## **LOCAL MATCH RESOLUTION #**

2024-14

## **FOR THE**

## HAZARD MITIGATION ASSISTANCE PROGRAM

WHEREAS, Lyon County (jurisdiction)	(hereinafter called "the Subrecipient"), County of
, has made application through the lo	owa Department Homeland Security and Emergency
Management (HSEMD) to the Federal Emergency Manag	gement Agency (FEMA) for funding from the
Hazard Mitigation Assistance Program, In the amount of	\$25,000.00 for the total project cost,
and	
WHEREAS, the Subrecipient recognizes the fact that this not exceeding 75%, the state share not exceeding 10%, a project cost. The <i>minimum</i> 15% local share can be either	
and	
THEREFORE, the Subrecipient agrees to provide and ma	ake available up to 7500.00
seven thousand five hundred dollars	dollars) of local monies to be used to meet the
minimum local match requirement for this mitigation grad	nt application.
The resolution was passed and approved this	23 day of April 20 24.
Signatures of Council or Board Members:	
Council or Board Member	Council or Board Member
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Council or Board Member	Council or Board Member
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Council or Board Member	Council or Board Member
	the solar
Council or Board Member	Council of Board Member
Council or Board Member	Council or Board Member
Council of Board Member	Council of Board lylerinder
I submit this form for inclusion with the Hazard N	ditigation Assistance Project Application.
3	Jerry Birkey, Chairman
	Print Name of Authorized Representative

Authorized Representative's Signature and Date

Minority Impact Statement		
lowa sh	nt to 2008 lowa Acts, HF 2393, Iowa Code Section 8.11, all grant applications submitted to the State of all include a Minority Impact Statement. This is the state's mechanism to require grant applicants to return the potential impact of the grant project's proposed programs or policies on minority groups.	
	choose the statement(s) that pertains to this grant application. Complete all the information ted for the chosen statement(s).	
	The proposed grant project programs or policies could have a disproportionate or unique positive impact on minority persons.	
	Describe the positive impact expected from this project	
	Indicate which group is impacted:	
	Women	
	Persons with a Disability	
	Blacks	
	Latinos	
	Asians	
	Pacific Islanders	
	American Indians	
	Alaskan Native Americans	
	Other	
ш	The proposed grant project programs or policies could have a disproportionate or unique <u>negative</u> impact on minority persons.	
	Describe the negative impact expected from this project	
	Present the rationale for the existence of the proposed program or policy.	
	Provide evidence of consultation of representatives of the minority groups impacted.	
	And the second s	
	Indicate which group is impacted;	
	Women	
	Persons with a Disability	
	Blacks	

Latinos Asians	
Pacific Islanders	
American Indians	
Alaskan Native Americans	
Other	
The proposed grant project programs or policies are <u>not expected to have</u> a disproportionate or unique impact on minority persons.	
Present the rationale for determining no impact.	
county wide plan assess and mitigating natural and man-made hazards	
I hereby certify that the information on this form is complete and accurate, to the best of my knowledge:	
Jerry Birkey, Chairman  Printed Name	
Chairman, Lyon County Board of Supervisors Title Signature  1/23/24 Date	
<u>Definitions</u>	
"Minority Persons", as defined in Iowa Code Section 8.11, mean individuals who are women, persons with a disability, Blacks, Latinos, Asians or Pacific Islanders, American Indians, and Alaskan Native Americans.	
"Disability", as defined in lowa Code Section 15.102, subsection 5, paragraph "b", subparagraph (1): b. As used in this subsection:	
(1) "Disability" means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of the individual, a record of physical or mental impairment that substantially limits one or more of the major life activities of the individual, or being regarded as an individual with a physical or mental impairment that substantially limits one or more of the major life activities of the individual.	
"Disability" does not include any of the following:	
<ul> <li>(a) Homosexual or bisexuality.</li> <li>(b) Transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments or other sexual behavior disorders.</li> </ul>	
(c) Compulsive gambling, kleptomania, or pyromania	
(d) Psychoactive substance abuse disorders resulting from current illegal use of drugs.	
"State Agency", as defined in lowa Code Section 8.11, means a department, board, bureau, commission, or other agency or authority of the State of lowa.	