



## City of Needles, California Request for City Council Action

☒ CITY COUNCIL ☐ NPUA

☒ Regular ☐ Special

**Meeting Date:** February 25, 2025

**Title:** Authorize the Mayor to execute contract number 20-212 A-1 with San Bernardino County Public Works for Emergency Response Mutual Aid

**Background:** In 2020 the City Council authorized a mutual aid agreement with San Bernardino County Public Works Department. The original contract is a 5-year term that expires June 30, 2025.

The proposed Agreement authorizes the County and the City to provide mutual aid for repairs, maintenance and emergency work within the unincorporated and incorporated areas of the City. The City and County have determined that occasionally utilizing each other's labor and equipment resources can be the most cost-effective and timely process for maintenance and repair of roadways within City and County jurisdictions.

Work assignments may include, but are not limited to, maintenance or emergency repair of streets and highways, appurtenant fencing, culvert or drainage facilities, as well as providing heavy equipment for storm debris cleanup, striping, chip sealing, maintenance or emergency paving. This agreement will improve County government operations and pursue County goals and objectives by working with other Agencies.

**Fiscal Impact:** The Mutual Aid Agreement is not a commitment to spend, rather authorization to obtain or provide emergency services should such disasters or needs arise. Any work requests under these agreements must be approved by both sides prior to beginning any work. All work requested by the City will be performed by County staff and will be 100% reimbursable by the City, up to a total of \$75,000 for each project and not to exceed \$100,000 per fiscal year.

**Environmental Impact:** None

**Recommended Action:** Authorize the Mayor to execute contract number 20-212 A-1 with San Bernardino County Public Works for Emergency Response Mutual Aid

**Submitted By:** Rainie Torrance, Utility Manager

**City Manager Approval:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Other Department Approval (when required):** Barbara DiLeo

**Date:** 02/19/25

Approved: ☐

Not Approved: ☐

Tabled: ☐

Other: ☐