



BOISE COUNTY

RESOLUTION #2014-72

A BOISE COUNTY RESOLUTION TO PROVIDE FUNDING SUPPORT TO REIMBURSE FOR HAZARDOUS FUEL REDUCTION PROJECTS WITHIN THE HOME IGNITION ZONE (200 FEET AROUND STRUCTURES)

WHEREAS, Pursuant to Secure Rural Schools and Community Self Determination Program, Section 302(b)(1) of P.L. 113-40, the Boise County Board of Commissioners has provided for a 45-day public comment period on the proposed use of Secure Rural Schools and Community Self Determination Program Title III funds as published in a newspaper of local record [Section 302(b)(1)]; and

WHEREAS, P.L. 113-40 allows a Board of County Commissioners to decide to use these funds for projects that meet the requirements of Secure Rural Schools and Community Self Determination Program Title III of P.L. 113-40; and

WHEREAS, the Boise County Board of Commissioners must document the obligation of Secure Rural Schools and Community Self Determination Program Title III funds; and

WHEREAS, Section 31-828, Idaho Code, provides that the Board of County Commissioners may do and perform all other acts and things required by law not in this title enumerated, or which may be necessary to the full discharge of the duties of the chief executive authority of the county government; and

WHEREAS, the Boise County Board of Commissioners decided through their motion on September 23, 2014, to make Secure Rural Schools and Community Self Determination Program Title III funds available to the Valley Of The Pines/Thorn Creek Volunteer Fire Dept., Inc. to reimburse hazardous fuel reduction projects within the home ignition zone (200 feet around structures); and

WHEREAS, the Boise County Board of Commissioners considers providing Secure Rural Schools and Community Self Determination Program Title III funding support to the Valley Of The Pines/Thorn Creek Volunteer Fire Dept., Inc. to reimburse hazardous fuel reduction projects to be of public benefit.

NOW THEREFORE BE IT RESOLVED, that the Boise County Board of Commissioners, based upon the above and foregoing declarations and further based upon the authority of the Board to approve the expenditures from the General Fund, Title III Department, approves \$15,000.00 upon acceptance of the terms of Section 1 through 4 as follows:

Expense		
01-22-0480-0000	Professional Services	\$15,000.00

Section 1: The Valley Of The Pines/Thorn Creek Volunteer Fire Dept., Inc. agrees to document all requests for funding support to reimburse hazardous fuel reduction projects within the home ignition zone that meet the requirements of Secure Rural Schools and Community Self Determination Program Title III of P.L. 113-40, or as reauthorized, per the attached Exhibit A for expenditures of such support.

Section 2: Boise County will provide reimbursement based upon the rates published most recently in the *Idaho Department of Lands Fire Service Organization Rate Book* or the *Forest Service Handbook 5109.34 - Interagency Incident Business Management Handbook Chapter 10 - Personnel*. Equipment and personnel must be in actual operation performing eligible work in order for reimbursement to be eligible.

Section 3: Valley Of The Pines/Thorn Creek Volunteer Fire Dept., Inc. will provide before and after pictures of fuel hazard reduction within the home ignition zone to the Boise County Emergency Management Coordinator with each request for funding support.

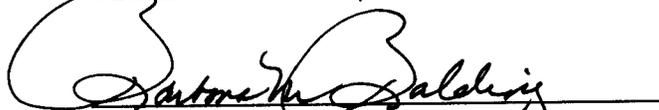
Section 4: Boise County will provide payment of said reimbursement upon approval of said request by the Boise County Emergency Management Coordinator and the Board of County Commissioners.

APPROVED and **ADOPTED** in Open Session on September 30, 2014.

BOISE COUNTY BOARD OF COMMISSIONERS



VICKI L. WILKINS, Chair

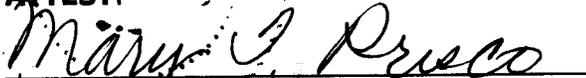


BARBARA M. BALDING, Commissioner



JAMIE A. ANDERSON, Commissioner

ATTEST:


Mary T. Prisco, Clerk to the Board

PERSONNEL COSTS

DIRECTIONS: Please complete this form for reimbursement for employee costs that were incurred for the time and efforts devoted specifically to this incident. Record their hourly pay including benefits, whether they worked OT, total response hours, a brief description of their on-scene duties.

Name	Duty Status (OT, Regular)	Hourly Rate Plus Benefits	Total Hour s	Total Amoun t	On-Scene Duties
Total				\$	

EMPLOYER CERTIFICATION:

I certify that all information contained on this form is true and correct to the best of my knowledge.

Signature / Title

Date

EQUIPMENT COSTS

DIRECTIONS: Please complete this form for reimbursement for equipment costs that were incurred for the time and efforts devoted specifically to this incident. Indicate if the amount claimed is for owned, rental, leasing or replacement of equipment. Receipts must be attached if not owned.

Item	Owned, Rental, Leased or Replaced	Quantity	Total Hours	Unit Cost or Hourly Rate	Total Amount
Total					\$

CERTIFICATION:

I certify that all information contained on this form is true and correct to the best of my knowledge.

Signature / Title

Date
