

**RESOLUTION TO ADOPT THE
SMOKY MOUNTAIN REGIONAL HAZARD MITIGATION PLAN**

WHEREAS, (JURISDICTION NAME) is vulnerable to an array of hazards that can cause loss of life and damages to public and private property; and

WHEREAS, the (JURISDICTION NAME) desires to seek ways to mitigate situations that may aggravate such circumstances; and

WHEREAS, the development and implementation of a hazard mitigation plan can result in actions that reduce the long-term risk to life and property from hazards; and

WHEREAS, it is the intent of the (LOCAL GOVERNNING BODY) to protect its citizens and property from the effects of hazards by preparing and maintaining a local hazard mitigation plan; and

WHEREAS, it is also the intent of the (LOCAL GOVERNING BODY) to fulfill its obligation under North Carolina General Statutes, Chapter 166A: North Carolina Emergency Management Act and Section 322: Mitigation Planning, of the Robert T. Stafford Disaster Relief and Emergency Assistance Act to remain eligible to receive state and federal assistance in the event of a declared disaster affecting the (JURISDICTION NAME); and

WHEREAS, (JURISDICTION NAME), in coordination with Cherokee, Graham, Haywood, Jackson and Swain counties, the municipalities within those counties and the Eastern Band of Cherokee Indians has prepared a multi-jurisdictional hazard mitigation plan with input from the appropriate local and state officials;

WHEREAS, the North Carolina Emergency Management has reviewed the Smoky Mountain Regional Hazard Mitigation Plan for legislative compliance and has approved the plan pending the completion of local adoption procedures;

NOW, THEREFORE, BE IT RESOLVED that the (GOVERNING BODY) of (JURISDICTION NAME) hereby:

1. Adopts the Smoky Mountain Regional Hazard Mitigation Plan; and
2. Agrees to take such other official action as may be reasonably necessary to carry out the proposed actions of the Plan.

Adopted on _____, 2022.

Name, Chair
JURISDICTION NAME GOVERNING BODY

Attest:

Name, Clerk
JURISDICTION NAME GOVERNING BODY

Certified by: _____ (SEAL)

Date: _____