SUBJECT: ACCEPTING AND APPROPRIATING AN ADDITIONAL \$100,000 FROM THE STATE OF ALASKA, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, AND APPROVING THE EXTENDED TIMEFRAME, AND REVISED BUDGET, TO PROVIDE FINANCIAL ASSISTANCE TO THE BOROUGH FOR COVID-19 VACCINE SUPPORT SERVICES.

AGENDA OF: October 19, 2021

ASSEMBLY ACT	ION:			
Ciclopted	cithont	objection.	11-16-21 KBJ	

MANAGER RECOMMENDATION: Introduce and set for public hearing.

APPROVED BY MICHAEL BROWN, BOROUGH MANAGER:

Route To:	Department/Individual	Initials	Remarks
	Originator / DES	U	
	Emergency Services Director	KB	
	Finance Director	It bon CH	10.7.21
	Borough Attorney	NS	
	Borough Clerk	ma 10/11/	of ASI

ATTACHMENT(S): Fiscal Note: YES X NO Ordinance Serial No. 21-105 (2 pp)
Resolution Serial No. 21-107(2 pp)
MOA C0621-580-A - Amendment #1 (3 pp)

SUMMARY STATEMENT:

With Ordinance Serial No. 21-071, the Borough Assembly accepted and appropriated grant funding from the State of Alaska, Department of Health and Social Services, in the amount of \$50,000, to provide financial assistance to the borough for COVID-19 vaccine support services.

With Resolution Serial No. 21-073, the Borough Assembly approved the scope of work and budget for project 55029, Fund 425, to provide financial support to the Borough for COVID-19 vaccine support services through the reimbursement performance period of

January 1, 2021 through September 30, 2021.

With Amendment #1, the State of Alaska has offered an additional \$100,000 in funding for this project, as well as extended the timeframe to December 31, 2021.

RECOMMENDATION OF ADMINISTRATION:

The administration recommends approval of the attached legislation, which will accept and appropriate an additional \$100,000 from the State of Alaska, Department of Health and Social Services, and approve the extended timeframe, and revised budget, for project No. 55029, Fund 445 to provide financial assistance to the Borough for COVID-19 vaccine support services.

MATANUSKA-SUSITNA BOROUGH FISCAL NOTE

Agenda Date: October 19, 2021

ORIGINATOR: Ken Barkley

SUBJECT: Accepting and appropriating an additional \$100,000 from the State of Alaska, Department of Health and Social Services, and approving the extended timeframe and revised budget, to provide financial assistance to the Borough for COVID-19 vaccine support services.

FISCAL ACTION (TO BE COMPLETED BY FINANCE)			FISCAL IM	FISCAL IMPACT (ES) NO				
AMOUNT REQUESTED \$100,000			FUNDING	FUNDING SOURCE Grant				
FROM ACCOUNT #			PROJECT					
TO ACCOUNT: 425, DAY, DAY, 244 VYX			PROJECT#	PROJECT# 55029				
VERIFIED BY: Vine Whiled				CERTIFIED BY:				
DATE: 10-6-21			DATE:					
EXPENDITURES/REVENUES:	Q D		(Thousands of Dollars)					
OPERATING	FY2022	FY2023	FY2024	FY2025	FY2026	FY2027		
Personnel Services								
Travel								
Contractual								
Supplies								
Equipment								
Land/Structures								
Grants, Claims								
Miscellaneous								
TOTAL OPERATING								
CAPITAL								
REVENUE								
JNDING:	14 1		(Thousands of Dollars)			-1		
General Fund								
State/Federal Funds	100.0							
Other								
TOTAL	100-0							
OSITIONS:								
Full-Time								
Part-Time								
Temporary								
ANALYSIS: (Attach a separate pag	ge if necessary)							
PREPARED BY:				PHONE:				
DEPARTMENT:		DATE:						
APPROVED BY:	ujenni Deine	all		DATE: 10-7-21				



Department of Health and Social Services

FINANCE AND MANAGEMENT SERVICES
Juneau Office

P.O. Box 110650 Juneau, Alaska 99811-0650 Main: 907.465.3082 Fax: 907.465.2499

Memorandum of Agreement Between

State of Alaska - Department of Health and Social Services Division of Public Health - COVID-19 Emergency Operations Center (DPH-EOC)

- and -

Matanuska-Susitna Borough (MSB) MOA C0621-580-A - Amendment #1

I. PURPOSE OF THIS AMENDMENT

The purpose of this MOA amendment is to:

- Increase funding by an additional \$100,000.00 for the services of this MOA. The new not-to-exceed total will be \$150,000.00
- extend the timeframe of this MOA through December 31, 2021.

II. DPH-EOC AGREES TO:

Provide updated information on FEMA requirements and regulations if changes or updates are made to FEMA's Equitable COVID-19 Response and Recovery program.

III. MSB AGREES TO:

Provide equitable COVID-19 vaccine distribution in accordance with FEMA's Equitable COVID-19 Response and Recovery program and comply with all FEMA reporting requirements.

MSB is responsible for ensuring that all activities meet the requirements for FEMA reimbursement.

Recipient must/establish/maintain/provide all reporting elements required in FEMA's COVID-19 Equitable Response and Recovery Job Aid. Recipient will submit an initial completed FEMA Equitable Vaccine Administration Information template or their own version of this document with all required information within 30 days of a signed MOA with DPH. The monthly reporting period begins on the 16th of each month and ends of the 15th of the following month. Ongoing reports are due on the 18th of each month for the previous reporting period.

Failure to provide reporting requirements upon request may result in a delay or denial of reimbursement.

Reporting requirements may be amended based on future guidance published by FEMA.

1m 21-211 OR 21-105 RS 21-107

IV. **JOINT RESPONSIBILITIES:**

Both parties will make a good faith effort to communicate about any issues that might arise that will impact the timeliness of activities, reporting, or payment.

V. PERIOD OF AGREEMENT AND TERMINATION:

The performance period to reimburse eligible expenditures is January 1, 2021, through December 31, 2021. This agreement will terminate on December 31, 2021, and receipts must be for activities prior to this date.

If any Party determines that the terms of the MOA will not or cannot be carried out, that Agency shall immediately consult with the other Parties to develop an amendment. If within thirty days an amendment cannot be reached, any Party may terminate the MOA upon written notification to the other Parties.

VI. TERMS OF PAYMENT

The State agrees to pay MSB up to \$150,000.00 over the term of this agreement.

The Recipient will submit monthly invoices, receipts, and/or payroll documentation detailing services performed, per FEMA requirements. Submissions are due on the 18th of each month. The invoice must:

- reference the recipient's name, address, and phone number
- reference the contract number: C0621-580-A
- include an invoice number
- Reference the Alaska Division of Public Health COVID EOC Team

Failure to include the required information on the invoice may cause an unavoidable delay to the payment process. The State will pay all invoices within thirty (30) days of invoice approval by the Project Director. The Contractor shall submit final invoices to the address specified below no later than 30 days after the termination of this agreement.

Email invoices to:

hss.publichealth@alaska.gov

(please reference 'C0621-580-A FEMA Equitable Vaccine Reimbursement Request' in the subject line)

Notwithstanding any other provision of this contract, it is understood and agreed that the State shall withhold reimbursement at any time the Contractor fails to comply with the terms of the MOA.

VII. <u>UNALLOWABLE COSTS</u>

- Resources funded by another HSS Contract or HSS-Cares source
- Purchase of vehicles
- · Reimbursement of pre-award costs
- Research
- · Indirect costs associated with the award
- · Food and/or water for events
- Hospital bill or insurance claims
- Clinical care (except as otherwise noted in Domain 5 and as may be provided in further guidance from CDC)
- Publicity and propaganda (lobbying):

1M 21-211 OR 21-105 RS 21-107

DPH-EOC primary point of contact: Maria Caruso Division of Public Health, COVID Program Coordinator Office: 907-310-6092 Email: maria.caruso@alaska.gov MSB primary point of contact: Casey Cook MSB, Emergency Manager Office: 907-301-5411 Email: casey.cook@matsugov.us MSB finance contact: Cheyenne Heindel MSB, Financial Director Office: 907-861-8630 Email: cheyenne.heindel@matsugov.us MSB additional contact: Mike Brown MSB, Mayor Office: 907-861-8689 Email: mike.brown@matsugov.us IX. **SIGNATURES** By signature of the below, both parties agree to the terms of this MOA. By: __ Mike Brown, Borough Mayor, Matanuska-Susitna Borough _____ Date: ____ Maria Caruso, Alaska DHSS Program Coordinator _____ Date: ___ Heidi Hedberg, Alaska DHSS EOC Unified Commander / DPH Director Date: _____

Jason Grove, Alaska DHSS Procurement Manager

VIII.

CONTACT INFORMATION