



Legislation Text

File #: 2019-R-32, **Version:** 1

MOTION TO ADOPT PROPOSED RESOLUTION 2019-R-32.

PROPOSED RESOLUTION 2019-R-32 IS A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF PEMBROKE PINES, FLORIDA, APPROVING AND ADOPTING THE STATEWIDE MUTUAL AID AGREEMENT WITH THE STATE OF FLORIDA, A COPY OF WHICH IS ATTACHED HERETO AS EXHIBIT "A"; PROVIDING FOR CONFLICTS, PROVIDING FOR SEVERABILITY; AND PROVIDING FOR AN EFFECTIVE DATE.

SUMMARY EXPLANATION AND BACKGROUND:

1. The State of Florida Emergency Management Act, Chapter 252, authorizes the State of Florida and its political subdivisions to provide emergency aid and assistance in the event of a disaster or emergency.
2. The statutes also authorize the State of Florida to coordinate the provision of any equipment, services, or facilities owned or organized by the State of Florida or its political subdivisions for use in the affected area upon the request of the duly constituted authority of the area.
3. This Resolution authorizes the request, provision, and receipt of interjurisdictional mutual assistance in accordance with the Emergency Management Act, Chapter 252, among political subdivisions within the State of Florida.
4. As indicated in the attached Statewide Mutual Aid Agreement (SMAA), there is no need for a declaration of emergency to be issued for the agreement to be activated (See Exhibit A: 2018 SMAA and Exhibit B: SMAA Information Sheet). When an entity requests aid, the requesting entity agrees to reimburse the assisting party per the terms of the reimbursement in the SMAA.
5. The City of Pembroke Pines City Commission finds that the approval of this Resolution is in the best interest of the health, safety, and welfare of the residents and businesses of the City of Pembroke Pines, and serves a municipal and public purpose.
6. Request City Commission approve and adopt the Statewide Mutual Aid Agreement with the State of Florida, providing for conflicts, providing for severability; and providing for an effective date.

FINANCIAL IMPACT DETAIL:

- a) **Initial Cost:** None
- b) **Amount budgeted for this item in Account No:** Not Applicable
- c) **Source of funding for difference, if not fully budgeted:** Not Applicable

- d) 5 year projection of the operational cost of the project:** Not Applicable
- e) Detail of additional staff requirements:** Not Applicable