



**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)

CFDA No. 97.036 Date of Disaster Declaration

<b>1. Project Worksheet #</b>	<b>2. DUNS #</b>	<b>3. Award</b> <input type="checkbox"/> <b>Amendment</b> <input type="checkbox"/> Amendment Number	<b>4. Employer Tax ID #</b>
<b>5. Recipient Name and Address</b>		<b>6. Issuing Office and Address</b> Department of Military and Veterans Affairs Division of Homeland Security and Emergency Management PO Box 5750 JBER, AK 99505-5750 <a href="http://www.ready.alaska.gov">http://www.ready.alaska.gov</a>	
<b>7. PW Obligation Date</b>	<b>Agency: Federal Emergency Management Agency (FEMA)</b>		
<b>9. Purpose of Award/Amendment:</b>			
<b>10. Grant Award and Terms and Conditions:</b> (see attached Grant Terms and Conditions) <i>Total Approved Amount: Total Awarded Amount: Federal Share: State Share: Sub-Grantee Share:</i> <b>See attached: Time Extension Approval Letter Grant Performance Period: through</b>			
<b>11. Grant Requirements, Assurances and Agreements:</b> (see attached Grant Requirements, Assurances and Agreements) <i>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).</i>			
<b>12. Project Award Title:</b>			
<b>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.</b>			
<b>14. DHS&amp;EM Project Manager</b>		Phone: (907) 428- Fax: (907) 428-7009 Email:	
Printed Name of SPAO:			
<b>15. Signature of Jurisdiction Project Manager</b>		Phone: Fax: Email:	
Printed Name:			
<b>16. Signature of Jurisdiction Chief Financial Officer</b>		Phone: Fax: Email:	
Printed Name:			
<b>17. Signature of Jurisdiction Signatory Official</b>		Date: Phone: Fax: Email:	
Printed Name and Title:			
<b>18. DHS&amp;EM Signatory Official</b>		Date: Phone: (907) 428-7000 Fax: (907) 428-7009 Email:	

**Turn over to complete instruction acknowledgement.**

# Grant Award Instructions

As a Sub-Recipient, 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 (Acting)  
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.

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As the Authorized Representative of the \_\_\_\_\_,  
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