

SUBJECT: AN ORDINANCE AND RESOLUTION OF THE MATANUSKA-SUSITNA BOROUGH ASSEMBLY TO ACCEPT, APPROPRIATE AND APPROVE THE AMENDED BUDGET FOR ADDITIONAL DISASTER RELIEF FUNDS FOR THE 2018 NOVEMBER COOK INLET EARTHQUAKE.

AGENDA OF: April 19, 2022

ASSEMBLY ACTION:
 Adopted without objection
 5-3-22 B

MANAGER RECOMMENDATION: Introduce and set for public hearing.

APPROVED BY MIKE BROWN, BOROUGH MANAGER: MB

Route To:	Department/Individual	Initials	Remarks
	Originator	TL	
	Finance Director	AK	
	Borough Attorney	AS	
	Borough Clerk	MB 4/11/22	B

ATTACHMENT (S) : Fiscal Note: NO YES
 Ordinance Serial No. 22-050 (2 pp)
 Resolution Serial No. 22-041 (2 pp)
 Obligating Award Document (2 pp)

SUMMARY STATEMENT: On November 30, 2018 the Matanuska-Susitna Borough sustained damage to infrastructure due to a magnitude 7.0 earthquake. A Borough, State and Federal disaster declaration was issued for November 30, 2018. Allowed costs are eligible for 75% federal and 25% state funding assistance.

As a result of this disaster, Project Worksheet (PW227) was awarded in the amount of \$293,322.29 for repairs to fire stations throughout the Borough. During the process of soliciting contract bids, it was determined that costs were higher than originally anticipated. The attached amendment (PW227 Amendment 5) is the final cost adjustment that increases the total grant award by \$8,913.50.

Recommendation of Administration: Respectfully request adoption of the legislation to accept, appropriate, and approve the amended budget for additional disaster relief funds from the 2018 November Cook Inlet Earthquake.

MATANUSKA-SUSITNA BOROUGH
FISCAL NOTE

Agenda Date: APRIL 19, 2022

SUBJECT: Accept, appropriate, and approve amended scope for additional disaster relief funds ~ 2018 November Cook Inlet Earthquake, 55027.

ORIGINATOR:

FISCAL ACTION (TO BE COMPLETED BY FINANCE)	FISCAL IMPACT <u>YES</u> NO
AMOUNT REQUESTED \$8,913.50	FUNDING SOURCE State and Federal funds
FROM ACCOUNT # 445.000.000.4XX.XXX	PROJECT # 55027-4400-4411
TO ACCOUNT : 445.000.000.3XX.XXX	PROJECT # 55027-4400-4411
VERIFIED BY: <i>Chris Weibel</i>	CERTIFIED BY:
DATE: <i>4-5-22</i>	DATE:

EXPENDITURES/REVENUES:

(Thousands of Dollars)

OPERATING	FY2022	FY2023	FY2024	FY2025	FY2026	FY2027
Personnel Services						
Travel						
Contractual						
Supplies						
Equipment						
Land/Structures						
Grants, Claims						
Miscellaneous						
TOTAL OPERATING						

CAPITAL						
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REVENUE						
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FUNDING:

(Thousands of Dollars)

General Fund	FY2022	FY2023	FY2024	FY2025	FY2026	FY2027
State/Federal Funds	<i>8.9</i>					
Other						
TOTAL	<i>8.9</i>					

POSITIONS:

Full-Time	FY2022	FY2023	FY2024	FY2025	FY2026	FY2027
Part-Time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

PREPARED BY: _____ PHONE: _____
 DEPARTMENT: *Chugachne Harold* DATE: _____
 APPROVED BY: _____ DATE: *4/17/2022*



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 # 0227(1)	2. Category E	3. DUNS # 081482960	4. Award <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Amendment Number 5	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 http://www.ready.alaska.gov											
8. PW Obligation Date 3/6/2020			Agency: Federal Emergency Management Agency (FEMA)											
9. Purpose of Award/Amendment: Scope of Work and Cost Adjustment (Increase \$8,913.50)														
10. Grant Award and Terms and Conditions: (see attached Grant Terms and Conditions)														
<table> <tr> <td>Total Approved Amount:</td> <td>\$ 302,235.79</td> </tr> <tr> <td>Total Awarded Amount:</td> <td>\$ 302,235.79</td> </tr> <tr> <td> Federal Share:</td> <td>\$ 226,676.84</td> </tr> <tr> <td> State Share:</td> <td>\$ 75,558.95</td> </tr> <tr> <td> Subrecipient Share:</td> <td>\$ 0.00</td> </tr> </table>					Total Approved Amount:	\$ 302,235.79	Total Awarded Amount:	\$ 302,235.79	Federal Share:	\$ 226,676.84	State Share:	\$ 75,558.95	Subrecipient Share:	\$ 0.00
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Total Awarded Amount:	\$ 302,235.79													
Federal Share:	\$ 226,676.84													
State Share:	\$ 75,558.95													
Subrecipient Share:	\$ 0.00													
See attached: Approved PAGP Project Worksheet Grant Performance Period: 01/31/2019 through 09/30/2022														
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: Fire Stations														
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 Printed Name of SPAO: Jenny Belanger			Phone: (907) 428-7036 Fax: (907) 428-7009 Email: jenny.belanger@alaska.gov											
15. Signature of Jurisdiction Project Manager Printed Name: Casey Cook			Phone: (907) 861-8004 Fax: (907) 861-8014 Email: casey.cook@matsugov.us											
16. Signature of Jurisdiction Chief Financial Officer Printed Name: Cheyenne Heindel			Phone: (907) 861-8630 Fax: (907) 861-8592 Email: cheyenne.heindel@matsugov.us											
17. Signature of Jurisdiction Signatory Official Printed Name and Title: Michael Brown, Borough Manager			Date: Phone: (907) 861-8689 Fax: (907) 861-8669 Email: mike.brown@matsugov.us											
18. DHS&EM Signatory Official William A. Dennis Alternate Governor's Authorized Representative			Date: 3-21-22 Phone: (907) 428-7000 Fax: (907) 428-7009 Email: bill.dennis@alaska.gov											

Turn over to complete instruction acknowledgement.

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.

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.

Printed Name and Title of Authorized Representative

Signature

Date