

APPENDIX A: RESOLUTIONS



The Sussex County and municipal adoption resolutions will be included in this appendix upon receipt of the Federal Emergency Management Agency (FEMA) Approval Pending Adoption (APA) status. Please refer to Chapter 2 (Planning Process) for additional information on plan adoption procedures.

This appendix also includes an example resolution to be submitted by Sussex County and participating jurisdictions authorizing adoption of the 2025 Sussex County Hazard Mitigation Plan Update.



Sample Resolution

(LOCAL GOVERNMENT, INCLUDING SPECIAL DISTRICTS), New Jersey

RESOLUTION NO. _____

A RESOLUTION OF THE (LOCAL GOVERNMENT) ADOPTING THE 2025 SUSSEX COUNTY HAZARD MITIGATION PLAN

WHEREAS the (local governing body) recognizes the threat that natural hazards pose to people and property within (local government); and

WHEREAS the (local government) has prepared a multi-hazard mitigation plan, hereby known as the 2025 Sussex County Hazard Mitigation Plan in accordance with the Disaster Mitigation Act of 2000; and

WHEREAS the 2025 Sussex County Hazard Mitigation Plan identifies mitigation goals and actions to reduce or eliminate long-term risk to people and property in (local community) from the impacts of future hazards and disasters; and

WHEREAS adoption by the (local governing body) demonstrates their commitment to hazard mitigation and achieving the goals outlined in the 2024 Sussex County Hazard Mitigation Plan.

NOW THEREFORE, BE IT RESOLVED BY THE (LOCAL COMMUNITY), New Jersey, THAT:

Section 1. In accordance with (local rule for adopting resolutions), the (local governing body) adopts the 2025 Sussex County Hazard Mitigation Plan. This plan, approved by the community, may be edited or amended after submission for review, but will not require the community to re-adopt any further iterations. This only applies to this specific plan and does not absolve the community from updating the plan in 5 years.

ADOPTED by a vote of ____ in favor and ____ against, and ____ abstaining, this ____ day of _____, _____.

By: _____

(print name)

ATTEST: By: _____

(print name)

APPROVED AS TO FORM: By: _____

(print name)