

**SUBJECT:** INFORMING THE MATANUSKA-SUSITNA BOROUGH ASSEMBLY OF THE MANAGER'S SIGNATURE ON AMENDMENT #4 FOR A TIME EXTENSION ONLY TO PW325 FOR THE 2018 NOVEMBER COOK INLET EARTHQUAKE.

**AGENDA OF: NOVEMBER 22, 2022**

**ASSEMBLY ACTION:**

*presented to the assembly*  
*11-22-22*

**MANAGER RECOMMENDATION:** For Information Only.

**APPROVED BY MIKE BROWN, BOROUGH MANAGER:** *WB*

Route To:	Department/Individual	Initials	Remarks
	Originator	TL-FIN	<i>JS</i>
	Finance Director	<i>CV</i>	
	Borough Attorney	<i>BS</i>	
	Borough Clerk	<i>BMA for JRM</i>	

**ATTACHMENT(S):** Fiscal Note: YES ☐ NO ☒  
Amendment No. 4 (2 pp)

**SUMMARY STATEMENT:** On January 5, 2021, the Matanuska-Susitna Borough Assembly adopted Ordinance Serial# 21-004 and its accompanied Informational Memorandum #21-006 and Resolution Serial #21-005 accepting and appropriating grant funding from the Federal Emergency Management Agency (FEMA) and the State of Alaska Department of Military and Veterans Affairs Division of Homeland Security and Emergency Management (DHS&EM) for the 2018 November Cook Inlet Earthquake Disaster PW325 for MSB Road Bridges; Project No. 55027; Fund 445.

It has been determined that program deliverables cannot be attained within the designated performance period. Therefore, an extension was requested and approved by the granting agency.



DEPARTMENT OF MILITARY AND VETERANS AFFAIRS  
DIVISION OF HOMELAND SECURITY  
AND EMERGENCY MANAGEMENT  
Obligating Award Document for  
Disaster - Public Assistance Presidentially Declared

FAIN: (Disaster Number) DR-4413-AK

CFDA No. 97.036 Date of Disaster Declaration 01/31/2019

1. Project Worksheet # 0325(2)	2. Category C	3. UEI # QRK7LJ2Y3RJ1	4. Award <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Amendment Number 4	5. Employer Tax ID # 92-0030816
6. Subrecipient Name and Address Matanuska Susitna Borough 350 E Dahlia Avenue Palmer, AK 99645			7. Issuing Office and Address Department of Military and Veterans Affairs Division of Homeland Security and Emergency Management PO Box 5750 JBER, AK 99505-5750 <a href="http://www.ready.alaska.gov">http://www.ready.alaska.gov</a>	
8. PW Obligation Date 11/3/2020			Agency: Federal Emergency Management Agency (FEMA)	
9. Purpose of Award/Amendment: <b>Extension of Performance Period</b>				
10. Grant Award and Terms and Conditions: (see attached Grant Terms and Conditions)				
Total Approved Amount: \$ 143,148.00				
Total Awarded Amount: \$ 143,148.00				
Federal Share: \$ 128,833.20				
State Share: \$ 14,314.80				
Subrecipient Share: \$ 0.00				
See attached: Approved PAGP Project Worksheet Grant Performance Period: 01/31/2019 through 12/31/2023				
11. Grant Requirements, Assurances and Agreements: (see attached Grant Requirements, Assurances and Agreements) The acceptance of a grant from the United States creates a legal duty on the part of the grantee to use the funds or property made available in accordance with the conditions of the grant. (GAO Accounting Principles and Standards for Federal Agencies, Chapter 2, Section 16.8[c]). Federal awarding agency is the Federal Emergency Management Agency (FEMA).				
12. Project Award Title: MSB Road Bridges				
13. Recipient is required to sign and return one (1) copy of this document with the terms and conditions to the issuing address in Block 6, within 30 days from the date in Block 17.				
14. DHS&EM Project Manager			Phone: (907) 428-7036 Fax: (907) 428-7009 Email: jenny.belanger@alaska.gov	
Printed Name of SPAO: Jenny Belanger				
15. Signature of Jurisdiction Project Manager			Phone: (907) 861-8004 Fax: (907) 861-8014 Email: casey.cook@matsugov.us	
Printed Name: Casey Cook				
16. Signature of Jurisdiction Chief Financial Officer			Phone: (907) 861-8630 Fax: (907) 861-8592 Email: cheyenne.heindel@matsugov.us	
Printed Name: Cheyenne Heindel				
17. Signature of Jurisdiction Signatory Official			Date: Phone: (907) 861-8689 Fax: (907) 861-8669 Email: mike.brown@matsugov.us	
Printed Name and Title: Michael Brown, Borough Manager				
18. DHS&EM Signatory Official			Date: Phone: (907) 428-7000 Fax: (907) 428-7009 Email: bill.dennis@alaska.gov	
William A. Dennis Alternate Governor's Authorized Representative				

Turn over to complete instruction acknowledgement.

IM 22-234

# Grant Award Instructions

As a subrecipient, you are only entitled to costs that are eligible. All eligible work must conform to the Scope of Work as specified in the applicable Project Worksheet (PW). Do not assume all costs or changes will be allowed at project completion. Any change request must contain justification for the eligibility of additional costs or work.

All Emergency Work PWs (Category A and B: "Emergency Work") must be complete six months from the date of the Disaster Declaration. All Permanent Work PWs (Categories C-G, "Permanent Work") must be complete 18 months from the date of the Disaster Declaration. If more time is required, contact your Division Representative before the associated deadline to request a Time Extension. Ample justification is required for approval of any Time Extension Request.

Please carefully review the Damage Description and Dimensions, Scope of Work, and Cost Estimate. If you do not agree with the PW as written, or determinations regarding project eligibility, Scope of Work, time limits, funding, or other determinations, an appeal process is available. This process requires written correspondence identifying the action under appeal with an appropriate justification within 60 days of receipt of this Award. Please attach all pertinent documentation supporting your appeal and mail to:

Bryan J. Fisher, Director  
Division of Homeland Security  
and Emergency Management  
PO Box 5750  
JBER, AK 99505

Failure to follow these guidelines will jeopardize project funds and may impact future disaster assistance. Additional PWs pending approval will be transmitted in future correspondence. Please review all PWs and ask us about pending PWs to ensure all damaged sites or facilities are identified.

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As the Authorized Representative of the Matanuska Susitna Borough,  
I have reviewed these instructions and acknowledge our appeal rights and responsibilities under the  
Public Assistance Program.

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Printed Name and Title of Authorized Representative

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Signature

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Date