

Item 6



Travis County Commissioners Court Agenda Request

Meeting Date: June 4, 2013

Prepared By/Phone Number: Pete Baldwin/974-0472

Elected/Appointed Official/Dept. Head: Danny Hobby

Commissioners Court Sponsor: County Judge

AGENDA LANGUAGE: Consider and take appropriate action on approving the 2013 Eligibility Certification Form for the Office of Emergency Management.

BACKGROUND/SUMMARY OF REQUEST AND ATTACHMENTS:

The Texas Homeland Security State Administrative Agency requires that emergency management entities complete an eligibility certification form each year in order to be eligible to apply for homeland security and other grants. The form is to be signed by the County Judge and indicates Travis County is compliant with the National Incident Management System, has an approved Emergency Management Plan, complies with financial audit requirements, participates in the Texas Regional Response Network and is current on the Criminal History Disposition Reporting. The County Auditor completed the sections dealing with the financial audits.

STAFF RECOMMENDATIONS: The Department of Emergency Services and Office of Emergency Management recommends approval of the 2013 Eligibility Certification Form.

ISSUES AND OPPORTUNITIES: The completion and submission of the form will allow eligible Travis County agencies to apply for homeland security and other grants through the Texas Homeland Security State Administrative Agency.

FISCAL IMPACT AND SOURCE OF FUNDING: The only fiscal impact would be if the form is not completed and submitted, Travis County would not be eligible for homeland security grants.

AGENDA REQUEST DEADLINE: All agenda requests and supporting materials must be submitted as a pdf to Cheryl Aker in the County Judge's office, Cheryl.Aker@co.travis.tx.us by Tuesdays at 5:00 p.m. for the next week's meeting.

REQUIRED AUTHORIZATIONS: Commissioners Court

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**TEXAS DEPARTMENT OF PUBLIC SAFETY
TEXAS HOMELAND SECURITY STATE ADMINISTRATIVE AGENCY (THSSAA)**

2013 ELIGIBILITY CERTIFICATION FORM

Certification:	PLEASE FILL IN THE APPROPRIATE INFORMATION AND CERTIFY BY SIGNING BELOW THAT THE INFORMATION SUBMITTED ON THIS ELIGIBILITY FORM IS COMPLETE AND ACCURATE TO THE BEST OF YOUR KNOWLEDGE.		
Printed Name of Jurisdiction/ Organization:	TRAVIS County		
DUNS Number:	030908842		
Signature:		Date:	
Printed Name of Authorized Official*: (*See instructions for Definition of Authorized)	Samuel T. Biscoe		
Title: (Judge, Mayor, ED, City Manager, CFO)	County Judge		
I. NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS)			
Please initial to certify to one of the NIMS statements below (initial only one box, A or B):			
A	To Certify to I.A, Initial Here:	My jurisdiction/organization has adopted and implemented NIMS and is compliant with all NIMS objectives issued to date (FY2005-FY2009). https://www.fema.gov/nimscast/Logoff.do?a=55062&m=ML2010	
B	To Certify to I.B, Initial Here:	My jurisdiction/organization has adopted and implemented NIMS, but is not fully compliant with all NIMS implementation objectives. Required Attachment: A letter explaining the a) the implementation objectives not yet met; b) the steps taken to achieve 100% NIMS compliance; and c) the date the jurisdiction expects to be in full compliance with all objectives and metrics.	
II. EMERGENCY MANAGEMENT PLANS (INTERMEDIATE LEVEL)			
To Certify to II., Initial Here:	<input checked="" type="checkbox"/>	A. My jurisdiction has its own current emergency management plan that meets the state preparedness standards at the Intermediate Level on file with the Texas Division of Emergency Management (TDEM).	
and check one of the three boxes at right	<input type="checkbox"/>	B. My jurisdiction is a legally established member of an inter-jurisdictional emergency management program that has a plan that meets the state preparedness standards at the Intermediate Level on file with TDEM.	
	<input type="checkbox"/>	C. My jurisdiction/organization is not a city or county and is not required by Texas law to have an emergency management plan, e.g., COG or nonprofit organization.	

III. OMB CIRCULAR A-133 SINGLE AUDIT	
My jurisdiction's/organization's fiscal year (FY) end for 2012 was (check one):	
<input type="checkbox"/> August 31, 2012 (Reporting Package is due 30 days after completion or May 31, 2013, whichever is sooner) <input checked="" type="checkbox"/> September 30, 2012 (Reporting Package is due 30 days after completion or June 30, 2013, whichever is sooner) <input type="checkbox"/> December 31, 2012 (Reporting Package is due 30 days after completion or September 30, 2013, whichever is sooner) <input type="checkbox"/> Other (please specify date here): _____	
Please initial to certify to <u>one</u> of the A-133 Audit statements below (initial only one box, A or B).	
A	To Certify to III.A, Initial Here: _____ I certify my jurisdiction/organization did not expend over \$500,000 in Federal or State funding during FY 2012 so no A-133 audit was necessary or obtained.
B	To Certify to III.B, Initial Here: _____ I certify my jurisdiction/organization expended over \$500,000 in Federal or State funding in FY 2012 and that the required reporting package has been/will be provided 1) to the Texas Department of Public Safety (TXDPS) and 2) to the Federal Clearinghouse.
IV. TEXAS REGIONAL RESPONSE NETWORK (TRRN)	
To Certify to IV., Initial Here: _____ and check one of the two boxes at right	My jurisdiction/organization is registered with the Texas Regional Response Network (TRRN) and (check one): https://www.trrn.state.tx.us/TRRN/Tier01/Security/SignIn.aspx <input checked="" type="checkbox"/> A. My jurisdiction has entered all deployable equipment with a cost of \$5,000 or more purchased with Homeland Security Grant funds into the TRRN. <input type="checkbox"/> B. My jurisdiction does not have any deployable equipment with a cost of \$5,000 or more purchased with Homeland Security Grant funds.
V. DUNS, CCR and FFATA	
To Certify to V., Initial Here: _____	I certify my jurisdiction/organization has entered all required information, including FFATA/employee compensation, into the System for Award Management (SAM) and has an active registration status with no "Active Exclusion Records". (https://www.sam.gov/portal/public/SAM/)
VI. CRIMINAL HISTORY DISPOSITION REPORTING (If Applicable)	
This certification section applies to County jurisdictions only for the State Homeland Security Grant Program (SHSP) . For FY 2013, this section DOES NOT APPLY to cities within counties or to NSGP, OPSG, or UASI applicants. Please initial to certify to <u>one</u> of the criminal history disposition reporting statements below (initial only one box, A or B).	
A	To Certify to VI.A, Initial Here: _____ My County has documented a 90% average disposition completeness rate for adult arrests and a 90% average disposition completeness rate for juvenile arrests under calendar years 2007-2011 as required by Chapter 60, Texas Code of Criminal Procedure.
B	To Certify to VI.B, Initial Here: _____ My County DOES NOT currently have a documented 90% average disposition completeness rate for adult arrests and a 90% average disposition completeness rate for juvenile arrests under calendar years 2007-2011, but my County intends to attain the required averages by August 1, 2013 . I understand that my County will not be Eligible for 2013 SHSP funds if the required averages are not achieved by the August 1, 2013 deadline.