

SUBJECT: INFORMING THE ASSEMBLY OF A GRANT AMENDMENT FOR THE 2018 NOVEMBER COOK INLET EARTHQUAKE DISASTER TO BE PRESENTED TO THE BOROUGH MANAGER FOR SIGNATURE.

AGENDA OF: JUNE 21, 2022

ASSEMBLY ACTION:

presented to the Assembly 6-21-22
(Signature)

MANAGER RECOMMENDATION: For information only.

APPROVED BY MIKE BROWN, BOROUGH MANAGER: *MB*

Route To:	Department/Individual	Initials	Remarks
	Originator	TL <i>SS</i>	
	Finance Director	<i>CF</i>	
	Borough Attorney	<i>NS</i>	
	Borough Clerk	<i>Bent for JRM</i>	

ATTACHMENT(S):

Amendment No. 6 for Port MacKenzie Facilities PW206 - Time Extension and 90/10 Cost Share Adjustment (2 pp)

SUMMARY STATEMENT: The purpose of this legislation is to inform the Assembly that the Borough Manager will be asked to sign an amendment for time extension and cost share adjustment for the 2018 November Cook Inlet Earthquake. The cost share adjustment is Pursuant to 44CFR§206.47(a), unless the federal share is increased by the President, FEMA pays 75% of the eligible cost of permanent restorative work under section 406 of the Stafford Act and for emergency work under section 403 and section 407 of the Stafford Act. Under 44CFR§206.47(b)(4), an increase is recommended in federal cost share from 75% to not more than 90% of the eligible cost of permanent and emergency work whenever a disaster is so extraordinary that actual federal obligations under the Stafford Act, excluding FEMA administrative cost, meet or exceed a qualifying threshold.

This cost share adjustment will affect all projects, active and complete, of the 2018 November Cook Inlet Earthquake Disaster. No action is required by the Borough to accept this cost share adjustment.



**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 # 0206(2)	2. Category G	3. UEI # QRK7LJ2Y3RJ1	4. Award <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Amendment Number 6	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 8/25/2021			Agency: Federal Emergency Management Agency (FEMA)	
9. Purpose of Award/Amendment: Extension of Performance Period & 90/10 Cost Share Adjustment				
10. Grant Award and Terms and Conditions: (see attached Grant Terms and Conditions)				
Total Approved Amount: \$ 1,327,116.58				
Total Awarded Amount: \$ 1,327,116.58				
Federal Share: \$ 1,194,404.92				
State Share: \$ 132,711.66				
Subrecipient Share: \$ 0.00				
See attached: Approved PAGP Project Worksheet Grant Performance Period: 01/31/2019 through 12/31/2022				
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: Port Mackenzie Facilities				
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: 6/7/22 Phone: (907) 428-7000 Fax: (907) 428-7009 Email: bill.dennis@alaska.gov	

Turn over to complete instruction acknowledgement.

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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

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