

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-4161-AK

CFDA No. 97.036 Date of Disaster Declaration 01/16/2014

	vard Amendment 5. Employer Tax ID # mendment Number 92-0030894		
	7. Issuing Office and Address		
Kenai Peninsula Borough 144 N. Binkley Street Soldotna, AK 99669	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 02/16/2023	Agency: Federal Emergency Management Agency (FEMA)		
9. Purpose of Award/Amendment:			
Initial	award		
10. Grant Award and Terms and Conditions: (see attached	Grant Terms and Conditions)		
Total Approved Amount:	\$ 708,714.62		
Total Awarded Amount: Federal Share:	\$ 708,714.62 \$ 534 535 07		
State Share:	\$ 531,535.97 \$ 177,178.65		
Subrecipient Share:	\$ 0.00		
See attached: Approved PAGP Project Worksheet			
11. Grant Requirements, Assurances and Agreements: (The acceptance of a grant from the United States creates a leg- made available in accordance with the conditions of the grant. (Chapter 2, Section 16.8[c]). Federal awarding agency is the Federal	gal duty on the part of the grantee to use the funds or property GAO Accounting Principles and Standards for Federal Agencies,		
12. Project Award Title:			
Dieckg	raeff Road		
13. Subrecipient is required to sign and return one (1) copy of issuing address in Block 7, within 30 days from the date in Bl	this document with the terms and conditions to the ock 17.		
14, DHS&EM Project Manager Printed Name of SPAO: Terry Kurth	Phone: (907) 428-7050 Fax: (907) 428-7009 Email: terry.kurth@alaska.gov		
15. Signature of Jurisdiction Project Manager	Phone: 907-262-2098		
	Fax:		
Beloted News - Decade Ablice			
Printed Name: Brenda Ahlberg	Email: bahlberg@kpb.us		
16. Signature of Jurisdiction Chief Financial Officer	Phone: 907-714-2176		
	Fax:		
Printed Name: Brandi Harbaugh	Email: bharbaugh@kpb.us		
17. Signature of Jurisdiction Signatory Official	Date:		
	Phone: 907-714-2150		
	Fax:		
Printed Name and Title: Peter A. Micciche, Mayor	Email: mayor@kpb.us		
18. DHS&EM Signatory Official	Date: 4-13-23		
A S	Phone: (907) 428-7000		
William A. Dennis	Fax: (907) 428-7009		
Alternate Governor's Authorized Representative	Email: bill.dennis@alaska.gov		

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 I have reviewed these instructions and acknowle Public Assistance Program.	KENAI PENINSULA BOROI edge our appeal rights and respons	
Peter A. Micciche Mayor Printed Name and Title of Authorized Represen	tative	
Signature	Date	