

# TOWN OF DAVIE

## TOWN COUNCIL AGENDA REPORT

**TO:** Mayor and Councilmembers

**FROM/PHONE:** Bruce Bernard/797-1240

**SUBJECT:** Resolution

**AFFECTED DISTRICT:** Townwide

**TITLE OF AGENDA ITEM:** A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, APPROVING TO MINIMIZE THE THREAT TO PUBLIC HEALTH.

**REPORT IN BRIEF:** Resolution for disaster event in relation to personnel, equipment and debris removal operations. Resolution will meet FEMA guidelines for reimbursement procedures.

**PREVIOUS ACTIONS:** Not applicable

**CONCURRENCES:** Ashbritt contract already in place.

**FISCAL IMPACT:**

Has request been budgeted? FEMA reimbursable

If yes, expected cost:

Account Name:

**RECOMMENDATION(S):** Motion to approve the resolution.

**Attachment(s):** Resolution

RESOLUTION \_\_\_\_\_

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, APPROVING TO MINIMIZE THE THREAT TO PUBLIC HEALTH.

WHEREAS, the Town of Davie, hereinafter referred to as "The Town," could be effected by a disaster event; and

WHEREAS, The Town can be a subgrantee under any presidential declaration of disaster by FEMA; and

WHEREAS, The Town is responsible for the recovery coordination for any disaster event; and

WHEREAS, The Town must manage special contracts, account for and administrate special disaster related grants and/or advances from state and federal funding sources; and

WHEREAS, this coordination responsibility must be a high level of authority in The Town administration;

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF DAVIE, FLORIDA.

SECTION 1. The Town Council does hereby direct the Town Administrator to name the Town of Davie Finance Director as its authorized agent for disaster mitigation funding recovery from any declared disaster.

SECTION 2. Once designated, this person may not re-delegate this authority and responsibility without concurrence of the Town Administrator and/or Town Council.

SECTION 3. This resolution shall take effect immediately upon its passage and adoption.

PASSED AND ADOPTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2004.

\_\_\_\_\_  
MAYOR/COUNCIL MEMBER

ATTEST:

\_\_\_\_\_  
TOWN CLERK

APPROVED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2004.