



**Healthy & Equitable Communities  
Memorandum of Agreement (MOA), Between  
State of Alaska – Department of Health  
Division of Public Health (DPH)  
- and -  
Kenai Peninsula Borough  
MOA # C0622-584-M  
Amendment 1**

**AMENDMENT 1**

This amendment serves to:

- Extend the period of performance by one year, through May 31, 2024.
- Adds \$671,947 in funding to support the year 2 activities described in the attached Round 2 Application.

**I. PURPOSE AND SCOPE**

The State of Alaska, Dept of Health, Division of Public Health will provide funding to Alaskan local governments in support of creating and sustaining healthy and equitable communities around the state.

Funding will support the following activities and strategies to promote and build healthy & equitable communities around the state. All funded activities must have an emphasis on high risk, underserved population groups.

- Ensure a fair and adequate baseline of care is established for populations at higher risk that are underserved and who are disproportionately impacted by COVID-19 by expanding existing or developing new mitigation and prevention resources and services;
- Increase/improve data collection and reporting for populations disproportionately affected by COVID-19 to guide current and future pandemic response;
- Build, leverage or expand infrastructure support for COVID-19 or future pandemic prevention and control among populations that are at higher risk or underserved;
- Mobilize partners to build and promote healthy and equitable communities, improving everyone's opportunities for living a healthy life, particularly those who are disproportionately impacted by COVID-19;
- Improve access to COVID-19 vaccine, as well as other necessary vaccines, for individuals who are higher risk or underserved.

**II. THE STATE OF ALASKA DIVISION OF PUBLIC HEALTH (DPH) AGREES TO:**

Provide support to the community for COVID-19 response and mitigation activities. The Healthy & Equitable Communities Project Team is available to consult and provide technical assistance to government entities for health equity funds and to pre-approve pass-through recipients of award funding. The team will also ensure that approved activities meet the funding requirements.

DPH agrees to provide \$671,947 in Round 2 funds in accordance with the terms of this agreement. Round 1 funding provided was in the amount of \$153,940.61; for a cumulative total of \$825,887.61.

**III. KENAI PENINSULA BOROUGH AGREES TO:**

Conduct the services as described in the attached application and proposal response following the last page of this MOA.

**Invoicing**

The recipient will submit quarterly invoices detailing services performed. Quarterly invoices should be supported with completed reporting templates and any applicable backup documentation such as receipts, payroll information, sub award agreements, etc. Invoices are due January 10, April 10, July 10, and October 10 for each quarter.

The invoice must:

- Reference the recipient’s name, address, and phone number
- Reference the contract number: C0622-584-M
- Include the Kenai Peninsula Borough’s invoice number
- Reference the Alaska Division of Public Health – Healthy & Equitable Communities MOA

Send invoices to: [doh.publichealth@alaska.gov](mailto:doh.publichealth@alaska.gov)

(reference “C0622-584-M MOA Reimbursement Request” in the subject line)

Failure to include the required information on invoices 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 recipient shall submit final invoices no later than 30 days after the MOA expires.

**REPORTING:**

Reporting requirements will be due at the same time as invoices. Payment will not be issued unless necessary reporting is attached. Reporting requirements will be determined during the MOA preparation and will be dependent upon the type of activities selected. Entities are encouraged to collaborate with hospitals, schools, and community organizations to improve the outcomes for their population.

Any projects that will be collecting data may have additional reporting requirements. Initial information about the project will be needed, including:

- Who is collecting data?
- Why is data being collected?
- What communities/populations are being researched?
- What type of data is being collected?
- Estimated timeframe of data collection
- How will this data be used?

**IV. JOINT RESPONSIBILITIES:**

Should there be a conflict amongst the documents, the following order of precedence shall apply: first, this agreement; second, the application; third, the proposal.

Both parties agree to communicate timely and effectively as needed to support the goals of this agreement. Points of contact for both parties are as follows:

**State of Alaska – DPH:**

Primary Points of Contact: Judy Holland, Project Director  
[Judy.Holland@alaska.gov](mailto:Judy.Holland@alaska.gov)  
907/334-2669

Raquel Eisenmann, Community Coordinator  
[Raquel.eisenmann@alaska.gov](mailto:Raquel.eisenmann@alaska.gov)  
907/782-6870

Send invoices to: [doh.publichealth@alaska.gov](mailto:doh.publichealth@alaska.gov)  
(reference "C0622-584-M MOA Reimbursement Request" in the subject line)

**Kenai Peninsula Borough:**

Primary Point of Contact: Brenda Ahlberg, Emergency Manager  
[bahlberg@kpb.us](mailto:bahlberg@kpb.us)  
907/231-6505

Finance Point of Contact: Brandi Harbaugh, Finance Director  
[bharbaugh@kpb.us](mailto:bharbaugh@kpb.us)  
907/714-2170

Other (Signatory): Peter A. Micciche, Mayor  
[mayor@kpb.us](mailto:mayor@kpb.us)  
907/714-2150

V. **PERIOD OF AGREEMENT AND TERMINATION:**

This agreement will be in effect from the date of execution through May 31, 2024. The services may extend beyond that date by mutual agreement of both parties. Any extension provided will be for time only; no additional funds will be offered.

VI. **SIGNATURES:**

By signature of the below, both parties agree to the terms of this MOA.

BY: Judy Holland  
Judy Holland, DOH Project Director

DATE: April 19, 2023

BY: \_\_\_\_\_  
Peter A. Micciche, Kenai Peninsula Borough

DATE: \_\_\_\_\_

BY: \_\_\_\_\_  
Christy Lawton, DPH Acting Director

DATE: \_\_\_\_\_

BY: \_\_\_\_\_  
Matthew Meienberg, DOH Procurement Specialist

DATE: \_\_\_\_\_



## Healthy & Equitable Communities Round 2 Funding for Cities and Boroughs – Application and Memorandum of Agreement Information

### PURPOSE:

The State of Alaska, Department of Health, Division of Public Health will provide funding to Alaskan local governments in support of creating and sustaining healthy and equitable communities around the state.

Funding will be available through May 31, 2024 to support the following activities and strategies to promote and build healthy and equitable communities around the state. All funded activities must have an emphasis on high risk, underserved population groups.

- Ensure a fair and adequate baseline of care is established for populations at higher risk that are underserved and who are disproportionately impacted by COVID-19 by expanding existing or developing new mitigation and prevention resources and services;
- Increase/improve data collection and reporting for populations disproportionately affected by COVID-19 to guide current and future pandemic response;
- Build, leverage or expand infrastructure support for COVID-19 or future pandemic prevention and control among populations that are at higher risk or underserved;
- Mobilize partners to build and promote healthy and equitable communities, improving everyone's opportunities for living a healthy life, particularly those who are disproportionately impacted by COVID-19;
- Improve access to COVID-19 vaccine, as well as other necessary vaccines, for individuals who are higher risk or underserved.

### SCOPE OF FUNDING:

Strategies that are implemented should aim to build infrastructures that both improve health outcomes for higher risk underserved Alaskans in the current COVID-19 pandemic and set the foundation for future responses. This application mentions several eligible activities, but communities are not limited in scope to these examples. There are several resources available for communities to assist them in determining what types of activities may be proposed. The [Alaska Health Equity Index](#) utilizes data from the US Census Bureau and the US Centers for Disease Control and Prevention's Social Vulnerability Index and is an excellent reference to assist communities in identifying target populations\* and areas of need. The Healthy Alaskans team has identified priority health topics for the [Healthy Alaskans 2030 plan](#) including strategies and actionable objectives within each strategy. Both resources highlight the needs of Alaskans, and communities are encouraged to develop plans that incorporate factors from either of these resources.

\*Target populations can include but are not limited to:

- Low income or homeless individuals
- Individuals/families/communities with limited access to technology/internet
- Individuals/families/communities who face food insecurity
- Communities with limited to no transportation access

- Individuals without access to health care
- Populations that do not speak English as their first language
- Rural communities/areas where physical services are not accessible
- Refugee/immigrant communities that face economic, cultural, or linguistic barriers to accessing health care services
- Individuals with disabilities
- Older adults
- Children
- Individuals with mental health or substance-related disorders

Funding is calculated using two factors: population size, and the [Alaska Health Equity Index](#).

#### **ELIGIBILITY:**

Local governments are eligible to apply and may propose plans to engage one or more communities and geographic areas. The definition of communities may also include a group of people who have particular characteristic in common (e.g. share similar cultural beliefs or interests). Please work with your local tribes, borough, or municipality to ensure efforts are coordinated. DHSS allows recipients to act as pass-through entities to provide funding to other recipients, including community-based organizations serving populations who may experience health inequities. **Technical assistance will be provided throughout the funding period to assist with reporting, advancing approved projects, pre-approval of activities and invoice processing.**

If you live in an unincorporated census area or census designated place, are aware of an entity or organization that is interested in implementing this work and unsure about how to access this funding opportunity, please contact [Judy.Holland@alaska.gov](mailto:Judy.Holland@alaska.gov) or [HECommunities@alaska.gov](mailto:HECommunities@alaska.gov) to discuss potential alternative opportunities. Designated entities must have the capacity to manage funds and implement projects within the scope of the funding. **If communities chose to pursue this route for funding, alternative entities must be identified by April 11, 2023.** The state intends to make available an alternate method of procurement for these entities, and the timeline for funding will be dependent upon the number of non-governmental entities identified across the state for this option. We will make every attempt to accommodate alternative requests. **For entities that chose to pursue this option, please be aware that the funding can take significantly longer to award through alternate procurement methods.**

#### **REPORTING:**

Reporting requirements will be due at the same time as invoices. Payment will not be issued unless necessary reporting is attached. Reporting requirements will be determined during the MOA preparation and will be dependent upon the type of activities selected. Entities are encouraged to collaborate with hospitals, schools and community organizations to improve the outcomes for their population.

Any projects that will be collecting data may have additional reporting requirements. Initial information about the project will be needed, including:

- Who is collecting data?
- Why is data being collected?
- What communities/populations are being researched?
- What type of data is being collected?
- Estimated timeframe of data collection
- How will this data be used?

**PERIOD OF AGREEMENT, IMPORTANT DATES AND DEADLINES:**

May, 2023 – May 31,2024	Period of Agreement
Wed. March 28, 10:00am	Member call via zoom hosted by Alaska Municipal League
<b>Tuesday, April 25, by 5:00</b>	<b>Applications due</b> to <a href="mailto:HECommunities@alaska.gov">HECommunities@alaska.gov</a>
May, 2023	Award funding to Communities via signed MOA
<b>May 31, 2024</b>	Final receipts due to DPH, payments issued to Communities

Submit questions to: [Judy.Holland@alaska.gov](mailto:Judy.Holland@alaska.gov) or [HECommunities@alaska.gov](mailto:HECommunities@alaska.gov)

**TERMS OF PAYMENT:** Funds will be reimbursed through invoicing upon approval of MOA. **Communities who do not apply for funding by April 25 will forfeit their allocation** and that funding will be reallocated at the State’s discretion. Communities wishing to propose projects larger than their allocated amounts can apply for this forfeited funding by contacting Judy Holland at [Judy.Holland@alaska.gov](mailto:Judy.Holland@alaska.gov) or [HECommunities@alaska.gov](mailto:HECommunities@alaska.gov).

**PRIOR APPROVAL REQUIRED\*:**

- Facility modifications
- Vehicles
- Furniture
- Equipment over \$25,000
- Reimbursement of pre-award costs (will only be considered back to June 1, 2021)

\*If you wish to utilize funds for any of the above items, please provide a detailed description of how these items will fit into the overall goal of the project they will support and how they will be used.

**FUNDS CANNOT BE USED FOR:**

- Programs or services already funded by another HSS grant, contract or MOA
- Research
- Clinical care
- Land or buildings
- Publicity or propaganda

If these funds are used to administer COVID-19 testing or vaccine services recipients must:

- Establish/maintain a means to ensure that all positive COVID testing results performed by this entity/sub-recipient/pass through entity is reported to the State of Alaska Department of Health within 24 hours of administration.
- Establish/maintain a means to ensure that the COVID-19 vaccine administration performed by this entity/sub-recipient/pass through entity is reported to the State of Alaska Department of Health. All vaccinations must be reported within 24 hours of administration.

**Please complete the following application to apply for this funding. Details from your application will be used to develop the MOA.**

Submit completed application and W9 to: [HECommunities@alaska.gov](mailto:HECommunities@alaska.gov) and cc [Judy.Holland@alaska.gov](mailto:Judy.Holland@alaska.gov).

# Healthy and Equitable Communities Memorandum of Agreement Application

## Primary Contact Information:

(Please make sure to include name, phone number, email and physical address for all contacts listed.)

Program Contact: Brenda Ahlberg, Emergency Manager

Phone number: 907-231-6505 (mobile) 907-262-2098 (desk)

Email: [bahlberg@kpb.us](mailto:bahlberg@kpb.us)

Physical Address: 144 N. Binkley St., Soldotna AK 99669

Finance Contact: Brandi Harbaugh, Finance Director

Phone number: 907-714-2170

Email: [bharbaugh@kpb.us](mailto:bharbaugh@kpb.us)

Physical Address: 144 N. Binkley St., Soldotna AK 99669

Other Contact that needs to sign/be listed on the Memorandum of Agreement (MOA):

Contact: Peter A. Micciche, Mayor (signature authority)

Phone number: 907-714-2150

Email: [mayor@kpb.us](mailto:mayor@kpb.us)

Physical Address: 144 N. Binkley St., Soldotna AK 99669

**Please list communities and partners intended to be part of this funding, either through subawards or support.**

Community/Partner Name(s):

- Kenai Peninsula Fire Chiefs Association (includes all municipal, volunteer and Tribal fire departments)
- Kenai Peninsula Office of Emergency Management
- Nikiski Fire Service Area
- Kenai Peninsula Love, Inc. Homeless Shelter Coalition

## SCOPE and AMOUNTS:

Please check activities from the menu below. In the final box, indicate the dollar amount anticipated. **All activities selected must have an emphasis on high risk, underserved population groups.**

## Menu of Activities

**1. Ensure a fair and adequate baseline of care is established for populations who are disproportionately impacted by COVID-19 by expanding existing or developing new mitigation and prevention resources and services targeted at higher risk, underserved Alaskans:**

- Expand reach of case investigation and contact tracing
- Enhance availability of supportive services that enable individuals to successfully isolate or quarantine
- Collaborate with community groups who can connect people at higher risk for COVID 19 with community services
- Improve access to vaccination information and services
- Reduce the rate of preventable hospitalizations by improving access to primary and preventative care
- Improve/increase access to health insurance
- Provide new or improved access to mental health services or provide education for/destigmatize existing services
- Provide/improve access to substance use disorder treatment/tobacco cessation resources or provide education for/destigmatize existing services
- Adopt strategies in the built environment that can mitigate the impact of COVID-19, for example establishing new pedestrian zones to minimize crowding and encourage physical activity
- Assess and adapt health policies, for example food service guidelines, to ensure they reach higher risk underserved Alaskans
- Other activities (Please describe in the box below)

**If there is not sufficient space to provide details of activities selected and proposed budget, please attach a spreadsheet or addendum to your application.**

1. \$64,947 Kenai Peninsula Love, Inc.: Subrecipient grant agreement to provide technology center for telemedicine, mental health and drug addiction treatments.
2. \$150,000 Kenai Peninsula Borough Mobile Integrative Health Program: Nikiski Fire partners with doctors and Central Peninsula Hospital to provide services via telehealth and in-home to veterans, seniors and individuals with limited or no ability to receive care or services.
3. NOTE: The Kenai Peninsula Borough (KPB) is prepared to accept other KPB municipalities' allocations for these two programs.

**Total** **\$214,947**

Depending on activities selected, reporting requirements may include some or all of the following measures:

- 1.1 Number of COVID-19 mitigation and prevention resources and services delivered in support of populations that are underserved and disproportionately affected.
- 1.2 Number of COVID-19 tests completed by test type, results, and race and ethnicity
- 1.3 Caseload, number of cases per case investigator, and number of contacts per contact tracer during the data collection period



**2. Increase/improve data collection and reporting for populations disproportionately affected by COVID-19 to guide current and future pandemic response:**

- Educate health care providers and community partners on the importance for collection of race, ethnicity, and other priority data elements
- Enhance the ability of electronic health records (EHR) systems to collect data on age, race, sex, and other differences among patients in health care systems
- Upgrade interoperability of health systems to comply with HL7 standards to report data elements including age, race, sex, and other priority data elements
- Provide training for staff on new/upgraded EHR systems
- Support staff who can enhance reporting of COVID-19 data to include race, ethnicity, sex, and other priority data elements
- Develop and disseminate data and other information materials to be culturally and linguistically appropriate for local audiences
- Other activities (Please describe in the box below)

**If there is not sufficient space to provide details of activities selected and proposed budget, please attach a spreadsheet or addendum to your application.**

Total:

Depending on activities selected, reporting requirements may include the following measure:  
2.1: Number of improvements to data collection, quality, and reporting capacity for recipients, partners and agencies related to disproportionate health impacts of COVID-19.

**3. Build, leverage or expand infrastructure support for COVID-19 or future pandemic prevention and control with a focus on populations that are at higher risk and underserved:**

- Establish or enhance local staffing or coalitions to that focus on improving COVID-19 or other health outcomes for these populations
- Develop or update local plans to improve health outcomes for higher risk underserved Alaskans
- Expand local capacity to offer targeted testing and contact tracing
- Improve local Continuity of Operations Plans (COOP) and exercises to prioritize higher risk underserved Alaskans
- Improve plans for use of community facilities to include better spaces for social distancing, isolation and quarantine
- Update plans for community shelter locations to ensure they are ADA compliant or can facilitate hosting health care pods including testing and vaccinations
- Increase/improve access to facilities/community spaces that promote health and physical activity and serve high-risk populations
- Provide training to local/regional public health or health workforce to better serve the needs of higher risk underserved Alaskans
- Hire health or public health workforce who are equipped to assess and address the needs of higher risk underserved Alaskans, for example trusted community members or community health workers
- Other activities (Please describe in the box below)**

**If there is not sufficient space to provide details of activities selected and proposed budget, please attach a spreadsheet or addendum to your application.**

1. \$300,000 Create a unified website for the Kenai Peninsula Borough departments, response and recreation service areas to assist in the disseminating of information to the public. The public messaging during areawide response was a significant issue resulting from the pandemic that was remedied in the short term; however, the current website does not have the capacity to present uniformed, multiple subpages that can effectively streamline, unified messaging that is clearly and accurately presented during all phases of emergency management, including prevention, response, recovery and mitigation efforts.
2. \$150,000 Provide Incident Command System (ICS) courses and fire response training on a regional scale with the intention of offering the courses/trainings to all municipalities. The KPB will host these courses in collaboration with the Kenai Peninsula Fire Chiefs Association, which include the municipal, volunteer and Tribal entities. The HEC Round #1 grant supported a successful regional PIO course and the update of the Joint Information System Annex that benefited multiple government, nongovernment and Tribal entities. The success of offering more courses/training under HEC Round #2 will include working with the AK Division of Homeland Security to ensure that other jurisdictions may be invited to attend the KPB-hosted courses/trainings.
3. \$7,000 Continued grant management training provided to KPB project managers to ensure federal grant compliance with HEC funding.
4. NOTE: Request approval to use any remaining balance of funds to create a prevention-based, public campaign that may be utilized by regional partners much like the Ready, Set, Go! program funded under HEC Round #1, which was unanimously adopted by the Kenai Peninsula Fire Chiefs Association, the Local Emergency Planning Committee and the KPB Assembly.

<b>Total</b>	<b>\$457,000</b>
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Depending on activities selected, reporting requirements may include the following measure:  
 3.1: Number of improvements to infrastructure to address disproportionate health impacts of COVID-19.

**4. Mobilize partners to build and enhance community social supports targeted towards those who are disproportionately impacted by COVID-19:**

- Tailor local testing, contact tracing, and quarantine practices and programs to be culturally or linguistically appropriate for targeted populations
- Develop and support local or regional advisory groups that have representation from higher risk underserved populations to inform emergency response activities
- Build partnerships with local health and non health agencies (for example housing, transportation providers, food security, churches, community health workers, social workers) to implement strategies that decrease risk for COVID-19
- Develop and distribute COVID-19 prevention communication materials and messaging that are understood and resonate with local higher risk and underserved groups
- Identify and establish relationships with agencies who serve higher risk underserved groups to share information and improve access to services that prevent COVID-19
- Other activities (Please describe in the box below)

**If there is not sufficient space to provide details of activities selected and proposed budget, please attach a spreadsheet or addendum to your application.**

Total:

Depending on activities selected, reporting requirements may include the following measure:

4.1: Number and proportion of new, expanded, or existing partnerships mobilized to address disproportionate health impacts of COVID-19.

**5. Improve access to COVID-19 vaccine, as well as other necessary vaccines, for individuals who are higher risk or underserved:**

- Increase local health care capacity for providing vaccinations
- Hire additional staff to support administration of vaccines and to promote easily accessible health education
- Increase capacity for mobile vaccine delivery
- Increase the number of children, adolescents, and adults receiving all ACIP-recommended vaccines
- Other activities (Please describe in the box below)

**If there is not sufficient space to provide details of activities selected and proposed budget, please attach a spreadsheet or addendum to your application.**

Total:

Depending on activities selected, reporting requirements may include the following measure:

5.1: Provide a description of the work and successes/challenges of COVID-19 vaccine-related activities (e.g., number of vaccine clinics, number of mobile vaccine clinics, number of pop-up clinics).