RESOLUTION NO.	4803
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A RESOLUTION AUTHORIZING THE FIRE DEPARTMENT TO APPLY FOR FUNDS THROUGH OREGON EMERGENCY MANAGEMENT AS PART OF THE FEMA FY02 SUPPLEMENTAL ALL HAZARD EMERGENCY OPERATION PLANNING GRANT PROGRAM FOR THE PURPOSE OF CONDUCTING A HAZARD ANALYSIS OF THE CITY AND PROVIDING A RESPONSE AND RECOVERY PLAN TO TERRORIST ATTACKS AS PART OF THE CITY'S ALL HAZARD EMERGENCY RESPONSE PLAN.

WHEREAS, the Fire Chief acts as Emergency Coordinator for the City of Albany; and

WHEREAS, the Emergency Coordinator is responsible for providing an All Hazard Emergency Response Plan for the City of Albany; and

WHEREAS, the Federal Emergency Management Agency has provided funding through Oregon Emergency Management; and

WHEREAS, the application deadline for this grant is 5:00 p.m., March 3, 2003.

NOW, THEREFORE, BE IT RESOLVED the Albany City Council authorizes the Fire Department to apply for the FEMA FY02 Supplemental All Hazard Emergency Operation Planning Grant Program through Oregon Emergency Management.

DATED AND EFFECTIVE THIS 3RD DAY OF MARCH, 2003.

ATTEST.

FEMA FY 2002 Supplemental All Hazards Emergency Operations Planning Grant Application COVER SHEET

Programs Applying F	For: Planning X (Citizen Corp.	CERT
Administering agency	y: Oregon Emergency Man	agement	
Collaborating agencies	es: N/A		
Planning Funds Requ Citizen Corp. Funds F CERT Funds Reques Total Amount Reques	Requested: \$ ted: \$		
Program start date:	05 / 12 / 03		
Program end date:	12 / 15 / 03		
Program Agency:	City of Albany Fire Depart	ment	
Address:	P. O. Box 490		
	Albany, OR 97321		
Telephone number: (_	541) 917-7700		
Program Director/Pho	ne number: <u>Kevin Kreitman</u>	/(_541) 917-7701
E-mail <u>kkreitman</u> Cc	i.albany.or.us	_ Fax number: (⁵⁴¹) 917-7716
Program Contact/Pho	ne number: <u>Kevin Kreitman</u>	/(541) 917-	7701
	i,albany.or.us	Fax number: (541) 917-7716
Fiscal Contact/Phone	number: Ken Thompson	/(541)	917-7521
Administering Agency	Federal Tax Identification Numb	per:93-6002114	
Authorized official for t	the applicant agency: Steve	Bryant, fity Manag	er
Signature of authorized		4	
	/		