



BOISE COUNTY

RESOLUTION #2014-73

A BOISE COUNTY RESOLUTION TO PROVIDE FUNDING SUPPORT TO REIMBURSE SEARCH AND RESCUE AND OTHER EMERGENCY SERVICES PERFORMED ON FEDERAL LAND

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 have 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, 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 City of Idaho City to reimburse search and rescue and other emergency services performed on federal land; and

WHEREAS, Sections 67-2326 through 67-2333, Idaho Code, provide that public agencies may enter into agreements with one another for joint or cooperative action which includes, but is not limited to, operation agreements and interagency contracts for service, activity or undertakings; and

WHEREAS, the Boise County Board of Commissioners considers providing Secure Rural Schools and Community Self Determination Program Title III funding support to the City of Idaho City to be of public benefit; and

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, 2, and 3 as follows:

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

Section 1: The City of Idaho City agrees to document all requests for funding support to reimburse search and rescue and other emergency services performed on federal land 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: Boise County will provide payment of said reimbursement upon approval of said request by the Boise County Sheriff 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 Hours	Total Amount	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
