

AGENDA ITEM
22

FORT BEND COUNTY FY 2010
COMMISSIONERS COURT AGENDA REQUEST FORM

Return Completed Form by E-Mail to: Agenda Coordinator, County Judge's Office

Date Submitted: February 15, 2010

Submitted By: Jeff Braun

Court Agenda Date: February 23, 2010

Department: Office Of Emergency Management

Phone Number: 281-342-6185

SUMMARY OF ITEM: To take all appropriate action to approve and sign the Texas Regional Response Network (TRRN) 2010 Certification form. The State requires any jurisdiction who has received Homeland Security Grant funding to register with TRRN and list any grant purchased equipment with a value greater then \$5,000. This registration is also required to be eligible for Homeland Security grant funding.

RENEWAL AGREEMENT/APPOINTMENT YES ☐ NO ☐

REVIEWED BY COUNTY ATTORNEY'S OFFICE: YES ☐ NO ☐

List Supporting Documents Attached: 2010 NIMSCAST & TRRN CERTIFICATION

FINANCIAL SUMMARY:

BUDGETED ITEM: YES ☐ NO ☒

FUNDNG SOURCE: Accounting Unit: Account Number:
 Activity (If Applicable):

DESCRIPTION OF LAWSON ACCOUNT: _____

Instructions to submit Agenda Request Form:

- Completely fill out agenda form: incomplete forms will not be processed.
- Agenda Request Forms should be submitted by e-mail, fax, or inter-office mail, and all back-up information must be provided by Wednesday at 2:00 p.m. to all those listed below.
- All original back-up must be received in the County Judge's Office by 2:00 p.m. on Wednesday.

DISTRIBUTION:

Original Form Submitted with back up to County Judge's Office ☐ (✓ when completed)

If by E-Mail to ospindon@co.fort-bend.tx.us

If by Fax to (281) 341-8609

Distribute copies with back-up to all listed below. If by fax, send to numbers below:

<input checked="" type="checkbox"/> Auditor	(281-341-3774)	<input checked="" type="checkbox"/> Comm. Pct. 1	(281-342-0587)
<input checked="" type="checkbox"/> Budget Officer	(281-344-3954)	<input checked="" type="checkbox"/> Comm. Pct. 2	(281-403-8009)
<input checked="" type="checkbox"/> Facilities/Planning	(281-633-7022)	<input checked="" type="checkbox"/> Comm. Pct. 3	(281-242-9060)
<input checked="" type="checkbox"/> Purchasing Agent	(281-341-8642)	<input checked="" type="checkbox"/> Comm. Pct. 4	(281-980-9077)
<input checked="" type="checkbox"/> Information Technology	(281-341-4526)	<input checked="" type="checkbox"/> County Clerk	(281-341-8697)
<input type="checkbox"/> Other:		<input checked="" type="checkbox"/> County Atty	(281-341-4557)

RECOMMENDATION / ACTION REQUESTED:

Please return signed original to the attention of Bob Stone, FBC-OEM.

Special Handling Requested (specify):

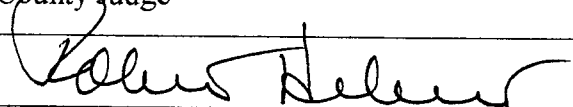
COUNTY JUDGE
RECEIVED

FEB 17 2010

2-24-10 copy received

2010 NIMSCAST & TRRN CERTIFICATION

Req. #	Init.	Certification
1	<input checked="" type="checkbox"/>	I certify that my jurisdiction has completed the 26 FY2009 NIMS Implementation Objectives and has completed and is 100% compliant with the FY2009 NIMSCAST Implementation Objectives and Metrics for Local Governments. <u>(REQUIRED FOR ELIGIBILITY)</u> <u>(DEADLINE TO MEET THIS REQUIREMENT WAS 12/31/09)</u>
2	<input checked="" type="checkbox"/>	I certify that my jurisdiction is registered with the Texas Regional Response Network (TRRN). <u>(REQUIRED FOR ELIGIBILITY)</u>
3	<input checked="" type="checkbox"/>	I certify that my jurisdiction has entered all deployable equipment with a value of \$5,000 or more purchased with Homeland Security Grant Program funds has been entered into the TRRN
Choose 1	<input type="checkbox"/>	I certify that my jurisdiction does not have any deployable equipment with a value of \$5,000 or more purchased with Homeland Security Grant Program funds.

Print Name of City, County, or Tribe	Fort Bend County
Print Name of Chief Elected Official or Authorized Designee	Robert E. Hebert
Title (Judge, Mayor, etc.)	County Judge
Signature	
Date	2-23-10