SUBJECT: APPROVE A RESOLUTION AMENDING THE BUDGET OF PROJECT 55029, FUND 445, FOR THE COVID PANDEMIC RESPONSE DISASTER RELIEF FUNDS FROM THE FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA).

AGENDA OF:	MAY 4,	2021		
Assembly Act	ion:			
Approv	ed	under the	Consent	agenda
5-4-1	1 (300		U

MANAGER RECOMMENDATION: Present to the Assembly for consideration.

APPROVED BY MICHAEL BROWN, BOROUGH MANAGER:

Route To:	Department/Individual	Initials	Remarks
	Originator	Ep- Fin	
	Finance Director	CX	
	Borough Attorney	NS	
	Borough Clerk (Jun 4/26/	e1 (BOD)

ATTACHMENT(S): Fiscal Note: YES __X__ NO ___ Resolution Serial No. 21-043 (2 pp) PW13 Amendment 2, Response through 6/30/20 (2 pp) PW20 Amendment 2, Response 7/1/20-9/30/20 (2 pp)

SUMMARY STATEMENT: In 2020, COVID-19 created an immediate threat to the health and safety of the general public requiring emergency response and protective measures. A state and federal disaster declaration was issued on April 9, 2020. Grant funds were accepted and appropriated on February 16, 2021 by Ordinance Serial No. 21-016. As part of the Public Assistance Program, allowed costs were eligible for 75% federal (Federal Emergency Management Agency-FEMA) and 25% state (Alaska Division of Homeland Security and Emergency Management-DHS&EM) funding assistance. However, the cost share has changed and the federal government (FEMA) is providing 100% reimbursement of eligible expenses.

The Borough Manager will be asked to sign the attached amendments for the new cost share and a time extension to allow completion of the required closeout documentation.

RECOMMENDATION OF ADMINISTRATION: Approve the legislation.

Page 1 of 1

MATANUSKA-SUSITNA BOROUGH FISCAL NOTE

Agenda Date: MAY 4, 2021

ANALYSIS: (Attach a separate page if necessary)

SUBJECT: AMEND THE BUDGET OF PROJECT NO. 55029, FUND 445, FOR THE COVID PANDEMIC RESPONSE.

ORIGINATOR: FINANCE FISCAL IMPACT (YÉS) NO FISCAL ACTION (TO BE COMPLETED BY FINANCE) AMOUNT REQUESTED \$157.990 39 FUNDING SOURCE FEMA FROM ACCOUNT #445.000 DW 4XX.XXX PROJECT 55029 TO ACCOUNT: PROJECT# VERIFIED BY: \ CERTIFIED BY: DATE: DATE: EXPENDITURES/REVENUES: (Thousands of Dollars) **OPERATING** FY2020 FY2021 FY2022 FY2023 FY2024 FY2025 Personnel Services Travel Contractual Supplies Equipment Land/Structures Grants, Claims Miscellaneous TOTAL OPERATING CADITAI

CAPITAL	188.0			
REVENUE				
UNDING:	(Thousands of Dollars)			
General Fund				
State/Federal Funds	158.0			
Other				
TOTAL	158.0			
POSITIONS:				

Full-Time
Part-Time
Temporary

PREPARED BY:

DEPARTMENT:

APPROVED BY:

DATE:

DATE:

DATE:

DATE:



DEPARTMENT OF MILITARY AND VETERANS AFFAIRS DIVISION OF HOMELAND SECURITY

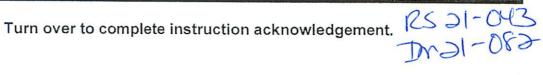
AND EMERGENCY MANAGEMENT

Obligating Award Document for Disaster - Public Assistance Presidentially Declared

FAIN: (Disaster Number) DR-4533-AK

CFDA No. 97.036 Date of Disaster Declaration 04/09/2020

1.Project Worksheet #	2.Category 3	. DUNS #			idment 🔳	5	. Employer Tax ID #
0013	В	081482960		dment Nu			92-0030816
6. Subrecipient Name	and Address		7. Issuing Office and Address				
Matanuska Susitna Borough 350 E. Dahlia Ave.			Department of Military and Veterans Affairs Division of Homeland Security and Emergency Management PO Box 5750				
Palmer, AK 99645			JBER, AK 99505–5750				
, 3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					http://www.re	ady.alask	a.gov
8. PW Obligation Date	12/17/2020		Agen	Agency: Federal Emergency Management Agency (FEMA)			
9. Purpose of Award/A	mendment:	1000					
Extension	of perfor	mance period				e Imple	ementation
10. Grant Award and T	ferms and Co	onditions: (see att	ached Grant Terms and Conditions)				
	al Approved tal Awarded			\$ 97,453. \$ 97,453.			
10		ral Share:		\$ 97,453.			
		ite Share:		\$ 0.00			
	Subrecipie	ent Share:		\$ 0.00			
See attached: Appro	oved PAGP P	roject Workshee	t Gran	nt Perforn	nance Period	i: 04/09/20	020 through 07/09/2021
11. Grant Requirements, Assurances and Agreemer The acceptance of a grant from the United States creates made available in accordance with the conditions of the grant Chapter 2, Section 16.8[c]). Federal awarding agency is the			s a legal du ant. (GAO	uty on the Accounting	part of the gra g Principles an	antee to u nd Standa	ise the funds or property rds for Federal Agencies,
12. Project Award Title	9:						
		MatSu COVID	Response	e through	6/30/20		
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.				tions to the issuing			
14. DHS&EM Project Ma)wone		N - 1 - 1 - 1 - 1	Phone: (907) Fax: (907) 42 Email: jame	28-7009	
Printed Name of SPAO: James C. Owens					LICENSE CONTRACTOR	CARLENGE	SURPERING TO SERVICE THE PROPERTY OF THE PROPE
15. Signature of Jurisdiction Project Manager					Phone: (907)	861-8405	5- 8004
					Fax: (907) 86		Λ Λ
Printed Name: George	e-Hays- Case	ey Cook			Email: Geor	sey Cook ge.Hays	@matsugov.us
16. Signature of Juriso	diction Chief	Financial Office	r		Phone: (907)	861-8630	
					Fax: (907) 86	31-8592	
Printed Name: Cheyenne Heindel					Email: Chey	enne.Hei	ndel@MatSugov.us
17. Signature of Juriso	diction Signa	tory Official			Date:		
				1	Phone: (907)	861-8585	-8689
	Michael B	rown, Borough M	anager		Fax: (907) 86;		
Printed Name and Title: Eileen-Picket, Accountant			<i>U</i>	1	NI.	ike Brow	matsugov.us
18. DHS&EM Signatory Official					Date: 4-/5		9
2:10					Phone: (907) 4		3
William A Dannia				1	Fax: (907) 428		
William A. Dennis Alternate Governor's Authorized Representative							T
Alternate Governor's Authorized Representative					Email: bill.der	nnis@ala	ska.gov



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:

Paul L. Nelson, 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.

As the Authorized Representative of theI have reviewed these instructions and acknowledge Public Assistance Program.	<u>Matanuska Susitna Borough</u> , ge our appeal rights and responsibilities under the
Michael Brown, Borough Manager	
Printed Name and Title of Authorized Representat	ive
Signature	Date

PS 21-043 tm 21-082



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-4533-AK CFDA No. 97.036 Date of Disaster Declaration 04/09/2020

1.Project Worksheet # 2.	.Category	3. DUNS #	4. Award 🗌 Am	nendment	=	5. Employer Tax ID #	
0020	В	081482960	Amendment		2	92-0030816	
6. Subrecipient Name ar	nd Addres	SS	7. Issuing Office and Address				
Matanuska Susitna Bo	rough		Dep	partment of I	Military and V	eterans Affairs	
350 E Dahlia Ave.			Division of Homeland Security and Emergency Management PO Box 5750				
Palmer, AK 99645			JBER, AK 99505–5750				
1 - 90			http://www.ready.alaska.gov				
8. PW Obligation Date	12-07-202	20	Agency: Fed	Agency: Federal Emergency Management Agency (FEMA)			
9. Purpose of Award/Am	Annual Company of the						
		rmance period	d and 100% F	ederal S	hare Imp	lementation	
			ached Grant Terms and Conditions)				
		Amount:	\$ 60,53				
Total		l Amount: eral Share:	\$ 60,5				
		ate Share:	\$ 60,53 \$ 0.00	24.26			
		ient Share:	\$ 0.00				
See attached: Approve			50 6 , 500, 500, 500	rmance Pe	eriod: 04/09/2	2020 through 07/09/2021	
11. Grant Requirements, The acceptance of a grant made available in accordanc Chapter 2, Section 16.8[c]). I	s a legal duty on th ant. (GAO Accoun	he part of th ting Principle	e grantee to es and Stand	use the funds or property ards for Federal Agencies,			
12. Project Award Title:							
			ponse 7-01-20 - 09				
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.					ditions to the issuing		
14. DHS&EM Project Manag	ger			Phone:	(907) 428-70	078	
				Fax: (90	7) 428-7009		
Printed Name of SPAO:				Email:	james.owens	s@alaska.gov	
15. Signature of Jurisdiction Project Manager				Phone: (907) 861-840	06	
				Fax: (90	7) 861-8669	A	
Printed Name: George Hays Casey Cook				Email: G	Casey.Cook	@matsugov.us_//	
16. Signature of Jurisdic	tion Chie	f Financial Office	г		907)-861-863		
				Fax: (907	7) 861-8592		
Printed Name: Cheyenne Heindel				Email: C	heyenne.Hei	indel@MatSugov.us	
17. Signature of Jurisdiction Signatory Official				Date:			
				Phone: (9	907) 861-8 5 8	5- 8689	
Michael Brown, Borough Manag			ger	Fax: (907) 861-8 150 86	569	
Printed Name and Title:		Email: E	Mike Brown	matsugov.us			
18. DHS&EM Signatory Official					-15-21	- 4	
2000					07) 428-7000		
William A. Dennis		Fax: (907)		TS			
Alternate Governor's Au			l.dennis@ala	aska.gov			

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As the Authorized Representative of theM I have reviewed these instructions and acknowledge of Public Assistance Program.	latanuska Susitna Borough ur appeal rights and responsibilities under the
Michael Brown, Borough Manager	
Printed Name and Title of Authorized Representative	
Signature	Date

ps 21-043 Dm 21-082