

EXHIBIT "A"

RESOLUTION

Attachment for Application No. 9

BE IT RESOLVED BY Municipal Council OF Salinas,
(Governing Body) (Public Entity)
THAT Társilo Godreau Ramos, Mayor,
(Name of Incumbent) (Official Position)

be and he is hereby authorized to execute for and in behalf of
Municipality of Salinas, a public entity established under
the laws of the State of Commonwealth of P. R., this application and
to file it in the appropriate State office for the purpose of obtaining
certain Federal financial assistance under the Federal Disaster Act (Public
Law 875, 81st Congress; 42 U.S.C. 1855-1855g).

Passed and approved this 24 day of november, 1970.

[Signature]
Name and Title President

[Signature]
Name and Title Vice-President

[Signature]
Name and Title Member

CERTIFICATION

I, José Antonio Cartagena, duly appointed and Secretary Municipal Council
(Title)
of Salinas, do hereby certify that the above is a true
and correct copy of a resolution passed and approved by the

Municipal Council OF Salinas on the
(Governing Body) (Public Entity)

25 de noviembre de 1970 day of November 25, 1970.
(Date) (Month)

Date: 25 de noviembre de 1970

Secretary Municipal Council
(Official Position)

[Signature]
(Signature)

NOTE: If the applicant is a State agency, a letter
from the agency head designating his authorized
representative should be inserted in lieu of
this EXHIBIT "A")



★ ★ OFFICE OF ★ ★
**EMERGENCY
PREPAREDNESS**

EXECUTIVE OFFICE OF THE PRESIDENT

Before Completing this Application,
See Instructions (OEP Circular 4000.5B)

PROJECT APPLICATION OEP _____ DR _____
F. I.
SUPPLEMENTAL FEDERAL FINANCIAL ASSISTANCE
(UNDER PUBLIC LAW 875, 81st CONGRESS, AS AMENDED)

STATE PROJECT NO. _____
(State to enter)

Date of President's Major Disaster Declaration October 12, 1970

1. General Information: (To be completed by applicant)

a. State of Puerto Rico County of Salinas

b. Applicant: Municipality of Salinas

Address: Salinas, Puerto Rico

c. Is applicant other than a State, county, city, village, township, or school district? _____. If so, attach information to this application in accordance with Part 2 of Instructions.

d. Official representative of the applicant: (Named in Exhibit "A")

Name: Társilo Godreau Ramos Title: Mayor

Address: Salinas, P. R. 00751 Phone: 824-3060

e. Basic Categories of Work (Categories listed on Exhibit "B"): _____

f. Type of disaster: flood
(flood, fire, hurricane, earthquake, storm, etc.)

Damage Occurring on or about: Oct. 6 Oct. 12, 1970
(Date)

2. Financial Information: (To be completed by applicant)

a. Estimated costs of this disaster to be paid by applicant: \$ none
(Not including requested Federal assistance)

b. Total Federal financial assistance requested in this application (from Exhibit "B"): \$ _____

3. Summary: (To be completed by OEP)

a. Received in OEP Regional Office _____ on _____
(number) (date)

b. Amount requested by applicant \$ _____

c. Amount approved by State \$ _____

d. Amount approved by OEP \$ _____

4. (To be completed by applicant)

THE APPLICANT HEREINBELOW DESIGNATED makes application to the GOVERNOR OF THE STATE for the sum stated in paragraph 2.b of this application to cover estimated Federal costs of the work described in EXHIBIT "B" attached to this application. These funds are to be paid from the Federal Disaster Fund made available under the provisions of the Federal Disaster Act (Public Law 875, 81st Congress; 42 U.S.C. 1855-1855g), by order of the President of the United States of America, and to be spent in conformance with the Federal-State Disaster Assistance Agreement between the United States of America and the State.

ASSURANCE AND AGREEMENTS

- A. The applicant certifies that the disaster relief work herein described for which Federal financial assistance is requested hereunder, has been determined necessary and essential in accordance with the criteria contained in Section 1710.10 of the Federal Disaster Assistance Regulations.
- B. The applicant is the legal entity responsible under law for the performance of the work herein detailed.
- C. The applicant represents that to the best of its knowledge and belief this Project Application meets all of the requirements and conditions of the Federal-State Disaster Assistance Agreement.
- D. The applicant certifies that all information given by it herein is, to the best of its knowledge and belief, true and correct.
- E. The applicant agrees to (1) provide without cost to the United States all lands, easements, and rights-of-way necessary for accomplishment of the approved work; and (2) hold and save the United States free from damages due to the approved work.

As the duly authorized representative designated by the Municipal Council
of Salinas, as attested by a certified copy of
(Applicant) (Governing Body)

the instrument attached as EXHIBIT "A" hereto authorizing this application, I have caused to be drawn and herewith submit this application for disaster assistance, agreeing that all parts and provisions of this instrument shall be binding upon the use and/or expenditure of any funds allocated.

WITNESS:

SIGNED:

Title: Secretario Auditor

Mayor
Applicant's Authorized Representative

Date: October 30, 1970

5. (To be completed by State)

I, _____, GOVERNOR (or his authorized representative) OF THE STATE OF _____ having reviewed this application submitted by the local government instrumentality herein designated, and having found it eligible for approval on the basis of the attached report marked EXHIBIT "C", do hereby approve the said application in the amount of \$ _____, and do further recommend approval by the Office of Emergency Preparedness in the amount stated, for the purposes and amounts applicable to such purposes as set forth in the Exhibits attached hereto, and certify that all financial assistance received under this application will be, or has been, expended in accordance with applicable law and regulations thereunder.

Date: _____ /s/ _____
GOVERNOR (or his authorized representative)

6. (To be completed by OEP)

OEP Project No. _____ STATE of _____ is hereby (approved) (provisionally approved) in accordance with the provisions and conditions attached hereto; and disbursement of Federal funds is authorized in an amount not to exceed \$ _____ for this project in accordance with the Federal Disaster Act (Public Law 875, 81st Congress; 42 U.S.C. 1855-1855g), and the Federal-State Disaster Assistance Agreement entered into on the _____ day of _____, 19____, by the United States Government and the State.

Date: _____ /s/ _____
Regional Director, Region _____
Office of Emergency Preparedness

DETAILED PROJECT ANALYSIS

Attached hereto, as identified below, are detailed descriptions of the items of work to be performed by the Applicant, and estimated costs (to the nearest dollar) for each item of work for which Federal financial assistance is requested.

The applicant will complete the following form only for those categories for which Federal assistance is requested.

(Signature of Applicant's Authorized Representative)

APPLICANT _____

STATE _____
OEP NO. _____

WHEN PROVISIONALLY APPROVED BY THE REGIONAL OFFICE DIRECTOR, THE FOLLOWING
MUST BE COMPLETED BY THE APPLICANT AND THE STATE:

7. I, _____, the authorized representative
named in EXHIBIT "A" do hereby accept on behalf of the applicant the
provisional approval of \$ _____ by the Regional Office
Director, OEP:

Date _____ /s/ _____
Applicant's Authorized Representative

8. I, _____, GOVERNOR (or Authorized
Representative) do hereby accept on behalf of the State the provisional
approval of \$ _____ by the Regional Office Director,
OEP.

Date _____ /s/ _____
GOVERNOR (or Authorized Representative)

(Note: This sheet is to be detached by the
Regional Office when the application
is approved as submitted.)

EXHIBIT "D"

ASSURANCE OF COMPLIANCE WITH OFFICE OF EMERGENCY PREPAREDNESS REGULATION 5
UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

OEP Project No. _____
Local Project No. _____

Municipality of Salinas (hereinafter called the "Applicant")
(Name of Applicant)

HEREBY AGREES THAT it will comply with title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to Regulation 5 of the Office of Emergency Preparedness (30 F.R. 321) issued pursuant to that title, to the end that, in accordance with title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant received Federal financial assistance from the Agency; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Agency, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or 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 Federal financial assistance is extended to it by the Agency.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, reimbursements, advances, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Applicant by the Agency. The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Applicant.

Dated _____

Municipality of Salinas
(Applicant)

By _____
(Signature of Applicant's Authorized Representative)