

**ACTION SHEET
CITY COUNCIL COMMITTEE MEETING OF 10/29/14
ITEM FROM FINANCE COMMITTEE MEETING OF 10/20/14**

ISSUE:

24. Request for Approval of a Resolution Adopting the City of Santa Fe Hazard Mitigation Plan. (Councilor Dimas) (Andrew Phelps)

Committee Review:

| | |
|-------------------------------------|----------|
| Public Safety Committee (scheduled) | 10/21/14 |
| City Council (scheduled) | 10/29/14 |

Fiscal Impact – No

FINANCE COMMITTEE ACTION: APPROVED AS CONSENT ITEM

FUNDING SOURCE:

SPECIAL CONDITIONS OR AMENDMENTS

STAFF FOLLOW-UP:

| VOTE | FOR | AGAINST | ABSTAIN |
|-----------------------|------------|----------------|----------------|
| COUNCILOR TRUJILLO | X | | |
| COUNCILOR RIVERA | X | | |
| COUNCILOR LINDELL | X | | |
| COUNCILOR MAESTAS | X | | |
| CHAIRPERSON DOMINGUEZ | | | |

3-17-14

City of Santa Fe, New Mexico

LEGISLATIVE SUMMARY

Resolution No. 2014-____ Hazard Mitigation

SPONSOR(S): Councilor Dimas

SUMMARY: The proposed resolution adopts the City of Santa Fe Hazard Mitigation Plan.

PREPARED BY: Rebecca Seligman, Legislative Liaison Assistant

FISCAL IMPACT: No

DATE: October 15, 2014

ATTACHMENTS: Resolution
FIR

1 attached hereto as Exhibit A, is hereby adopted as an official plan of the City of Santa Fe.

2 **BE IT FURTHER RESOLVED THAT** the City of Santa Fe Director of Emergency
3 Management:

4 1. Shall be responsible for coordinating hazard mitigation planning and related actions
5 and programs of the City of Santa Fe; and

6 2. Is directed to bring appropriate revisions to the Governing Body to reflect City issues
7 and thereafter on an annual basis, prepare a report to the Governing Body. The report shall include an
8 assessment of progress made, toward meeting the goals and objectives of the Plan and implementing
9 specific actions identified in the Plan. The report shall include targets for the following year,
10 including recommendations for any appropriate revisions to the Plan.

11 PASSED, APPROVED, AND ADOPTED on this ____ day of _____, 2014.

12
13 _____
14 JAVIER M. GONZALES, MAYOR

15 ATTEST:

16
17 _____
18 YOLANDA Y VIGIL, CITY CLERK

19 APPROVED AS TO FORM:

20 
21 _____
22 KELLEY A. BRENNAN, CITY ATTORNEY

23
24
25 *M/Melissa/Resolutions 2014/Hazard Mitigation*

City of Santa Fe Fiscal Impact Report (FIR)

This Fiscal Impact Report (FIR) shall be completed for each proposed bill or resolution as to its direct impact upon the City's operating budget and is intended for use by any of the standing committees of and the Governing Body of the City of Santa Fe. Bills or resolutions with no fiscal impact still require a completed FIR. Bills or resolutions with a fiscal impact must be reviewed by the Finance Committee. Bills or resolutions without a fiscal impact generally do not require review by the Finance Committee unless the subject of the bill or resolution is financial in nature.

Section A. General Information

(Check) Bill: _____ Resolution: X
(A single FIR may be used for related bills and/or resolutions)

Short Title(s): A RESOLUTION ADOPTING THE CITY OF SANTA FE HAZARD MITIGATION PLAN.

Sponsor(s): Councilor Dimas

Reviewing Department(s): City Attorney's Office

Persons Completing FIR: Rebecca Seligman Date: 10/15/14 Phone: 955-6501

Reviewed by City Attorney: Kelley A. Brennan Date: 10/15/14
(Signature)

Reviewed by Finance Director: Jessica Gunn Date: 10/15/14
(Signature)

Section B. Summary

Briefly explain the purpose and major provisions of the bill/resolution:

The resolution would adopt the City of Santa Fe Hazard Mitigation Plan.

Section C. Fiscal Impact

Note: Financial information on this FIR does not directly translate into a City of Santa Fe budget increase. For a budget increase, the following are required:

- a. The item must be on the agenda at the Finance Committee and City Council as a "Request for Approval of a City of Santa Fe Budget Increase" with a definitive funding source (could be same item and same time as bill/resolution)
 - b. Detailed budget information must be attached as to fund, business units, and line item, amounts, and explanations (similar to annual requests for budget)
 - c. Detailed personnel forms must be attached as to range, salary, and benefit allocation and signed by Human Resource Department for each new position(s) requested (prorated for period to be employed by fiscal year)*
- 1. Projected Expenditures:**
- a. Indicate Fiscal Year(s) affected -- usually current fiscal year and following fiscal year (i.e., FY 03/04 and FY 04/05)
 - b. Indicate: "A" if current budget and level of staffing will absorb the costs
"N" if new, additional, or increased budget or staffing will be required
 - c. Indicate: "R" -- if recurring annual costs
"NR" if one-time, non-recurring costs, such as start-up, contract or equipment costs
 - d. Attach additional projection schedules if two years does not adequately project revenue and cost patterns
 - e. Costs may be netted or shown as an offset if some cost savings are projected (explain in Section 3 Narrative)

Finance Director: _____

X Check here if no fiscal impact

| Column #: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|-----------|----------------------------|----------|---|---|----------|---|---|---------------|
| | Expenditure Classification | FY _____ | "A" Costs Absorbed or "N" New Budget Required | "R" Costs Recurring or "NR" Non-recurring | FY _____ | "A" Costs Absorbed or "N" New Budget Required | "R" Costs - Recurring or "NR" Non-recurring | Fund Affected |

| | | | | | | | | |
|---------------------------|----------|-------|-------|----------|-------|-------|-------|-------|
| Personnel* | \$ _____ | _____ | _____ | \$ _____ | _____ | _____ | _____ | _____ |
| Fringe** | \$ _____ | _____ | _____ | \$ _____ | _____ | _____ | _____ | _____ |
| Capital Outlay | \$ _____ | _____ | _____ | \$ _____ | _____ | _____ | _____ | _____ |
| Land/ Building | \$ _____ | _____ | _____ | \$ _____ | _____ | _____ | _____ | _____ |
| Professional Services | \$ _____ | _____ | _____ | \$ _____ | _____ | _____ | _____ | _____ |
| All Other Operating Costs | \$ _____ | _____ | _____ | \$ _____ | _____ | _____ | _____ | _____ |
| Total: | \$ _____ | _____ | _____ | \$ _____ | _____ | _____ | _____ | _____ |

* Any indication that additional staffing would be required must be reviewed and approved in advance by the City Manager by attached memo before release of FIR to committees. **For fringe benefits contact the Finance Dept.

2. Revenue Sources:

- a. To indicate new revenues and/or
- b. Required for costs for which new expenditure budget is proposed above in item 1.

| Column #: | 1 | 2 | 3 | 4 | 5 | 6 |
|-----------|-----------------|----------|---|----------|---|---------------|
| | Type of Revenue | FY _____ | "R" Costs Recurring or "NR" Non-recurring | FY _____ | "R" Costs - Recurring or "NR" Non-recurring | Fund Affected |

| | | | | | | |
|--------|----------|-------|----------|-------|-------|-------|
| _____ | \$ _____ | _____ | \$ _____ | _____ | _____ | _____ |
| _____ | \$ _____ | _____ | \$ _____ | _____ | _____ | _____ |
| _____ | \$ _____ | _____ | \$ _____ | _____ | _____ | _____ |
| Total: | \$ _____ | _____ | \$ _____ | _____ | _____ | _____ |

3. Expenditure/Revenue Narrative:

Explain revenue source(s). Include revenue calculations, grant(s) available, anticipated date of receipt of revenues/grants, etc. Explain expenditures, grant match(s), justify personnel increase(s), detail capital and operating uses, etc. (Attach supplemental page, if necessary.)

N/A

Section D. General Narrative

1. Conflicts: Does this proposed bill/resolution duplicate/conflict with/companion to/relate to any City code, approved ordinance or resolution, other adopted policies or proposed legislation? Include details of city adopted laws/ordinance/resolutions and dates. Summarize the relationships, conflicts or overlaps.

The resolution is companion legislation to Section 2-16 SFCC 1987 which is the City Code related to the powers and duties of the Office of Emergency Management.

2. Consequences of Not Enacting This Bill/Resolution:

Are there consequences of not enacting this bill/resolution? If so, describe.

If this resolution is not enacted, the city of Santa Fe would not have a hazard mitigation plan in place which includes activities that would reduce loss of life and property, damage to our environment and threats to public health and safety by the natural and human-caused hazards that could potentially face our city.

3. Technical Issues:

Are there incorrect citations of law, drafting errors or other problems? Are there any amendments that should be considered? Are there any other alternatives which should be considered? If so, describe.

No

4. Community Impact:

Briefly describe the major positive or negative effects the Bill/Resolution might have on the community including, but not limited to, businesses, neighborhoods, families, children and youth, social service providers and other institutions such as schools, churches, etc.

The resolution will have a positive impact in our community by having a hazard mitigation plan in place to reduce loss of life and property, damage to our environment and threats to public health and safety by the natural and human-caused hazards that could happen in our city.

Form adopted: 01/12/05; revised 8/24/05; revised 4/17/08