NOW, THEREFORE, THE CITY COUNCIL OF THE CITY OF LAKE ELSINORE DOES HEREBY RESOLVE, DETERMINE AND ORDER AS FOLLOWS:

Section 1. The following named City employees are authorized to execute for and on behalf of the City of Lake Elsinore, a public municipal corporation duly established under the laws of the State of California, any actions necessary for the purpose of obtaining financial assistance provided by the U.S. Department of Homeland Security: **City Manager or Assistant City Manager.**

Section 2. This Resolution shall take effect immediately upon its adoption.

Section 3. The City Clerk shall certify to the adoption of this Resolution and enter it into the book of original Resolutions.

Passed and Adopted at a regular meeting of the City Council of the City of Lake Elsinore, California, this 23rd day of May 2023.

Natasha Johnson
Mayor

Attest:

Candice Alvarez, MMC
City Clerk

STATE OF CALIFORNIA)
COUNTY OF RIVERSIDE) ss.
CITY OF LAKE ELSINORE)

I, Candice Alvarez, MMC, City Clerk of the City of Lake Elsinore, California, do hereby certify that Resolution No. _____ was adopted by the City Council of the City of Lake Elsinore, California, at the Regular meeting of _____, and that the same was adopted by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

Candice Alvarez, MMC
City Clerk

Cal OES #	065-00000	CFDA #	97.042	(Co. EMD Use Only)		Subaward #	2022-XXXX
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RIVERSIDE COUNTY OPERATIONAL AREA

GRANT SUBAWARD FACE SHEET

The Riverside County Operational Area, hereafter designated Co. EMD, hereby makes a Grant Subaward of funds to the following:

MXKFT7NUYL61

1. **Subrecipient:** CITY OF LAKE ELSINORE 1a. UEI# _____

2. **Implementing Agency:** LAKE ELSINORE EMG 2a. UEI# _____

3. **Implementing Agency Address:** 130 S. MAIN STREET LAKE ELSINORE City 92530-4163 Zip+4

4. **Location of Project:** LAKE ELSINORE City RIVERSIDE County Zip+4

5. **Disaster/Program Title:** Emergency Management Performance Grant 6. **Performance Period:** 7/1/2022 to 12/31/2023

Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Project Cost
2022	7. EMPG		\$18,005				\$18,005	\$36,010
	8. EMPG						\$0	\$0
	9. EMPG						\$0	\$0
	10. EMPG						\$0	\$0
	11. TOTALS	\$0	\$18,005	\$18,005	\$0	\$0	\$18,005	11G. Total Project Cost: \$36,010

12. Certification - This Grant Subaward consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurances/Certifications. I hereby certify I am vested with the authority to enter into this Grant Subaward, and have the approval of the City/County Financial Officer, City Manager, County Administrator, Governing Board Chair, or other Approving Body. The Subrecipient certifies that all funds received pursuant to this agreement will be spent exclusively on the purposes specified in the Grant Subaward. The Subrecipient accepts this Grant Subaward and agrees to administer the grant project in accordance with the Grant Subaward as well as all applicable state and federal laws, audit requirements, federal program guidelines, and Cal OES policy and program guidance. The Subrecipient further agrees that the allocation of funds may be contingent on the enactment of the State Budget.

13. CA Public Records Act - Grant applications are subject to the California Public Records Act, Government Code section 6250 et seq. Do not put any personally identifiable information or private information on this application. If you believe that any of the information you are putting on this application is exempt from the Public Records Act, please attach a statement that indicates what portions of the application and the basis for the exemption. Your statement that the information is not subject to the Public Records Act will not guarantee that the information will not be disclosed.

_____ I believe there is information in the application that is exempt from the Public Records Act and have attached a document to support it.
(Initials)


14. **Official Authorized to Sign for Subrecipient:**

Name: JASON SIMPSON Title: City Manager

Telephone: (951) 674-3124 (area code) Email: jrsimpson@lakeselinsore.org

FAX: _____

Payment Mailing Address: 130 S. MAIN STREET City: LAKE ELSINORE Zip+ 4: 92530-4163

Signature:  Date: 6-22-2022

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

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

THAT City Manager, OR
(Title of Authorized Agent)

Assistant City Manager, OR
(Title of Authorized Agent)

Emergency Services Manager
(Title of Authorized Agent)

is hereby authorized to execute for and on behalf of the City of Lake Elsinore, a public entity
(Name of Applicant)

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 certain federal financial assistance 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.

THAT the City of Lake Elsinore, a public entity established under the laws of the State of California,
(Name of Applicant)

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 up to three (3) years following the date of approval below.

☐ This is a disaster specific resolution and is effective for only disaster number(s) _____

Passed and approved this 23rd day of May, 20 23

Jason Simpson
(Name and Title of Governing Body Representative)

Shannon Buckley
(Name and Title of Governing Body Representative)

Ralph Mesa Jr.
(Name and Title of Governing Body Representative)

CERTIFICATION

I, _____, duly appointed and _____ of
(Name) (Title)

_____, do hereby certify that the above is a true and correct copy of a
(Name of Applicant)

Resolution passed and approved by the _____ of the _____
(Governing Body) (Name of Applicant)

on the _____ day of _____, 20 ____.

(Signature)

(Title)

Cal OES Form 130 Instructions

A Designation of Applicant's Agent Resolution for Non-State Agencies is required of all Applicants to be eligible to receive funding. A new resolution must be submitted if a previously submitted Resolution is older than three (3) years from the last date of approval, is invalid or has not been submitted.

When completing the Cal OES Form 130, Applicants should fill in the blanks on page 1. The blanks are to be filled in as follows:

Resolution Section:

Governing Body: This is the group responsible for appointing and approving the Authorized Agents.

Examples include: Board of Directors, City Council, Board of Supervisors, Board of Education, etc.

Name of Applicant: The public entity established under the laws of the State of California. Examples include: School District, Office of Education, City, County or Non-profit agency that has applied for the grant, such as: City of San Diego, Sacramento County, Burbank Unified School District, Napa County Office of Education, University Southern California.

Authorized Agent: These are the individuals that are authorized by the Governing Body to engage with the Federal Emergency Management Agency and the Governor's Office of Emergency Services regarding grants applied for by the Applicant. There are two ways of completing this section:

1. **Titles Only:** If the Governing Body so chooses, the titles of the Authorized Agents would be entered here, not their names. This allows the document to remain valid (for 3 years) if an Authorized Agent leaves the position and is replaced by another individual in the same title. If "Titles Only" is the chosen method, this document must be accompanied by a cover letter naming the Authorized Agents by name and title. This cover letter can be completed by any authorized person within the agency and does not require the Governing Body's signature.
2. **Names and Titles:** If the Governing Body so chooses, the names **and** titles of the Authorized Agents would be listed. A new Cal OES Form 130 will be required if any of the Authorized Agents are replaced, leave the position listed on the document or their title changes.

Governing Body Representative: These are the names and titles of the approving Board Members.

Examples include: Chairman of the Board, Director, Superintendent, etc. The names and titles **cannot** be one of the designated Authorized Agents, and a minimum of two or more approving board members need to be listed.

Certification Section:

Name and Title: This is the individual that was in attendance and recorded the Resolution creation and approval.

Examples include: City Clerk, Secretary to the Board of Directors, County Clerk, etc. This person **cannot** be one of the designated Authorized Agents or Approving Board Member (if a person holds two positions such as City Manager and Secretary to the Board and the City Manager is to be listed as an Authorized Agent, then the same person holding the Secretary position would sign the document as Secretary to the Board (not City Manager) to eliminate "Self Certification."