

SUBJECT: INFORMING THE ASSEMBLY OF THE MANAGERS SIGNATURE ON AND ELECTRONIC SUBMITTAL OF THE 2025 MATANUSKA-SUSITNA BOROUGH PUBLIC HEALTH EMERGENCY PREPAREDNESS GRANT APPLICATION.

AGENDA OF: May 7, 2024

ASSEMBLY ACTION: Presented to the Assembly 05/07/24 - BJH

AGENDA ACTION REQUESTED: For information only.

Route To	Signatures
Originator	<div>4 / 2 5 / 2 0 2 4</div> <div>X P a m e l a G r a h a m</div> <div>S i g n e d b y : P a m e l a G r a h a m</div>
Department/Finance Director	<div>4 / 2 5 / 2 0 2 4</div> <div>X C h e y e n n e H e i n d e l</div> <div>S i g n e d b y : C h e y e n n e H e i n d e l</div>
Borough Attorney	<div>4 / 2 5 / 2 0 2 4</div> <div>X N i c h o l a s S p i r o p o u l o s</div> <div>S i g n e d b y : N i c h o l a s S p i r o p o u l o s</div>
Borough Manager	<div>4 / 2 5 / 2 0 2 4</div> <div>X M i c h a e l B r o w n</div> <div>S i g n e d b y : M i k e B r o w n</div>
Borough Clerk	<div>4 / 2 6 / 2 0 2 4</div> <div>X L o n n i e M c K e c h n i e</div> <div>S i g n e d b y : L o n n i e M c K e c h n i e</div>

ATTACHMENT (S): Grant Application (31 pp)

SUMMARY STATEMENT: The Department of Emergency Services has prepared and submitted the 2025 Public Health Emergency Preparedness Grant application. This annual grant award is used to support the emergency operations center (EOC).

The 2025 application is requesting \$44,000 in funding and was submitted electronically by EOC staff. Additional legislation will be sent forward when the grant is awarded.

Grant Application - Matanuska-Susitna Borough - Public Health Emergency Preparedness 2025

Application Groups: Public Health Emergency Preparedness

1. Name of Program on the Non-Competitive Request for Proposal for which this Application is Submitted:
Public Health Emergency Preparedness

2. Name of Applicant: Matanuska-Susitna Borough

3. Street Address of Applicant: 350 E Dahlia Ave Palmer, AK 99645-6411

4. Phone Number: (907) 861-8408

5. Fax: (907) 861-7876

6. Mailing Address of Applicant: 350 E Dahlia Ave Palmer, AK 99645-6411

7. Applicant Website Address: <http://www.matsugov.us/>

8. Applicant's Project Name: Public Health Emergency Preparedness

9. Project Location/Service Delivery Area: Mat-Su Borough

10. Service Facility Name and Address: Mat-Su Borough - Main, 350 E Dahlia Ave Palmer, AK 99645

11. Project Contact, Name and Title: Pam Graham, Grants Coordinator

12. Project Contact Phone: (907) 861-8408

13. Project Contact Fax: (907) 861-7876

14. Project Contact Email: Pam.Graham@matsugov.us

15. Applicant Budget Period (for audit information)

Beginning: July 1

Ending: June 30

16. Type of Application: New

17. Type of Organization: State or Municipal Government Entity

If AK Native Tribe, include Waiver of Sovereign Immunity

18. Employer Identification Number (EIN): 92-0030816

19. DUNS Number: 081482960

Contact Individuals

20. Authorizing Person, Name and Title: Mike Brown, Borough Manager

Phone: (907) 861-8689

Fax:

Email: mike.brown@matsugov.us

21. Financial Manager, Name and Title: Cheyenne Heindel, Finance Director

Phone: (907) 861-8568

Fax:

Email: cheindel@matsugov.us

22. Project Director, Name and Title: Casey Cook, Emergency Manager

Phone: (907) 861-8004

Fax:

Email: casey.cook@matsugov.us

The undersigned (authorized official signing for the applicant organization) certifies that the statements made in this application document and attached proposal are true, complete, and accurate to the best of his or her knowledge.

Authorized Signature: _____



Date: _____

4/15/24

Other Grants

23. List all State or Federal grants recieved or applied for during the proposed budget year. Include all project funding intended to support the services applied for under this grant and other funding that demonstrates the viability of the applicant agency.

Granting Agency	Program Name	Project Name	Grant Award Confirmed	Grant Period	Award Amount
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC DEVELOPMENT	DESIGNATED LEGISLATIVE GRANT PROGRAM	PAVEMENT REHAB THROUGH MAT-SU POPULATION CORRIDOR	No	FY2021 - 2026	\$10,000,000.00
US FISH & WILDLIFE SERVICE	FISH PASSAGE PROGRAM	FISH PASSAGE	No	FY2020 - 2025	\$511,076.00

Budget Summary

Grantee Name and Address: Matanuska-Susitna Borough
350 E Dahlia Ave Palmer, AK 99645-6411

Program Name: Public Health Emergency Preparedness

Budgets: [unnamed budget]
[unnamed budget]

Proposed Budget Detail Summary

Budget Categories	Grant Award	Required Match	Additional Match / Project Support	Total Project Budget
100 Personal Services	\$25,241.44	-	-	\$25,241.44
200 Travel	\$4,750.00	-	-	\$4,750.00
300 Facility	-	-	-	-
400 Supplies	\$9,590.00	-	-	\$9,590.00
500 Equipment	-	-	-	-
600 Other Costs	\$4,418.56	-	-	\$4,418.56
TOTAL DIRECT COSTS	\$44,000.00	-	-	\$44,000.00
700 Indirect Costs	-	-	-	-
TOTAL COSTS	\$44,000.00	-	-	\$44,000.00

Source of Funds	Required Match	Additional Match / Project Support
Totals		

Questions / Answers

Section 4 Submission Requirements/ Evaluation Criteria

4.01 Minimum Responsiveness Criteria per 7 AAC 78.100(2)(A)

Proposals that fail to meet the minimum responsiveness requirements below will be eliminated from consideration per 7 AAC 78.090(b)(2).

1.00 Applicant is eligible per 7 AAC 78.030.

Review Criteria

- | | | |
|---|---|--------|
| a | Applicant is eligible per <u>7 AAC 78.030</u> . | Yes/No |
|---|---|--------|

4.02 Other Technical Requirements per 7 AAC 78.060, 78.090(b) and 78.100

Response & Organizational Documentation

1.00 If applying as a non-profit organization, confirm non-profit status is documented.

Review Criteria

- | | | |
|---|--|--------|
| a | The agency is listed as a non-profit in good standing on the State's corporation database, confirmed at <u>State Corporation Database</u> and/or | Yes/No |
| b | The agency's current 501(c)(3) status is confirmed on the Exempt Organizations page, accessible at <u>IRS Tax Exempt Organization Search</u> . | Yes/No |
| c | If a non-profit subsidiary of a non-profit corporation, a verifying letter from the parent non-profit agency is uploaded to the applicant's agency GEMS record (under General in the Agency Administration tab). The parent corporation must meet criteria a and/or b. | Yes/No |

2.00 If applying as a Federally recognized tribal entity, upload the signed Resolution for Tribal Entities using the template provided below. Confirm the following criteria are met.

Review Criteria

- | | | |
|---|--|--------|
| a | The applicant is a recognized Alaska Native entity as verified by the Federal Register at <u>Federal Register</u> . If a tribal consortium, all members are recognized Alaska Native entities. | Yes/No |
| b | A Resolution, completed on the provided form, is uploaded in the space provided. If a tribal consortium, a Resolution from each member tribe is uploaded as a single file. | Yes/No |

3.00 If applying as a government entity, confirm the following criterion is met.

Review Criteria

a The applicant is another State Agency, such as the University; a political subdivision such as a city or municipality, verified at <u>Local Boundary Commission</u> ; or an REAA under AS 14.08.031 verified at <u>Department of Education Alaska School Map</u> .	Yes/No
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4.00 Confirm neither the applicant agency nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from receiving grant assistance from any State or federal department or agency. If an agency or its principals are excluded from receiving grant assistance, the proposal may not be considered.

Review Criteria

a The applicant agency nor its principals are barred from receiving federal assistance as verified in the federal System for Awards Management at <u>System for Award Management (SAM)</u> .	Yes/No
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5.00 Electronically sign the State Grant Assurances form.

Review Criteria

a State Grant Assurances form is signed by an individual authorized to enter into legal agreements on behalf of the applicant agency.	Yes/No
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Agreement: State Grant Assurances rev. 9/2017

Kiela Cott

Kiela Cott, EOC Specialist, Matanuska-Susitna Borough

4/8/2024

Date

6.00 This program receives federal funds. Confirm the following criteria are met.

Review Criteria

a The Federal Assurance and Certification form is electronically signed by an individual authorized to enter into legal agreements on behalf of the applicant.	Yes/No
b The applicant agency GEMS record, under General in the Agency Administration tab, contains the agency's UEI number.	Yes/No

c	The required Federal Funding Accountability and Transparency Act (FFATA) information, located under the Federal Reporting section of the Agency Administration tab, has been provided for the agency's most recently completed fiscal year. This task can only be completed by an Agency Power User.	Yes/No
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Agreement: Federal Assurances rev. 9/2018

Kiela Cott

Kiela Cott, EOC Specialist, Matanuska-Susitna Borough

4/11/2024

Date

7.00 Confirm the following information is provided at the Agency Administration tab. These tasks must be completed by a Power User. If the information is found to be incomplete or not current, there may be delay in execution of any offered award.

Review Criteria

a	The General section contains a current governing board roster. The roster includes terms of each seat and contact information outside the applicant agency for one or more officers.	Yes/No
b	The Other Funding section contains a record for each source of agency operating funds. The record includes funds applied for under this solicitation. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.	Yes/No
c	The General section contains a State of Alaska business license number, verified at Alaska Business Licenses Search .	Yes/No
d	All agency contact records are up to date, including Head of Agency, Primary Contact, and Head of Financial Operations.	Yes/No
e	The applicant's agency record contains the Agency Fiscal Year Start Date.	Yes/No
f	The applicant's agency GEMS record contains a current Federally Negotiated Indirect Cost Rate Agreement. If lapsed, the agreement is uploaded with written confirmation from the negotiating agency that the rate is valid until a new agreement is approved.	Yes/No

4.03 History of Compliance with Grant Requirements per 7 AAC 78.100(2)(B).

1.00 Previous recipients of Department of Health

Review Criteria

a	Fiscal, narrative, and data reporting in prior years has been complete and timely.	Yes/No
b	Required State and Federal Single Audits have been submitted, verified at <u>Division of Finance, State Single Audit</u> . Any prior year audit exceptions have been resolved, verified by the Finance and Management Services Audit Section contact identified at <u>Finance and Management Services Audit Contact</u> .	Yes/No
c	Activities in prior year(s) demonstrate effective delivery of services. Department of Health review may include documentation such as performance reports, audit reports, grant records, site visits, etc.	Yes/No
d	Agency historically maintains required standards. Verification may include, though is not limited to, quality assurance reviews, licensing, and certifications.	Yes/No

4.04 Questions and Criteria related to Program Policy, Goals, Outcomes, and Activities

1.00 Identify the ways in which it will achieve the program goals and anticipated outcomes stated in this NC-RFP, including timeline for the initiation of services and implementation of project activities, identifying project resources, activities, and clearly stating the project's anticipated activities and outputs. Ensure listed outputs include evaluation metrics, including indicators and data gathering strategies that will be implemented to address the program's performance measures.

The attached work plan for FY25 outlines in detail the goals and activities planned to achieve the services and projects delivered to the community of the Matanuska-Susitna Borough.

Review Criteria

a	The description demonstrates a thorough understanding of program goals and outcomes, and clearly identifies the ways in which they will be achieved.	Yes/No
b	Provide the timeline for the initiation of services and implementation of project activities in the upload field below.	Yes/No
c	In the text box below, describe the ways in which the project aligns with program intent. The response will identify project resources, activities, and clearly states the project's anticipated goals, outputs, and outcomes.	Yes/No

d	In the text box below, describe the project evaluation plan, including indicators and data gathering strategies that will be implemented to address the program's performance measures identified in Subsection 1.04. Additionally, each applicant will complete and upload the attached one-year work plan identifying the CDC Target Capabilities.	Yes/No
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Document: FY25 PHEP Work Plan finalDRAFT.xlsx was uploaded on 4/11/2024 8:22:59 AM

2.00 In the text box below, describe the target population and service area(s) of the proposed project

The target population for MCM projects is the community members of the Matanuska-Susitna Borough. There is a special focus this reporting period to expand the access and functional needs (AFN) capabilities of the programs as well as expand the ability to serve members of the public who primarily speak a language other than english.

Review Criteria

a	The description clearly identifies the proposed target population and service area and meets the intent of the services solicited.	Yes/No
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3.00 Provide the proposed budget for the first year of the project. Include detail and supporting narrative as shown in the Grant Budget Preparation Guidelines (Documents tab). Confirm the following criteria are met.

Review Criteria

a	The budget narrative is complete and mutually consistent with the budget detail.	Yes/No
b	Cost line items are allowable under 7 AAC 78.160 and are compliant with stated program requirements.	Yes/No
c	Travel costs are consistent with 7 AAC 78.160(h) and (i), and with any program requirements or limitations identified in the solicitation.	Yes/No
d	Equipment costs and subcontract costs are allowed by the program and consistent with 7 AAC 78.280.	Yes/No
e	Indirect costs are fully compliant with rates and exemptions of the agency's current Federally Negotiated Indirect Cost Rate Agreement, uploaded in the General section of the Agency Administration tab.	Yes/No

f	The budget supports the proposed project and program intent, and the project appears achievable with demonstrated resources.	Yes/No
g	Costs are reasonable and substantiated in the budget narrative.	Yes/No
h	The proposed budget narrative clearly describes any necessary allocation of resources among target populations or service areas.	Yes/No

Budget: Operating Budget

Budget Categories	Grant Award	Required Match	Additional Match / Project Support	Total Project Budget
100 Personal Services	\$25,241.44	-	-	\$25,241.44
200 Travel	\$4,750.00	-	-	\$4,750.00
300 Facility	-	-	-	-
400 Supplies	\$9,590.00	-	-	\$9,590.00
500 Equipment	-	-	-	-
600 Other Costs	\$4,418.56	-	-	\$4,418.56
TOTAL DIRECT COSTS	\$44,000.00	-	-	\$44,000.00
700 Indirect Costs	-	-	-	-
TOTAL COSTS	\$44,000.00	-	-	\$44,000.00

4.00 Based on the anticipated funds available as given in Section 1.06, provide the proposed City Readiness Initiative (CRI) budget in detail and narrative. Confirm the budget proposal meets the following criteria.

If not eligible for CRI funding, make no entries and mark the Question complete.

Review Criteria

a	The budget narrative is complete and mutually consistent with the budget detail.	Yes/No
b	Cost line items are allowable under 7 AAC 78.160 and are compliant with stated program requirements.	Yes/No
c	Travel costs are consistent with 7 AAC 78.160(h) and (i), and with any program requirements or limitations identified in the solicitation.	Yes/No
d	Equipment costs and subcontract costs are allowed by the program and consistent with 7 AAC 78.280.	Yes/No

e	Indirect costs are fully compliant with rates and exemptions of the agency's current Federally Negotiated Indirect Cost Rate Agreement, uploaded in the General section of the Agency Administration tab.	Yes/No
f	The budget supports the proposed project and program intent, and the project appears achievable with demonstrated resources.	Yes/No
g	Costs are reasonable and substantiated in the budget narrative.	Yes/No
h	The proposed budget narrative clearly describes any necessary allocation of resources among target populations or service areas.	Yes/No

Budget: Operating Budget

Budget Categories	Grant Award	Required Match	Additional Match / Project Support	Total Project Budget
100 Personal Services	-	-	-	-
200 Travel	-	-	-	-
300 Facility	-	-	-	-
400 Supplies	-	-	-	-
500 Equipment	-	-	-	-
600 Other Costs	-	-	-	-
TOTAL DIRECT COSTS	-	-	-	-
700 Indirect Costs	-	-	-	-
TOTAL COSTS	-	-	-	-

4.05 Applicant Qualifications - Criteria Relating to Personnel, Management, and Facilities

1.00 In the text box below, describe the agency's previous experience in providing services the same as, or similar to, those proposed. Clearly identify the time period over which services were provided and the population served. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.

The MSB has been applying for and receiving PHEP funds consistently since 2017 and using those funds to serve the Matanuska-Susitna Borough community's MCM program.

Review Criteria

<p>a The applicant's previous experience providing the same or similar services demonstrates the resources and capacity needed to provide the solicited program services. Note: Department of Health staff review will also include Department of Health documentation such as prior year performance reports, audit reports, site visits, etc. as noted in Subsection 4.03.</p>	<p>Yes/No</p>
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2.00 In the text box below, describe the proposed project's program and administrative staffing needs. Scan the following documents as a single file and upload in the space provided below: 1) Position descriptions for key project positions 2) Resumes and professional credentials for position holders 3) Resumes of administrative staff providing supervision, fiscal, reporting, and management needs. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.

Program and Administrative Staffing
Rena Dobson – MSB DES
Casey Laughlin – MSB, DES, Administrative Specialist
Casey Cook – MSB, DES, Emergency Manager
Kiela Cott – MSB, MCM Coordinator EOC Specialist

*Summer Intern-Vacant at this time. Hiring will be contingent on available funds. Resume will be added upon hire.

Support POD Staff:
Breanna Love
Talon Boeve

Review Criteria

<p>a Staff providing services are qualified and competent as demonstrated by the uploaded position descriptions, resumes, and professional credentials.</p>	<p>Yes/No</p>
<p>b Staffing levels are sufficient to support the requirements of the proposed project and compliant with all identified program mandates.</p>	<p>Yes/No</p>
<p>c Position descriptions support the intent of the NC-RFP and the project proposed.</p>	<p>Yes/No</p>
<p>d Administrative staff is qualified as demonstrated by the resumes provided.</p>	<p>Yes/No</p>
<p>e Administrative capacity demonstrates capability to meet management and reporting needs.</p>	<p>Yes/No</p>

Document: Bre Love resume.pdf was uploaded on 4/5/2024 8:51:36 AM

3.00 In the text box below, describe the procedures that will be used to protect client confidentiality.

To ensure the protection of patient confidentiality under an MCM PHEP grant, several procedures will be implemented. These procedures are designed to maintain the privacy and security of patient information, adhering to HIPPA, legal, and ethical standards. Here are some key steps that will be taken:

1. Access Control
2. Secure Storage
3. Confidentiality Agreements
4. Training and Education

Review Criteria

- | | | |
|---|---|--------|
| a | The applicant's description identifies the procedures necessary to protect client confidentiality compliant with State and Federal standards. | Yes/No |
|---|---|--------|

4.00 In the text box below, describe the service delivery facilities and locations and the ways in which access to services will enhance project success.

The service delivery facilities will range from large scale locations such as the Menard Sports Center or Raven Hall at the Alaska State Fair Grounds, or as small as a mobile clinic location set up in the field using a trailer and canopy tent. Locations will vary all over the Matsu borough.

Review Criteria

- | | | |
|---|--|--------|
| a | The facilities described are safe and appropriate to the purpose of the program. | Yes/No |
| b | Access to the locations will enhance delivery of services to the targeted populations. | Yes/No |

4.06 Demonstration of Support/Involvement of Service

1.00 In the space provided, upload a pdf copy of the agency's signed letter of support and concurrence as a cooperative partner with the State in achieving the identified Public Health Emergency Preparedness goals. Confirm the criteria below are met.

Review Criteria

- | | | |
|---|---|--------|
| a | Appropriate documentation of support is provided from each community in which the applicant proposes to provide services. | Yes/No |
|---|---|--------|

- | | | |
|---|--|--------|
| b | The letter of cooperation is written on agency letterhead and signed by an authorized signatory. | Yes/No |
|---|--|--------|

Document: Support Letter re State of Alaska FY25 Application for CDC Public Health Preparedness Funds 4-8-24.pdf was uploaded on 4/11/2024 8:17:45 AM

2.00 In the text box below, describe the ways in which the project planning process involved the public and potential service recipients.

The project planning process involved the public and potential service recipients by conducting community needs assessments and interviews. Collaboration with community partners such as ACCESS Alaska, LINKS, Public Health Nursing, and other community agencies. Community education and outreach opportunities such as local planning expos, public safety fairs, and training sessions were utilized as planning and partnership development opportunities.

Review Criteria

- | | | |
|---|---|--------|
| a | The applicant's description demonstrates the involvement of the public and potential recipients of services in planning the project proposed. | Yes/No |
|---|---|--------|

3.00 In the text box below, describe partnerships or collaborations necessary to the proposed project. In the upload field below, provide a single-file scan documenting existing partnerships and collaborations specific to the proposed project.

The partnerships and collaborations necessary to operate a medical countermeasures program include but are not limited to the State of Alaska, Public Health Nursing, Alaska Emergency Managers Association, the Menard Sports Center Complex, local medical facilities such as Matsu Regional Medical Center, local emergency services agencies, local cities and their leadership, etc.

The attached document is NOT an all inclusive list

Review Criteria

- | | | |
|---|---|--------|
| a | Partnerships and collaborations necessary for the effective delivery of services are well described. Evidence specific to the proposed project is provided. | Yes/No |
|---|---|--------|

Document: Collab list.docx was uploaded on 4/9/2024 3:58:34 PM

4.00 In the text box below, describe the in-place or planned coordination with the State or other providers for referrals necessary to project success. Identify the project staff involved as well as the responsible positions at the referring agencies.

Some examples of current coordinations that the MSB possess include but are not limited to close collaboration with the State of Alaska Department of Health Project Coordinators, State of Alaska Public Health, Access Alaska, numerous jurisdictional CERT teams, Palmer Fire Department, Matanuska-Susitna Borough Department of Emergency Services, Team Rubicon and other NGOs.

These partnerships with volunteer organizations such as CERT, Team Rubicon, and other NGOs enable us to have volunteers to assist in the operation of open and closed PODs, staffing outreach and education events, and use word of mouth to encourage community buy-in and participation. Public Health Nursing and Department of Health partners, and local governments assist in the planning and operation of PODs as well as assist in policy planning and communication with other organizations to increase the health resiliency of the Matsu community.

Review Criteria

a The applicant's description demonstrates a clear understanding of the roles that must be performed by the applicant and by referring agencies for the effective delivery of services to the targeted population.	Yes/No
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Instructions

1. Please utilize columns A and B to identify proposed work plan activities and proposed outputs.
 2. Utilize Column D to identify proposed quarter of completion for proposed activity/output.
 3. Identify PHEP associated Domains and Capabilities (in columns F & G) by utilizing the PHEP Capabilities Guide located at:
https://www.cdc.gov/cpr/readiness/00_docs/CDC_PreparednesResponseCapabilities_October2018_Final_508.pdf. This guide can also be utilized for work plan activity guidance.
- *Reminder - Cross-reference chart between Domain and Capability is on Page 5 of the PHEP Capabilities Guide (Page 11 of the link above)*

Planned Activity	Output	Timeline	Domain	Capability
The MSB will maintain and expand equipment and inventory caches as needed across the Borough.	Equipment and material stored in Matsu POD caches will be tracked using digital inventory tracking software and maintained according to manufacturer's recommendations. Resources will be readily available to support events throughout the MSB.		Community Preparedness	
Promote awareness of and access to emergency public health, health care, human services, mental/behavioral health, and environmental health resources that help protect the community's health and address the access and functional needs of at-risk individuals.	Determine risks to the health of the jurisdiction Strengthen community partnerships to support public health preparedness. Coordinate with partners and share information through community social networks Coordinate training and provide guidance to support community involvement with preparedness efforts.		Community Preparedness	

Colaborate with MSB EOC staff and public health staff to write guidelines for when public health incident management roles must be filled, such as to support prevention, protection, mitigation, response, and recovery activities.	MCM staff and volunteers will participate in regular trainings and exercises together to expand their efficiency in working collaboratively during a drill or response. This can include attending staff meetings, regular training and exercises, etc.		Emergency Operations Coordination (EOC)	
The MSB medical countermeasures specialist will continue to meet with MSB Emergency Operations Team members and local community stakeholders to make them aware of the MSB Medical Countermeasures program.	Continue working with organizations including independent living facilities and long term care facilities that serve individuals with access and functional needs to expand their awareness of Medical Countermeasures at Open or Closed PODs that relate to their clients. This will be completed through presentations, participation in drills, and POD training classes.		Emergency Operations Coordination (EOC)	
MSB will conduct a closed POD presentation to local health care agencies, current closed POD partners, and local utility and commercial businesses, and Care facilities, to highlight the advantages of the program, encourage new and or ongoing participation.	Obtain Minimum of two new closed POD MOUs. Review MOUs older than 3-years old and have them reviewed and re-signed. Provide training and materials to help each facility develop their own Closed POD plan.		Emergency Public Information Sharing and Warning	
Work with MSB EOC staff and community organizations to support the creation and dissemination of health alert and other emergency public information and warning operations.	Create templates for public health alert messages and procedures including distribution methods to ensure messages reach intended individuals.		Emergency Public Information Sharing and Warning	
The Matanuska-Susitna Borough (MSB) will participate in Joint Medical Emergency Preparedness Group meetings to synchronize training events, share training opportunities, and foster new health care partnerships.	JMEPG meeting participation is documented in meeting notes. Membership in JMEPG actively contributes to developing, maintaining, and integrating relationships with local healthcare partners.		Information Sharing	

The MSB will attend MCM related conferences and/or trainings available to increase program effectiveness and resiliency.	MCM will support personnel to be trained, as necessary, to maintain or enhance the functionality and capacity of public health information systems.		Information Sharing	
MSB will continue to work with local partners on translating related information (such as vaccine info sheets, Emergency use Instructions, and product labeling) for inclusion on medication information.	Continue to work with partners on translating related information into two languages spoken in MSB. Adding and translating the information ensures that all individuals who receive medical countermeasures are informed about their health decisions.		Medical Countermeasure Dispensing	
Collaborate with community partners to ensure that dispensing sites and related MCM action areas meets AFN and accessibility needs.	Collaborate with community organizations that specialize in AFN and accessibility evaluations to decrease barriers to treatment.		Medical Countermeasure Dispensing	
The MSB will create a planning system to track burn rates, waste, and other loss to assist in the creation of an inventory ordering plan.	Equipment and material stored in Matsu POD caches will be tracked using digital inventory tracking software and maintained according to manufacturer's recommendations.		Medical Materials Management and Distribution (MCMDD)	
The MSB will collaborate with community partners and public health to ensure new education and policies are known and trained upon.	Identify and train on evidence-based and latest policy and procedure when planning, coordinating and dispensing medication/materials.		Medical Materials Management and Distribution (MCMDD)	
To coordinate with emergency management and partner agencies to attract, engage, and retain volunteers.	Coordinate to identify, recruit, register, verify, train, and engage volunteers to support MSB MCM plan, programs, exercises, and real-world responses.		Volunteer Management	
The MSB will collaborate and meet with volunteer organizations such as CERT, VOAD, etc to engage volunteers and enhance networking relationships and foster a learning environment and skills retention for volunteers.	Attend open meetings and trainings as available and scheduling allows. Give information on MCM and related activities and recruit new volunteers.		Volunteer Management	

Breanna K. Love

9934 E Birch Forest Cir
Palmer, AK 99645

Cell: 907-7152920
breloveak@ymail.com

Employment History

05/30/2021 – EOC Specialist – **Matanuska-Susitna Borough** – 680 E Dahlia, Palmer, AK **907-373-8800**
Present Casey Cook – Emergency Manager
Incident Command System training and response. Planning section chief training with experience in Medical Countermeasures for FEMA response and Alaska disaster and public health services. Operating emergency response apparatus. CPR instruction. Public information and education.

05/20/2021 – Paramedic – **WEKA LLC** – 645 Cope-Industrial Way, Palmer, AK 99645 **907-441-8559**
Present David Horne, EMS division lead
Flight and critical care medical service as a license paramedic in Alaska. EMS instruction. CoVid-19 vaccine, testing and treatment services. Operating medical apparatus and equipment. Educate medics in ACLS, PALS

09/15/2018 – Fire Lieutenant – **Palmer Fire & Rescue** – 645 Cope-Industrial Way, Palmer, AK **907-745-3856**
Present Chad Cameron, Fire chief
Firefighting and rescue with emergency medical training including CPR and first aid instruction. Public information and education. Avalanche rescue experience. Operating and engineering fire apparatus. Educate new responders during FF1, FF2 and HazMat operations training course. Previous employment from 2012 to 2014

09/15/2018 – Paramedic, OHT – **Fairweather LLC** – 301 Calista Ct, Anchorage, AK 99518 **907-346-3247**
10/15/2020 Jon Majors, Medical Lead
Firefighting and rescue with emergency medical training including CPR and first aid instruction. Support Oil and Gas operations on North Slope of Alaska. Certified in hearing protection programs, drug testing and health screening
Operating and engineering fire apparatus and ambulances. Educate new responders in State of Alaska EMT courses and AHA courses.

05/20/2021 – Security Medic– **Denali Universal Services** – 11500 C St., Anchorage AK 99515 **907-522-1300**
12/15/2018 Jeff Whannel, Security Sergeant
North Slope Alaska security and EMS functions, including instruction of EMS. Bear guard, firearms trained and licensed armed officer. Operating medical apparatus and equipment.

07/11/2006 – Fire Lieutenant – **Matanuska-Susitna Borough** – 680 E Dahlia, Palmer, AK **907-373-8800**
7/01/2018 Michael Shipton, Fire chief - Butte
Firefighting and rescue with emergency medical training including CPR and first aid instruction. Public information and education. Back-country rescue experience. Operating and engineering fire apparatus. Captain on the ambulance for Health and Safety Officer in 2010 to 2011 until positions were no longer used.

Education

2019 – 2020	Criminal Justice Bachelors 505 South Chandalar Drive, Fairbanks, AK 99775	University of Alaska: Fairbanks
2014 – 2021	Applied Science in Nursing 7 Columbia Cir, Albany, NY 12203	Excelsior College
2006 – 2010	Associate Degree – Paramedical Technology 8295 E College Dr, Palmer, AK 99645	University of Alaska: Anchorage (Mat-Su)
1999 – 2003	High School Diploma 1170 E Palmer Moose Dr, Palmer, AK 99645	Palmer High School

Awards & recognition

2020	Red Cross Real Heroes Award – Workplace Hero 235 E. 8th Ave, Suite 200 Anchorage, AK 99501	American Red Cross of Alaska
2018	Red Cross Real Heroes Award - Workplace Safety 235 E. 8th Ave, Suite 200 Anchorage, AK 99501	American Red Cross of Alaska
2018	Medic of the Year 6441 S. Airpark Pl, Anchorage, AK 99502	ConocoPhillips Kuparuk Medical Team

Current Certifications

Exp 2025	Pulmonary Function Training	NIOSH
Exp 2024	ACLS and CPR instructor	American Heart Association
Exp 2023	PALS instructor	American Heart Association
Exp 2023	Occupational Hearing Conservationist	Council for Accreditation in Hearing Conservation
Exp 2023	Breath Alcohol Technician	Lifeloc Technologies
Exp 2023	DOT drug screening urine collector	Medical Park Occupational Health

Matanuska-Susitna Borough - Public Health Emergency Preparedness FY2025
[unnamed budget] Report - Original Budget

Budget Categories	Grant Award	Required Match	Additional Match / Project Support	Total Project Budget
100 Personal Services	\$25,241.44	\$0.00	\$0.00	\$25,241.44
200 Travel	\$4,750.00	\$0.00	\$0.00	\$4,750.00
300 Facility	\$0.00	\$0.00	\$0.00	\$0.00
400 Supplies	\$9,590.00	\$0.00	\$0.00	\$9,590.00
500 Equipment	\$0.00	\$0.00	\$0.00	\$0.00
600 Other Costs	\$4,418.56	\$0.00	\$0.00	\$4,418.56
TOTAL DIRECT COSTS	\$44,000.00	\$0.00	\$0.00	\$44,000.00
700 Indirect Costs	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL COSTS	\$44,000.00	\$0.00	\$0.00	\$44,000.00

100 Personal Services - [unnamed budget] Detail

100 PERSONAL SERVICES	GRANT AWARD	REQUIRED MATCH	ADDITIONAL MATCH / PROJECT SUPPORT	TOTAL PROJECT PERSONAL SERVICES
EOC Specialist (Intern) FTE: 0.0340 Fringe:	\$1,180.48	\$0.00	\$0.00	\$1,180.48
EOC Specialist (Main) FTE: 0.6350 Fringe:	\$22,047.20	\$0.00	\$0.00	\$22,047.20
EOC Specialist (Secondary) FTE: 0.0580 Fringe:	\$2,013.76	\$0.00	\$0.00	\$2,013.76
Total FTE: 0.7270				
Total Personal Services Expense	\$25,241.44	\$0.00	\$0.00	\$25,241.44

PERSONAL SERVICES NARRATIVE:

This line item is to provide funds for 2 staff and 1 intern. Staff are allowed to work up to 29.9 hours per week and are paid \$22.00 per hour.

The main EOC Specialist point of contact staff will work up to 29.9 hours per week as considered full time as allowed by MSB policy (29.9*22/hr.) but not to exceed 1550 hours in the 52 weeks. This position budget is for \$25,241.44 (estimated 1147.3 total hours or 22 hrs per week). The FTEs amount is 0.635. This projects on average this position working approx. 20 hours per week. This EOC Specialist will be the primary lead to develop, implement and manage the CDC CRI MCM POD plan for the MSB. This position is not eligible for benefits. There are no match requirement for these funds.

The secondary EOC Specialist staff can work up to 29.9 hours per week as considered full time as allowed by MSB policy (29.9*22/hr.) but not to exceed 1500 hours in the 52 weeks. This secondary EOC support position will work an estimated 4.5 hours per week as allowed by scheduling and assisting the above position (4.5*22/hr.) not to exceed 234 hours in the 52 weeks. This position budget is for \$5,208.00 (236.72 total hours or 4.55 hrs per week). The FTEs amount is 0.15. This EOC Specialist will support the work of the lead EOC Specialist. This position is not eligible for benefits. There are no match requirement for these funds.

The intern EOC Specialist position is hired during the summer/last quarter of the fiscal year and will work up to 29.9 hours per week as allowed by MSB policy and as allowed by scheduling and assisting the above position. This intern position scheduled to last for 12 weeks and not to exceed 358.8 hours. This position budget is for \$3,472.00 (35.88 total hours or 3 hours per week) The FTEs amount is 0.10. This position is not eligible for benefits. There are no match requirements for these funds.

All Staff working on this project will be tasked with review of plans, applicable MOU's (writing and partnering outreach), planning and delivering exercises, inventory management and re-supply, as well as taking associated

courses to increase knowledge and skill to deliver this program. Staff will also assist the SOA PHN division in planning for delivery and implementation of POD program to the MSB.

Total Grant Costs - \$34,720.00

200 Travel - [unnamed budget] Detail

200 TRAVEL	GRANT AWARD	REQUIRED MATCH	ADDITIONAL MATCH / PROJECT SUPPORT	TOTAL PROJECT TRAVEL
Travel to trainings/conventions	\$4,750.00	\$0.00	\$0.00	\$4,750.00
Total Travel Expense	\$4,750.00	\$0.00	\$0.00	\$4,750.00

TRAVEL NARRATIVE:

This line item is to provide funds to allow for program staff to attend POD/MCM related trainings, summits, and/or conventions.

Attendance will increase resiliency and preparedness of the program as a whole as well as increase information sharing and ability to manage personelle and volunteers

400 Supplies - [unnamed budget] Detail

400 SUPPLIES	GRANT AWARD	REQUIRED MATCH	ADDITIONAL MATCH / PROJECT SUPPORT	TOTAL PROJECT SUPPLIES
Point of Dispensing (POD) Supplies	\$8,000.00	\$0.00	\$0.00	\$8,000.00
Program Supplies	\$1,590.00	\$0.00	\$0.00	\$1,590.00
Total Supplies Expense	\$9,590.00	\$0.00	\$0.00	\$9,590.00

SUPPLIES NARRATIVE:

Point Of Dispensing supplies: Storage shelving, trailer modification and organizational equipment \$3,000 / Sharps containers \$500 / Pens, Markers, Highlighters – \$250 / Sign holders - \$500 / Gaffers Tape and cord keepers \$150 / Nitrile gloves (\$1,500 Replacement), / PPE \$1,600/ Cotton balls, band-aids, Alcohol Wipes \$500

Program supplies: \$1590 cleaning supplies, janitorial and housekeeping supplies. These items are intended to assist POD staff with those supplies to keep storage areas, POD sites clean and disinfected (before, during, and afterward) as deemed necessary (when supplies are past expiration date), and during exercises.

All costs are based on historical expenditures.

Total Grant Costs - \$9590.00

600 Other Costs - [unnamed budget] Detail

600 OTHER COSTS	GRANT AWARD	REQUIRED MATCH	ADDITIONAL MATCH / PROJECT SUPPORT	TOTAL PROJECT OTHER COSTS
MCM Inventory Software (Annual Cost)	\$3,660.00	\$0.00	\$0.00	\$3,660.00
Printing and Paper Supplies	\$758.56	\$0.00	\$0.00	\$758.56
Total Other Costs Expense	\$4,418.56	\$0.00	\$0.00	\$4,418.56

OTHER COSTS NARRATIVE:

Inventory Tracking software has an annual fee of \$3,660 per year. Software is used to track burn rates, expiration dates, etc to assist with efficiency and proper use of supplies

Printed materials such as signage, Vaccine Information Sheets (VIS) and informational leaflets \$756.56

Costs based on historical expenditures

Some collaborations and partnerships necessary

- State of Alaska
 - Public Health Nurses
 - Homeland Security and Emergency Management
 - Division of Public Assistance
 - Etc.
- Matanuska-Susitna Borough School District
- VOAD/COAD, Team Rubicon
- Alaska Amateur Radio Operators
- Menard Sports Complex
- Matsu Regional Medical Center
- Red Cross of Alaska
- National Weather Service
- Community Emergency Response Teams (CERTs)
- Matanuska-Susitna Borough Emergency Services
- Local Grocery stores (such as Three Bears, Fred Meyers, Walmart, Target)
- Alaska State Troopers, Wasilla Police Department, Palmer Police Department
- Local Religious Institutions (such as Kings Chapel, Church of Jesus Christ and Latter-Day Saints)
- Hardware stores (Lowes, Home Depot, Alaska Industrial Hardware)
- Inkspot and other printing services
- Local City Governments



MATANUSKA-SUSITNA BOROUGH

Office of the Borough Manager

350 East Dahlia Avenue • Palmer, AK 99645

Phone (907) 861-8689 • Fax (907) 861-8669

Mike.Brown@matsugov.us

April 8, 2024

Jeremy Hegge

Project Coordinator

State of Alaska

Department of Health Division of Public Health, Section of Rural & Community Health Systems

3601 C Street, Suite 424

Anchorage, AK 99503

Dear Mr. Hegge,

This letter is to express that the Matanuska-Susitna Borough (MSB) concurs with the State of Alaska FY25 application for U.S. Centers for Disease Control and Prevention (CDC) Public Health Preparedness funds.

The MSB is considered a part of the Metropolitan Statistical Area (MSA) as designated by the CDC's CRI for rapid receipt and distribution of medicine and medical supplies from the nation's Strategic National Stockpile. The MSB is considered one of two CRI planning jurisdictions in the State. The MSB works hand in hand with the State of Alaska, Department of Health, Division of Public Health, Section of Rural and Community Health Systems to strengthen preparedness and response capabilities and to provide consultation on funding applications. The process occurs in person and by teleconference with State and MSB representatives at regularly scheduled meeting times.

We look forward to working with the State to carry out the work of the cooperative agreement.

Sincerely,

A handwritten signature in dark ink, appearing to read "Michael Brown".

Michael Brown

Borough Manager

State Grant Assurances

By submitting a proposal, an applicant accepts all terms and conditions of the Request for Proposals (grant solicitation documents, including all appendices, attachments and guidelines identified therein; 7 AAC 78, and any other applicable statutes or regulations, State or Federal); as well as the terms and conditions of any grant awarded by the Department of Health and Social Services (DHSS). If a grant is awarded, the aforementioned documents, including these assurances and the applicant's proposal, become the provisions of the grant agreement by which the applicant will be bound. The applicant shall comply with the following:

1. Applicant declares and represents that it is eligible to receive a grant under 7 AAC 78.030.
2. An applicant awarded a grant shall maintain sufficient insurance to hold the State harmless and agrees to: the provision of workers' compensation insurance, for which the policy must waive subrogation against the State; the provision of comprehensive general liability insurance; the provision of liability insurance if automobiles are used for the purpose of this grant program; and the provision of professional liability insurance when applicable to the services performed under the grant.
3. Compliance with 7 AAC 78.130(a) which includes the requirements of: the Civil Rights Act of 1964 (42 U.S.C. 2000d); the Drug Free Workplace Act of 1988 (41 U.S.C. 701-707); and the Americans with Disabilities Act of 1990 (41 U.S.C. 12101-12213); and with all other applicable state or federal laws preventing discrimination.
4. Compliance with the requirements of 7 AAC 78.130(b) for establishment and adherence to procedures for processing complaints alleging discrimination.
5. Compliance with OSHA regulations requiring protection of employees from blood borne pathogens and that the Department of Labor must be contacted directly with any questions.
6. Compliance with AS 18.80.220 and 7 AAC 78.120 and other federal and state laws and regulations preventing discriminatory employment practices.
7. Compliance with the Health Insurance Portability & Accountability Act of 1996, the Health Information Technology for Economical and Clinical Health Act of 2009, and 45 C.F.R. 160 and 164, if applicable, and other federal and state requirements for safeguarding information, preserving confidentiality and for the secure transmission of all records, whether electronic or not, to DHSS. Any information about DHSS clients that is obtained or developed under grant funds is confidential. Client information cannot be released without the written authorization of DHSS, except as permitted by other state or federal law.
8. Notify DHSS within 24 hours of any suspected or actual breach of security, intrusion or unauthorized access, use or disclosure of DHSS client information. Take prompt corrective action to cure any deficiencies that result from breaches of security, intrusion or unauthorized access, use or disclosure of DHSS client information.
9. Provide state officials, or a third party contractor hired under 7 AAC 78.240, access to financial and program records of the grant project.
10. Maintenance of financial and program records for audit; and compliance with 7 AAC 78.230, or the State Single Audit regulations per 2 AAC 45 and applicable federal audit requirements.
11. Ensure that grant funds will not be used for lobbying or fund raising; or any other costs prohibited by law or by the terms of the grant agreement.
12. According to the terms of the Grant Agreement, and upon request of the DHSS, timely submission of complete and correct project fiscal reports, progress narratives, data and other grant project reports and updates.
13. Compliance with AS 47.05.300-390 and 7 AAC 10.900-990. Compliance includes ensuring that each individual associated with the grantee in a manner described under 7 AAC 10.900(b) has a valid

criminal history check from the Department of Health and Social Services, Division of Health Care Services, Background Check Program ("BCP") before employment or other service unless a provisional valid criminal history check has been granted under 7 AAC 10.920 or a variance has been granted under 7 AAC 10.935. For specific information about how to apply for and receive a valid criminal history check please visit <http://dhss.alaska.gov/dhcs/Pages/cl/bgcheck/default.aspx> or call (907) 334-4475 or (888) 362-4228 (intra-state toll free).

14. Compliance with AS 47.17, Child Protection, and AS 47.24.010, Reports of Harm, including notification to employees of their responsibilities under those sections to report harm to children and vulnerable adults.
15. Any publications, printed materials, or electronic media developed under the grant will give credit to the appropriate Division of the Alaska Department of Health and Social Services; and that any materials and media developed or property purchased with grant funds are the property of the State of Alaska, unless otherwise agreed to by both parties in the terms of the grant agreement.
16. Applicants providing Medicaid reimbursable services will have a Medicaid Provider Number, or apply to obtain one, and will seek Medicaid reimbursement for all eligible services.
17. Facilities proposed for delivery of services meet current fire code, safety and ADA standards and are located where clients of the program services have reasonable and safe access. Grantees providing residential and/or critical care services to clients of DHSS shall have an emergency response and recovery plan, approved by the agency's board of directors; that provides for safe evacuation, housing and continuing services in the event of flood, fire, earthquake, severe weather, prolonged loss of utilities, or other emergency that presents a threat to the health, life or safety of clients in their care.
18. Grantee shall have established purchasing practices and procedures for the use of grant funds that are compliant with 7 AAC 78.270; and agrees to the provisions of 7 AAC 78.280 in the management of property acquired with money received from the grant.
19. Grantee will comply with 7 AAC 78.160(h) and (i) for travel when utilizing Department grant money (as defined in 7 AAC 78.950).
20. By submitting a proposal for this grant, an applicant certifies their ability to meet the administrative and reporting requirements of this grant program.
21. By submitting a proposal, an applicant certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from receiving any grant assistance by any State or Federal department or agency.
22. By submitting a proposal, an applicant agrees that it will register health and social services programs provided by the applicant agency with United Way 2-1-1- Get Connected, Get Answers at <http://www.alaska211.org/>.
23. Within 30 days of the start of the grant, or within 30 days of the date of hire, all new grantee staff engaged in the delivery or administration of services supported in whole or in part by the grant, to which these assurances are appended, will complete the DHSS Civil Rights training provided online at (<https://learn.dhss.alaska.gov/login/index.php>.) and maintain certificate of completion at the agency.

I, the undersigned, having the authority to negotiate, execute and administer any and all documents and contracts required for granting funds to the Matanuska-Susitna Borough and managing funds on behalf of this organization, including any subsequent amendments to the grant agreement, hereby assure the Department of Health and Social Services that, should my organization receive funding for the Public Health Emergency

Preparedness grant program, it will comply with all assurances given herein and that documentation to verify these assurances will be made available to DHSS upon request.

Kiela Cott

Kiela Cott, EOC Specialist, Matanuska-Susitna Borough

4/8/2024

Date