

RESOLUTION NO. 2001-85

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF COCONUT CREEK, FLORIDA, AUTHORIZING THE CITY MANAGER TO EXECUTE THE ATTACHED STATEWIDE MUTUAL AID AGREEMENT BETWEEN THE CITY AND THE STATE OF FLORIDA DEPARTMENT OF COMMUNITY AFFAIRS; PROVIDING AN EFFECTIVE DATE.

WHEREAS, the City Commission finds and determines it is in the best interests of the citizens of the City that during catastrophic events and major disasters, the attached agreement will enable local cities and counties to call upon each other for assistance; and

WHEREAS, the City and the State of Florida Department of Community Affairs have agreed that each local city or county requesting the assistance assumes the responsibility for the total cost for the requested aid, once that particular city or county has depleted its own resources.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF COCONUT CREEK, FLORIDA:

Section 1: That the City Manager is hereby authorized to execute the attached Agreement between the City and the State of Florida Department of Community Affairs for local cities or counties to call upon each other for assistance during catastrophic events and major disasters.

Section 2: That this Resolution shall be in full force and effect immediately upon its adoption.

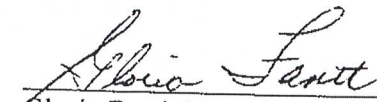
State of Florida  
County of Broward  
City of Coconut Creek  
I HEREBY CERTIFY that this is a true and correct  
copy of Resolution No 2001-85  
Witness my hand and the Official Seal of  
The City of Coconut Creek this 20th  
day of June 2001  
Barbara A. Cree  
City Clerk

Adopted this 14th day of June, 2001, on a motion by Commissioner Gerber  
and seconded by Commissioner Sarbone.

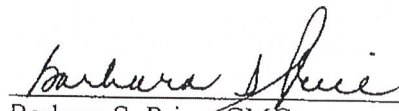
Ayes 5

Nays 0

Absent or  
Abstaining 0

  
\_\_\_\_\_  
Gloria Fantl, Mayor

Attest:

  
\_\_\_\_\_  
Barbara S. Price, CMC  
City Clerk

Fantl Aye

Waldman Aye

Gerber Aye

Tooley Aye

Sarbone Aye

ACA/City Manager/Reso t/ Statewide Mutual Aid Agreement  
NAC:dk  
6/7/01

MAILED: 7/23

Division/Bureau DEM  
Preparedness & Response

DEPARTMENT OF COMMUNITY AFFAIRS

Contract/Grant Routing Sheet

DCA Contract/Grant Number: 01NF-00-00-00-00-258

Mod #: \_\_\_\_\_

Date

Project Manager/Contact Person: Barbara Andrews

Phone: 413-9846

Initiated:

Division Approval: XGM WLT

Date: 7/9/01

7/6/01

Subgrantee/Contractor Name: City of Coconut Creek (Croward Co.)

Date

Div. Director

Effective Dates: DOE/Until Terminated

Amount: \$0

Received:

Type of Agreement: (Circle One) A. Grant; B. Contractual Services/OPS; C. Grant and Aid Agreement; D. Loan Agreement; E. Settlement Agreement; F. Other (Explain) Statewide Mutual Aid Agreement

First Review - F & A: N/A

Date Received:

Date Reviewed:

F & A Signature: \_\_\_\_\_

First Review - Legal: Approved

Date Received:

7-12-01

Date Reviewed:

7-12-01

Legal Signature: [Signature]

First Review - Grants: Recommend

Date Received:

7/12/01

Date Reviewed:

7/12/01

Grants Signature: Dawn Spain

Second Review - F & A: \_\_\_\_\_

Date Received:

Date Reviewed:

F & A Signature: \_\_\_\_\_

Second Review - Legal: \_\_\_\_\_

Date Received:

Date Reviewed:



STATE OF FLORIDA  
**DEPARTMENT OF COMMUNITY AFFAIRS**

*"Dedicated to making Florida a better place to call home"*

JEB BUSH  
Governor

STEVEN M. SEIBERT  
Secretary

July 16, 2001

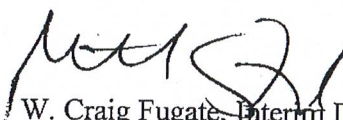
Mr. Scott Sundermeier, Director of Public Services  
City of Coconut Creek  
4800 West Copans Road  
Coconut Creek, Florida 33063

Dear Mr. Sundermeier:

Enclosed for your records is a copy of the executed July 31, 2000 Statewide Mutual Aid Agreement between the City of Coconut Creek and the State of Florida, Department of Community Affairs. The City of Coconut Creek's participation in the Mutual Aid Agreement will further enhance Florida's ability to plan for, respond to, and recover from a future disaster. Your participation in the Statewide Mutual Aid Program is vital to Florida's Emergency Management System and is greatly appreciated.

A report that lists all authorized representatives participating in the Statewide Mutual Aid Agreement is available upon request. Thank you for your prompt attention to this agreement. Should questions arise regarding the report or agreement, please call Mr. Michael McDonald at (850) 413-9953.

Respectfully,

  
W. Craig Fugate, Interim Director  
Division of Emergency Management

WCF:ba

Enclosure

cc: Sherman "Tony" Carper, Jr., Director  
Broward County Emergency Management

2555 SHUMARD OAK BOULEVARD • TALLAHASSEE, FLORIDA 32399-2100  
Phone: 850.488.8466/Suncom 278.8466 FAX: 850.921.0781/Suncom 291.0781  
Internet address: <http://www.dca.state.fl.us>

CRITICAL STATE CONCERN FIELD OFFICE  
2796 Overseas Highway, Suite 212  
Marathon, Florida 33050-2227  
(305) 289-2402

COMMUNITY PLANNING  
2555 Shumard Oak Boulevard  
Tallahassee, FL 32399-2100  
(850) 488-2356

EMERGENCY MANAGEMENT  
2575 Shumard Oak Boulevard  
Tallahassee, FL 32399-2100  
(850) 413-9969

HOUSING & COMMUNITY DEVELOPMENT  
2555 Shumard Oak Boulevard  
Tallahassee, FL 32399-2100  
(850) 488-7956

SUBGRANTEE AND CONTRACTUAL AGREEMENT INFORMATION SHEET

SECTION 1 - GENERAL CONTRACT/GRANT INFORMATION

CONTRACT #: 01NF-00-00-00-00-258 AWARD AMOUNT: \$ 0

DIVISION: DEM BUREAU: P & R PROGRAM: Statewide Mutual Aid Agreement

SUBGRANTEE/CONTRACTOR NAME: City of Coconut Creek (Broward Co.)

SUBGRANTEE/CONTRACTOR ADDRESS: 4800 West Copans Road  
(WARRANT REMITTANCE ADDRESS) Coconut Creek, Florida 33063

SUBGRANTEE/CONTRACTOR CONTACT PERSON: Scott Sundermaier, Director of Public Services

DCA CONTRACT MANAGER: Barbara Andrews

BEGINNING DATE: DOE ENDING DATE: Until Terminated

FEDERAL EMPLOYER IDENTIFICATION/SOCIAL SECURITY NUMBER: \_\_\_\_\_

OR

SAMAS FUND IDENTIFICATION NUMBER: \_\_\_\_\_  
(STATE AGENCIES ONLY - 29 DIGITS)

MINORITY VENDOR CODE: \_\_\_\_\_ (If Applicable, choose one: H-Black, I-Hispanic, J-Asian, K-Native American, M-Woman)

SECTION 2 - SUBGRANT RECIPIENT DATABASE INFORMATION

OUTCOME EXPECTED (Please check one only):  
 Community Development     Community Safety     Hazard Mitigation  
 Protecting Community Resources     Community Housing

ALLOCATION OF PROGRAM ASSISTANCE BY COUNTY:

COUNTY	COUNTY AWARD AMOUNT	COUNTY MATCH AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____

STATEWIDE ALLOCATION \_\_\_\_\_

SECTION 3 - SUBGRANT/CONTRACT FINANCIAL INFORMATION

DCA GRANT #: \_\_\_\_\_ CFDA #: \_\_\_\_\_

GRANT REPORTING REQUIREMENTS: \_\_\_\_\_ (Grant Awards Only) (MO-Monthly, QR-Quarterly, NA)

ORGANIZATION LEVEL: \_\_\_\_\_ EXPANSION OPTION: \_\_\_\_\_

IF THIS IS A MODIFICATION:  
MODIFICATION #: \_\_\_\_\_  
EFFECT OF MODIFICATION: \_\_\_\_\_  
AMOUNT OF INCREASE/DECREASE IN AWARD AMOUNT: \_\_\_\_\_  
(Be sure to complete SECTION 2 for change in award amount)

SECTION 4 - FINANCE AND ACCOUNTING USE ONLY (To be completed by Finance and Accounting)

FID#: \_\_\_\_\_ SAMAS CONTRACT #: \_\_\_\_\_ INPUT BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPARTMENT OF COMMUNITY AFFAIRS  
CORRESPONDENCE REVIEW FORM

Disk File Name: \_\_\_\_\_

Log # \_\_\_\_\_

Disk Location: \_\_\_\_\_

Referral # \_\_\_\_\_

Orig. Name/Div: Barbara Andrews

Transmittal Date: 7/16/01

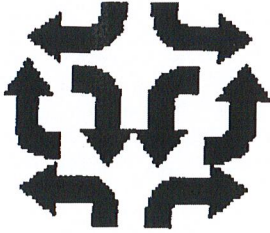
Phone # 413-9846

SUBJECT: City of Coconut Creek - Statewide Mutual Aid Agreement

Route in Number Order

#	Route To	Initials	Date	#	Route To	Initials	Date
	Secretary				HCD Director		
	Asst. Secretary				Bur. Com. Dev.		
	Legal				Bur. Com. Asst.		
	Legis. Affairs				Energy Office		
	Strategic Plng.				RPM Director		
	Inspector General				Bur. State Plng.		
	Admin. Services				Bur. Local Plng.		
	Budget				FHFA Exec. Dir.		
	Fin. & Acct.				FCT Exec. Dir.		
	Personnel				CZM Admin.		
	Purchasing				ISS Director		
	Public Information				QM Coordinator		
	Fed. Resource Coordinator						
✓ 3	DEM Director <i>mu</i>			/	Community Program Adm.	<i>mu</i>	7/17
	Eur. Rec./Mit.				Planning Manager		
2	Eur. Prep./Resp.				Planner		
	Compli. & Sup.						
	Planning & Policy						

Comments:



July 31, 2000

RECEIVED  
PREPAREDNESS & RESPONSE

2001 JUL -6 PM 4:32

DIVISION OF EMERGENCY MANAGEMENT  
DEPARTMENT OF COMMUNITY AFFAIRS  
STATE OF FLORIDA

By: [Signature]  
Director

Date: 7/17/2001

ATTEST:  
CITY CLERK

By: Barbara Shree

Title: City Clerk

CITY OF Coconut Creek  
STATE OF FLORIDA

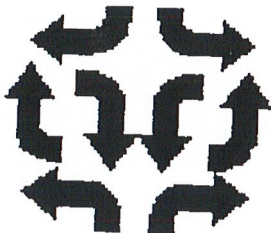
By: John P Kelly

Title: City Manager

Date: June 14, 2001

Approved as to Form:

By: [Signature]  
City Attorney **NANCY A. COUSINS**  
*asst.*



July 31, 2000



### STATEWIDE MUTUAL AID AGREEMENT

### FORM A

Date: June 6, 2001

Name of Government: City of Coconut Creek, Florida

Mailing Address: 4800 West Copans Road

City, State, Zip: Coconut Creek, Florida 33063

Authorized Representatives to Contact for Emergency Assistance:

**Primary Representative**

Name: Scott Sundermeier

Title: Director of Public Services

Address: 4800 W Copans Road, Coconut Creek, Florida 33063

Day Phone: (954) 973-6780 Night Phone: (954) 973-6700

Telecopier: (954) 956-1547 InterNet: \_\_\_\_\_

**First Alternate Representative**

Name: George Raggio

Title: Police Chief

Address: 4800 W Copans Road, Coconut Creek, Florida 33063

Day Phone: (954) 973-6700 Night Phone: (954) 973-6700

Telecopier: (954) 956-1546 InterNet: \_\_\_\_\_

**Second Alternate Representative**

Name: Steve Pollio

Title: Fire Rescue Administrator

Address: 4800 W Copans Road, Coconut Creek, Florida 33063

Day Phone: (954) 956-1534 Night Phone: (954) 973-6700

Telecopier: (954) 420-5855 InterNet: \_\_\_\_\_

**PLEASE UPDATE AS ELECTIONS OR APPOINTMENTS OCCUR**

Return to: Department of Community Affairs - Division of Emergency Management  
2555 Shumard Oak Boulevard - Tallahassee, Florida 32399-2100