



FIRE DEPARTMENT - CLASS I
1000 Villa Street • Mountain View • California • 94041-1295
650-903-6365 • Fax 650-962-0151

April 6, 2017

Mr. David Gillings
State Public Assistance Officer
California Governor's Office of Emergency Services
Public Assistance Division
3650 Schriever Avenue
Mather, CA 95655
(via email to: DisasterRecovery@CalOES.ca.gov)

RE: FEMA-4301-DR-CA

Dear Mr Gillings,

Attached is the City of Mountain View's RPA application package which includes:

Request for Public Assistance (FEMA Form 90-49)

Project Application (CalOES Form 126)

List of Projects (Cal OES Form 95) with attached Initial Damage Estimate (DA-X-1) and Damage and Needs Assessment Summary (DA-X-2)

We have also included our Designation of Applicant's Agent Resolution (Cal OES Form 130), however this Resolution is currently pending Council Approval. We will forward the Council approved Resolution once available.

Please advise if any additional information is needed from us at this phase.

Thank you,

Laura Gentry
Senior Management Analyst
Mountain View Police & Fire
1000 Villa Street
Mountain View, CA 94041-1294
Laura.Gentry@mountainview.gov
(650)903-6851

DEPARTMENT OF HOMELAND SECURITY
 FEDERAL EMERGENCY MANAGEMENT AGENCY
REQUEST FOR PUBLIC ASSISTANCE

O.M.B. NO. 1660-0017
Expires April 30, 2013

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 10 minutes. Burden means the time, effort and financial resources expended by persons to generate, maintain, disclose, or to provide information to us. You may send comments regarding the burden estimate or any aspect of the collection, including suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (OMB Control Number 1660-0017). You are not required to respond to this collection of information unless it displays a valid OMB number. **NOTE: Do not send your completed questionnaire to this address.**

APPLICANT (Political subdivision or eligible applicant) City of Mountain View, CA		DATE SUBMITTED 04/01/2017
COUNTY (Location of Damages. If located in multiple counties, please indicate) Santa Clara County	DUNS NUMBER	01-091-7748

APPLICANT PHYSICAL LOCATION

STREET ADDRESS 500 Castro Street			
CITY Mountain View	COUNTY Santa Clara	STATE CA	ZIP CODE 94041

MAILING ADDRESS (If different from Physical Location)

STREET ADDRESS			
POST OFFICE BOX P.O. Box 7540	CITY Mountain View	STATE CA	ZIP CODE 94039-7540

Primary Contact/Applicant's Authorized Agent

Alternate Contact

NAME Laura Gentry	NAME Ann Mehta
TITLE Sr. Management Analyst	TITLE Purchasing and Support Services Manager
BUSINESS PHONE 650-903-6851	BUSINESS PHONE 650-903-6296
FAX NUMBER	FAX NUMBER
HOME PHONE (Optional)	HOME PHONE (Optional)
CELL PHONE	CELL PHONE
E-MAIL ADDRESS laura.gentry@mountainview.gov	E-MAIL ADDRESS ann.mehta@mountainview.gov
PAGER & PIN NUMBER	PAGER & PIN NUMBER

Did you participate in the Federal/State Preliminary Damage Assessment (PDA)? YES NO

Private Non-Profit Organization? YES NO

If yes, which of the facilities identified below best describe your organization? _____

Title 44 CFR, part 206.221(e) defines an eligible private non-profit facility as: "... any private non-profit educational, utility, emergency, medical or custodial care facility, including a facility for the aged or disabled, and other facility providing essential governmental type services to the general public, and such facilities on Indian reservations." "Other essential governmental service facility means museums, zoos, community centers, libraries, homeless shelters, senior citizen centers, rehabilitation facilities, shelter workshops and facilities which provide health and safety safety services of a governmental nature. All such facilities must be open to the general public."

Private Non-Profit Organizations must attach copies of their Tax Exemption Certificate and Organization Charter or By-Laws. If your organization is a school or educational facility, please attach information on accreditation or certification.

OFFICIAL USE ONLY: FEMA - -DR- - FIPS# DATE RECEIVED



For Internal Use Only

Cal OES Application #: _____

Disaster No #: _____

DUNS #: _____

PROJECT APPLICATION
CALIFORNIA DISASTER ASSISTANCE ACT PROGRAM

1. APPLICANT'S NAME AND ADDRESS

APPLICANT: City of Mountain View

ADDRESS: 500 Castro Street

CITY & ZIP: Mountain View, CA 94041

PHONE: 650-903-6300

2. APPLICANT'S AUTHORIZED AGENT
(Attach Resolution of Designation unless an accurate "universal" resolution is on file.)

NAME: Laura Gentry

TITLE: Senior Management Analyst

ADDRESS: 1000 Villa Street

CITY & ZIP: Mountain View, CA 94041

PHONE: 650-903-6851

FACSIMILE: 650-962-0151

E-MAIL: Laura.Gentry@mountainview.gov

3. PROJECT SUMMARY – Attach a List of Projects as defined in Title 19 of the California Code of Regulations, Section 2970(a)(4).

ASSURANCES AND AGREEMENTS

- A. The applicant certifies (to the best of his knowledge and belief) the disaster relief work herein described for which state financial assistance is requested, is eligible in accordance with the criteria contained in the Disaster Assistance Act (Government Code, Section 8680 et seq).
- B. The applicant is the legal entity responsible under law for the performance of the work detailed and accepts such responsibility.
- C. The applicant certifies that the disaster relief work herein described for which state assistance is requested hereunder, does not or will not duplicate benefits received for the same loss from another source.
- D. The applicant certifies that they have undertaken to recover maximum federal participation in funding street and highway project and public facility projects.
- E. The applicant certifies that all information given herein is to the best of its knowledge and belief, true and correct.
- F. The applicant agrees to (1) provide without cost to the state all lands, easements, and rights-of-way necessary for accomplishment of the approved work and

(2) The applicant agrees to hold and save the State of California, its officers, agents and employees free from damages due to the approved work.
- G. (1) The applicant agrees to comply with Section 3700 of the Labor Code, which requires every employee to be insured against liability for Workmen's Compensation, or to undertake self-insurance in accordance with provisions of the code; and will comply with such provisions before commencing the performance of the work.

(2) The applicant agrees to comply with the Fair Practices Act in connection with the performance of work under this agreement wherein it agrees it will not willfully discriminate against any employee or applicant for employment because of race, color, religion, ancestry, sex, age or national origin; and it agrees to take affirmative action to insure that applicants for employment are employed, and that employees are treated during employment, without regard to their race, color, religion, ancestry, sex, age or national origin, and hereby gives assurance that it will immediately take any measures necessary to effectuate this agreement.

PROJECT APPLICATION
CALIFORNIA DISASTER ASSISTANCE ACT PROGRAM

(3) If any real property or structure thereon is provided or improved with the aid of the state financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of such property, any transferee for the period during which the provision of similar services of benefits. If any personal property is so provided, this assurance shall obligate the applicant for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the applicant for the period during which the state financial assistance is extended to it by the agency.

(4) This assurance is given in consideration of, and for the purpose of obtaining any and all state grants, loans, reimbursement, advances, contracts, property, discount, or other state financial assistance extended after the date hereon to the applicant. The applicant recognizes and agrees that such state financial assistance will be extended in reliance on the representations and agreements made in this assurance and that the state shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the applicant, its successors, transferees and assignees, and a person or persons whose signatures appear on this form, or is authorized to sign this assurance on behalf of the applicant.

- H. The applicant certifies that all financial assistance received under this application will be, or has been, expended in accordance with applicable laws and regulations. The applicant certifies that any work performed by a state agency at their request shall be agreed upon in writing and be subject to the State Contract Act. The applicant certifies that the work performed, or to be performed, is in accordance with the state and local laws governing the performance of such work.
- I. The applicant certifies compliance with Standardized Emergency Management System (SEMS) requirements as stated in the California Emergency Services Act, Government Code, Chapter 7 of Division 1 of Title 2, Section 8607.1(e) and CCR Title 19, Sections 2445, 2446, 2447 and 2448.
- J. The applicant certifies that on contracts involving expenditures in excess of \$25,000, it obtained from the contractor a payment bond in accordance with Sections 3247 through 3252 of the Civil Code.
- K. **BY ACCEPTING THESE FUNDS, THE APPLICANT IS NOT FORFEITING ANY RIGHTS WHATSOEVER, INCLUDING THE RIGHT TO A FAIR HEARING.**

4. SIGNATURE OF APPLICANT'S AUTHORIZED AGENT

"I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized by the above named subgrantee to enter into this agreement for and on behalf of the said subgrantee, and by my signature do bind the subgrantee to the terms thereof."

SIGNATURE:  DATE: 4/3/2017

TITLE: Senior Management Analyst

5. Cal OES APPROVAL

SIGNATURE: _____ DATE APPROVED: _____

TITLE: _____

**DESIGNATION OF APPLICANT'S AGENT RESOLUTION
FOR NON-STATE AGENCIES**

BE IT RESOLVED BY THE City Council OF THE City of Mountain View
(Governing Body) (Name of Applicant)

THAT City Manager, OR
(Title of Authorized Agent)

Senior Management Analyst, OR
(Title of Authorized Agent)

Purchasing and Support Services Manager
(Title of Authorized Agent)

is hereby authorized to execute for and on behalf of the City of Mountain View, a public entity
(Name of Applicant)
established under the laws of the State of California, this application and to file it with the California Governor's Office of Emergency Services for the purpose of obtaining certain federal financial assistance under Public Law 93-288 as amended by the Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988, and/or state financial assistance under the California Disaster Assistance Act.

THAT the City of Mountain View, a public entity established under the laws of the State of California,
(Name of Applicant)
hereby authorizes its agent(s) to provide to the Governor's Office of Emergency Services for all matters pertaining to such state disaster assistance the assurances and agreements required.

Please check the appropriate box below:

- This is a universal resolution and is effective for all open and future disasters up to three (3) years following the date of approval below.
- This is a disaster specific resolution and is effective for only disaster number(s) _____

Passed and approved this _____ day of _____, 20 _____

(Name and Title of Governing Body Representative)

Pending City of Mountain View
Council approval

(Name and Title of Governing Body Representative)

(Name and Title of Governing Body Representative)

CERTIFICATION

I, _____, duly appointed and _____ of
(Name) (Title)

_____, do hereby certify that the above is a true and correct copy of a
(Name of Applicant)

Resolution passed and approved by the _____ of the _____
(Governing Body) (Name of Applicant)

on the _____ day of _____, 20 _____.

(Signature)

(Title)

Cal OES Form 130 Instructions

A Designation of Applicant's Agent Resolution for Non-State Agencies is required of all Applicants to be eligible to receive funding. A new resolution must be submitted if a previously submitted Resolution is older than three (3) years from the last date of approval, is invalid or has not been submitted.

When completing the Cal OES Form 130, Applicants should fill in the blanks on page 1. The blanks are to be filled in as follows:

Resolution Section:

Governing Body: This is the group responsible for appointing and approving the Authorized Agents.
Examples include: Board of Directors, City Council, Board of Supervisors, Board of Education, etc.

Name of Applicant: The public entity established under the laws of the State of California. Examples include: School District, Office of Education, City, County or Non-profit agency that has applied for the grant, such as: City of San Diego, Sacramento County, Burbank Unified School District, Napa County Office of Education, University Southern California.

Authorized Agent: These are the individuals that are authorized by the Governing Body to engage with the Federal Emergency Management Agency and the Governor's Office of Emergency Services regarding grants applied for by the Applicant. There are two ways of completing this section:

1. **Titles Only:** If the Governing Body so chooses, the titles of the Authorized Agents would be entered here, not their names. This allows the document to remain valid (for 3 years) if an Authorized Agent leaves the position and is replaced by another individual in the same title. If "Titles Only" is the chosen method, this document must be accompanied by a cover letter naming the Authorized Agents by name and title. This cover letter can be completed by any authorized person within the agency and does not require the Governing Body's signature.
2. **Names and Titles:** If the Governing Body so chooses, the names **and** titles of the Authorized Agents would be listed. A new Cal OES Form 130 will be required if any of the Authorized Agents are replaced, leave the position listed on the document or their title changes.

Governing Body Representative: These are the names and titles of the approving Board Members.
Examples include: Chairman of the Board, Director, Superintendent, etc. The names and titles **cannot** be one of the designated Authorized Agents, and a minimum of two or more approving board members need to be listed.

Certification Section:

Name and Title: This is the individual that was in attendance and recorded the Resolution creation and approval.
Examples include: City Clerk, Secretary to the Board of Directors, County Clerk, etc. This person **cannot** be one of the designated Authorized Agents or Approving Board Member (if a person holds two positions such as City Manager and Secretary to the Board and the City Manager is to be listed as an Authorized Agent, then the same person holding the Secretary position would sign the document as Secretary to the Board (not City Manager) to eliminate "Self Certification.")

List of Projects

Disaster Number FEMA-4301-DR-CA

APPLICANT: City of Mountain View

DATE COMPLETED: 4/3/17

CONTACT NAME AND PHONE NUMBER: Laura Gentry, 650-903-6851

IS THIS AN AMENDED LIST OF PROJECTS? No

ITEM #	LOCATION	DESCRIPTION OF DAMAGE AND SCOPE OF WORK	COST ESTIMATE	CATEGORY*	WAS WORK COMPLETED BY FORCE ACCT. (FA), CONTRACT (C) OR BOTH (F/C)?	ENTER "ENV" IF THERE ARE ENVIRONMENTAL ISSUES OR "HIST" FOR HISTORIC ISSUES, OR BOTH	WAS THERE INSURANCE COVERAGE? IF YES, ENTER DEDUCTIBLE AMOUNT	WAS THE FACILITY DAMAGED IN A PRIOR DISASTER(S)? IF YES, ENTER DISASTER NAME(S) OR NUMBER(S)	ARE THERE COST EFFECTIVE HAZARD MITIGATION MEASURES THAT MAY PREVENT FUTURE DAMAGE?
1	Stevens Creek Trail	Damage to trail from creek scouring (please see attached Initial Damage Estimate (DA-X-1) and Damage and Needs Assessment Summary (DA-X-2))	\$ 494,000	D			\$		
			\$				\$		
			\$				\$		
			\$				\$		
			\$				\$		
			\$				\$		
			\$				\$		
			\$				\$		

*CATEGORY: A) Debris Clearance; B) Protective Measures; C) Road System; D) Water Control Facility; E) Buildings and Equipment; F) Public Utility System; G) Other. (Note: if a single site has more than one category, indicate the category that represents the majority of damage.)

Initial Damage Estimate for the City of Mountain View (DA-X-1)

Event Loma Burn Scar Weather Event

Date: January 20, 2017

Declarations		
City	Date Proclaimed	
	Date Requested	Date Granted
County Concurrence		
Directors Concurrence		
Gubernatorial		
Small Business Administration		
Presidential		
Individual Assistance		
Public Assistance		

Individual Assistance (IA) Damages						
	Homes Destroyed	Major Damage	Minor Damage	Affected* (no physical damage)	Estimated Loss \$	Estimated % covered by insurance
Primary residence (include mobile homes)						
Other (i.e. Out bldgs, etc.)						

Small Business Administration Loan Damages						
	Businesses destroyed	Major Damage	Minor Damage	Affected* (no physical damage)	Estimated Loss \$	Estimated % covered by insurance
Business (SBA)						
Private Nonprofit						

Agricultural Damage			
	Acres Impacted	Number Impacted	Estimated Loss \$
Crops/Grazing Lands			
Farm Buildings & Machinery			
Livestock			

* Homes and businesses unuseable or closed because of utility outages or road closures.

Public Assistance (PA) Damage		
Category	Number of Sites	Estimated Loss\$
Category A: Debris Removal & Disposal		
Category B: Emergency Protective Measures		
Category C: Road & Bridge Systems (non-Federal)	1	\$494,000
Category D: Water Control Facilities (levees, dams, & channels)		
Category E: Public Buildings & Equipment		
Category F: Public Utilities (water & power, etc.)		
Category G: Park/Recreational/Other		
Comments		

Federal Program Damages		Estimated Costs \$
Federal Highways (Emergency Relief Program)		
U.S. Army Corps of Engineers (PL 84-99)		
Natural Resources Conservation Service		
Other 1 (Specify)		
Other 2 (Specify)		
Other 3 (Specify)		

Reporting Agency Point of Contact	
Name	Lynn Brown
Phone	650-903-6825
Fax	650-962-0151
Alt. Phone	650-740-6456
E-Mail	Lynn.brown@mountainview.gov
When known, enter estimated date to begin Preliminary Damage Assessments (PDA)	

Damage And Needs Assessment Summary (DA-X-2)				
Name of Jurisdiction:	Population:	County:	Population:	Report Date:
Mountain View	77,925	Santa Clara		1/25/2017
Type of Disaster:	Disaster Date:	Area Primarily Affected:		
Winter Storm	January 8-13	Stevens Creek Trail		
Contact:		Title:		
Lynn Brown		OES Coordinator		
Address:		Phone:		
1000 Villa Street		650-903-6825		
Email Address:		Fax:		
lynn.brown@mountainview.gov		650-962-0151		
PUBLIC DAMAGES				
A. Debris Clearance		E. Public Buildings, Facilities, Equipment		
Public Roads and Streets		Public Buildings Destroyed		
Public Property		Public Buildings Damaged		
Other		Building Contents		
		Vehicles / Equipment		
		Insurance Coverage	0.00%	
	Total	\$0	Total	\$0
B. Protective Measures		F. Public Utilities (Publicly Owned)		
Emergency Temporary Repairs		Water Distribution Systems		
Flood Protection / Sandbagging		Water Treatment Plants		
Barricades, Signs		Sewage Treatment Plants		
Security / Search and Rescue		Sewers - Length in Feet	0	
Emergency Shoring		Other		
Other		Insurance Coverage	0.00%	
	Total	\$0	Total	\$0
C. Road Systems	Miles	Dollars	G. Parks and Recreational	
Roads (miles 2-4 lanes)			Parks	
Roads (miles 6+ lanes)			Recreational	
Roads (other)			Other	
Bridges Destroyed				
Bridges Damaged				
Culverts Destroyed				
Culverts Damaged			Insurance Coverage	0.00%
	Total	\$0	Total	\$0
D. Water Control Facilities		H. Schools and Private Non-Profit Facilities		
Dikes			Public Schools Destroyed	
Levees			Public Schools Damaged	
Dams			Other Schools Destroyed	
Storm Drains			Other Schools Damaged	
Flood Control Channels			Private Utility	
Catch Basins				
Other/Damage to trail from creek scouring		\$494,000		

		Insurance Coverage	0.00%	
Total		\$494,000	Total	\$0
			GRAND TOTAL	\$494,000
I. Current Jurisdiction Budget Information				
Annual Budget	326,229,484	Road Budget	9,715,455	
Public Works Budget	65,773,607	Date Fiscal Year Begins	July 1 2016	
PRIVATE DAMAGES				
J. Individual		K. Business / Industry		
Residences Destroyed - Single Family		Businesses Destroyed		
Residences Destroyed - Multi-Family		Businesses - Major Damage		
Residences Destroyed - Mobile Home		Businesses - Minor Damage		
Residences Damaged - Single Family		Businesses - Affected		
Residences Damaged - Multi-Family		Number of Employees		
Residences Damaged - Mobile Home		Days of Unemployment		
Residences - Minor Damage		Insurance Coverage	0.00%	
Residences - Affected				
Insurance	0.00%			
Total		0	Total	0
L. Agriculture				
Farm Buildings Destroyed		Crops - Acres Destroyed		
Farm Buildings Damaged		Crops - Acres Damaged		
Machinery / Equipment Destroyed		Livestock Destroyed		
Machinery / Equipment Damaged		Livestock Injured		
M. Other Information (Unofficial Numbers*)		N. Additional Disaster Information		
Deaths		If a FLOOD or WINTER STORM:	Quantity - Inches	
Injured			Hours Duration?	
Hospitalized		If FLOOD, Type:		
Evacuated		Stream Overflow?		
Sheltered		Sheet Flow?		
Missing		Sewer Backup?		
* These numbers are unofficial only and should never be released to the media. They are for internal response planning purposes only.		Other?		
		How long under water?		
		Chemical Contamination?		
		What Chemicals?		
O. Additional Comments:				

Water Control Facilities

#	Address / Location	Dikes \$	Levees \$	Dams \$	Storm Drains \$	Flood Control Channels \$	Catch Basins\$	Other \$
1	Stevens Creek Trail North of El Camino Real							494,000
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
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