



## Travis County Commissioners Court Agenda Request

**Meeting Date:** January 14, 2014

**Prepared By/Phone Number:** Pete Baldwin/512-974-0472

**Elected/Appointed Official/Dept. Head:** Danny Hobby, Executive Manager Emergency Services

**Commissioners Court Sponsor:** Samuel T. Biscoe

**AGENDA LANGUAGE:** Consider and Take Appropriate Action on the Following Documents Regarding the Public Assistance Declaration for the October 31, 2013 Flood Event:

- A. Designation of Applicant's Agent
- B. Request for Public Assistance

### **BACKGROUND/SUMMARY OF REQUEST AND ATTACHMENTS:**

Travis County participated in the Applicant Briefing with the Texas Department of Emergency Management on January 8, 2014. In order to start the Public Assistance process several documents must be submitted by January 17, 2014. They are the Designation of the Applicant's Agent, a Request for Public Assistance and a Direct Deposit Form. The Designation of Applicant's Agent is the only form that requires a signature from the Certifying Official which is the County Judge. Once these documents are submitted and accepted, Travis County staff can start working on project worksheets to determine which projects are eligible for reimbursement.

**STAFF RECOMMENDATIONS:** The Office of Emergency Management recommends approval of the two documents.

**ISSUES AND OPPORTUNITIES:** These documents must be submitted in order to participate in Public Assistance grant process. If not submitted, Travis County will be responsible for the entire cost of expenses incurred during the flood event.

**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](mailto:Cheryl.Aker@co.travis.tx.us) by Tuesdays at 5:00 p.m. for the next week's meeting.

**FISCAL IMPACT AND SOURCE OF FUNDING:** The Public Assistance grant is a 75% - 25% grant. Receiving 75% of the cost for eligible projects will save a considerable amount of funds. PBO is working with the Commissioners Court to identify the funds needed for the 25% match.

**REQUIRED AUTHORIZATIONS:** Commissioners Court.

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**ATTACHMENT 3**

**DESIGNATION OF APPLICANT'S AGENT ☑ FEMA XXXX DR TX  
PUBLIC ASSISTANCE  
Texas Division of Emergency Management – ATTACHMENT 3**

Organization Name (hereafter named Organization) Travis County

<b>Primary Agent</b>	<b>Secondary Agent</b>
Agent's Name Pete Baldwin	Agent's Name Jessie T. Mars
Organization Travis County	Organization Travis County
Official Position Emergency Management Coordinator	Official Position Financial Analyst
Mailing Address P.O. Box 1748	Mailing Address P O Box 1748
City, State, Zip Austin, TX 78767	City, State, Zip Austin, TX 78767
Work Phone 512-974-0472	Work Phone 512-854-8271
Fax Number 512-974-0499	Fax Number 512-854-9164
E-Mail Address pete.baldwin@co.travis.tx.us	E-Mail Address Jessie.Mars@co.travis.tx.us
Cellular Phone 512-633-8202	Cellular Phone _____ Pager
Pager 512-802-1472	

The above Primary and Secondary Agents are hereby authorized to execute and file Application for Public Assistance on behalf of the Organization for the purpose of obtaining certain state and federal financial assistance under the Robert T. Stafford Disaster Relief & Emergency Assistance Act, (Public Law 93☐288 as amended) or otherwise available. This agent is authorized to represent and act for the Organization in all dealings with the State of Texas for all matters pertaining to such disaster assistance required by the agreements and assurances printed on the reverse side hereof.

<b>Chief Financial Officer</b>	<b>Certifying Official</b>
Name Nicki Riley	Official's Name Samuel T. Biscoe
Organization Travis County	Organization Travis County
Official Position County Auditor	Official Position County Judge
Mailing Address P O Box 1748	Mailing Address P.O. Box 1748
City, State, Zip Austin, TX 78767	City, State, Zip Austin, TX, 78767
Work Phone 512-854-3227	Work Phone 512-854-9555
Fax Number 512-854-9164	Fax Number 512-854-9535
E-Mail Address Nicki.Riley@co.travis.tx.us	E-Mail Address Sam.biscoe@co.travis.tx.us
Cellular Phone _____ Pager	Cellular Phone _____ Pager

Applicant's State Cognizant Agency for Single Audit purposes (If a Cognizant Agency is not assigned, please indicate):

Applicant's Fiscal Year (FY) Start

**Month Oct Day: 1**

Applicant's Federal Employer's Identification Number

**74 ☐ 6000192**

Applicant's State Payee Identification Number

\_\_\_\_ ☐ \_\_\_\_ ☐ \_\_\_\_

**Certifying Official's Signature / Date**

DEPARTMENT OF HOMELAND SECURITY  
 FEDERAL EMERGENCY MANAGEMENT AGENCY  
**REQUEST FOR PUBLIC ASSISTANCE**

**O.M.B. NO. 1660-0017**  
**Expires April 30, 2013**

**PAPERWORK BURDEN DISCLOSURE NOTICE**

Public reporting burden for this form is estimated to average 10 minutes. Burden means the time, effort and financial resources expended by persons to generate, maintain, disclose, or to provide information to us. You may send comments regarding the burden estimate or any aspect of the collection, including suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (OMB Control Number 1660-0017). You are not required to respond to this collection of information unless it displays a valid OMB number. **NOTE: Do not send your completed questionnaire to this address.**

APPLICANT (Political subdivision or eligible applicant) Travis County		DATE SUBMITTED 01/15/2014
COUNTY (Location of Damages. If located in multiple counties, please indicate) Travis County	DUNS NUMBER	03-0908842

**APPLICANT PHYSICAL LOCATION**

STREET ADDRESS 700 Lavaca			
CITY Austin	COUNTY Travis	STATE TX	ZIP CODE 78701

**MAILING ADDRESS (if different from Physical Location)**

STREET ADDRESS			
POST OFFICE BOX P.O. Box 1748	CITY Austin	STATE TX	ZIP CODE 78767

**Primary Contact/Applicant's Authorized Agent**

**Alternate Contact**

NAME Pete Baldwin	NAME Jessie T. Mars
TITLE Emergency Management Coordinator	TITLE Financial Analyst
BUSINESS PHONE 512-974-0472	BUSINESS PHONE 512-854-8271
FAX NUMBER 512-974-0499	FAX NUMBER 512-854-9164
HOME PHONE (Optional)	HOME PHONE (Optional)
CELL PHONE 512-633-8202	CELL PHONE
E-MAIL ADDRESS pete.baldwin@co.travis.tx.us	E-MAIL ADDRESS Jessie.Marrs@co.travis.tx.us
PAGER & PIN NUMBER 512-8021472	PAGER & PIN NUMBER

Did you participate in the Federal/State Preliminary Damage Assessment (PDA)?  YES  NO

Private Non-Profit Organization?  YES  NO

If yes, which of the facilities identified below best describe your organization? \_\_\_\_\_

Title 44 CFR, part 206.221(e) defines an eligible private non-profit facility as: "... any private non-profit educational, utility, emergency, medical or custodial care facility, including a facility for the aged or disabled, and other facility providing essential governmental type services to the general public, and such facilities on Indian reservations." "Other essential governmental service facility means museums, zoos, community centers, libraries, homeless shelters, senior citizen centers, rehabilitation facilities, shelter workshops and facilities which provide health and safety services of a governmental nature. All such facilities must be open to the general public."

**Private Non-Profit Organizations must attach copies of their Tax Exemption Certificate and Organization Charter or By-Laws. If your organization is a school or educational facility, please attach information on accreditation or certification.**

OFFICIAL USE ONLY: FEMA -	-DR-	-	FIPS#	DATE RECEIVED
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