



**CITY OF KOTZEBUE
RESOLUTION NO. 24-57**

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF KOTZEBUE ACCEPTING AND AUTHORIZING THE CITY MANAGER OR HER DESIGNEE TO COMPLETE AND EXECUTE A GRANT AGREEMENT WITH THE DENALI COMMISSION FOR THE CAPE BLOSSOM ROAD AND CAPE BLOSSOM PORT PROJECTS PHASE II.

WHEREAS, the City of Kotzebue applied to the Denali Commission for funding for the Cape Blossom Road and Cape Blossom Port Projects;

WHEREAS, these Projects are a high priority for the City of Kotzebue;

WHEREAS, the Denali Commission on August 23, 2024 notified the City of Kotzebue of an award of \$2,000,000 for the Cape Blossom Road and Cape Blossom Port Projects as set forth in Exhibit **A** attached hereto and incorporated by reference herein;

WHEREAS, the City will need to complete the grant award process, *inter alia*, as set forth in Exhibits **B**, **C** and **D** attached hereto; and,

WHEREAS, these Denali Commission funds will be used to satisfy a portion of the local match required for Phase II of the Cape Blossom Road.

NOW, THEREFORE, BE IT RESOLVED, that the City Council of the City of Kotzebue accepts the Denali Commission grant as set forth herein and directs and authorizes the City Manager or her designee to complete and execute a Grant Agreement for these Denali Commission funds.

PASSED AND APPROVED by a duly constituted quorum of the City Council of the City of Kotzebue, Alaska, this 19th day of September 2024.

CITY OF KOTZEBUE

Saima Chase, Mayor

[SEAL]

ATTEST:

Paeton Schaeffer, City Clerk

Attachments: Exhibit A – Denali Commission Award Letter [1 page]
Exhibit B – Denali Commission Scope and Budget Form [1 page]
Exhibit C – Denali Commission Financial Assistance Form [2 pages]
Exhibit D – Denali Commission Risk Assessment Form [2 pages]



Denali Commission
550 West 7th Ave, Suite 1230
Anchorage, AK 99501

907.271.1414 (P)
888.480.4321 (TF)
www.denali.gov

August 23, 2024

Tessa Baldwin
City Manager
City of Kotzebue
258A Third Avenue
PO Box 46
Kotzebue, AK 99752

*****Delivered via email to tbaldwin@kotzebue.org *****

RE: 2024 Denali Commission Program Grants FOA DC-WP-24-001

Dear Ms. Baldwin.,

I am pleased to inform you that a selection committee recently evaluated your application for **2024 Denali Commission Program Grant** funds. Your application for the Cape Blossom Road and Port Project Phase II was approved for funding in the amount of **\$2,000,000**.

Please note: this letter does not authorize you to incur costs or otherwise obligate Denali Commission funds until your financial assistance award has been fully executed.

Transportation Program Manager Nikki Navio will be in touch soon to assist you in identifying any additional information that may be relative to your project and to negotiate your financial assistance award.

Congratulations on your successful application. We at the Denali Commission look forward to working closely with you on this important project and offer our best wishes for your success. If you have any questions regarding this award, please feel free to contact Nikki at 907-271-1414.

Sincerely,

A handwritten signature in blue ink, appearing to read "J Fenton".

Jocelyn Fenton
Interim Federal Co-Chair

cc: Nikki Navio, Denali Commission Transportation Program Manager
Janet Davis, Denali Commission Grants Officer

Budget and Funding Summary

Budget - By Category							
Item/Activity	Denali	Match	Leverage	Total	Basis/Notes		
Personnel & Fringe	\$ -	\$ -	\$ -	\$ -	xx rate on xx hours		
Travel	\$ -	\$ -	\$ -	\$ -	Trip details		
Equipment	\$ -	\$ -	\$ -	\$ -	Equipment 1, Equipment 2,		
Supplies	\$ -	\$ -	\$ -	\$ -	Computer, printing,...		
Contractors	\$ -	\$ -	\$ -	\$ -	What are they doing?		
Other	\$ -	\$ -	\$ -	\$ -	What is this for?		
Indirect	\$ -	\$ -	\$ -	\$ -	xx rate on xx		
TOTAL	\$ -	\$ -	\$ -	\$ -			
Budget - By Task							
Item/Activity (Must Match Tasks listed in Scope)	Denali	#1 (Lead)	#2 (Lead)	... continued	... continued	TOTAL	
1 - TITLE	\$ -		\$ -	\$ -	\$ -	\$ -	
2 - TITLE	\$ -		\$ -	\$ -	\$ -	\$ -	
3 - TITLE	\$ -		\$ -	\$ -	\$ -	\$ -	
4 - TITLE	\$ -		\$ -	\$ -	\$ -	\$ -	
Continued	\$ -		\$ -	\$ -	\$ -	\$ -	
....	\$ -		\$ -	\$ -	\$ -	\$ -	
TOTAL	\$ -		\$ -	\$ -	\$ -	\$ -	
Funding Source							
Source	Reference	Amount	Notes				
Denali Commission	This Action	\$ -					
Applicant	Match	\$ -	Notes on other award numbers, dated funding requests, promised funding, etc				
#1	Match/Leverage	\$ -					
#2	Match/Leverage	\$ -					
#3	Match/Leverage	\$ -					
#4	Match/Leverage	\$ -					
TOTAL		\$ -					

Financial Assistance Award _____
Between the Denali Commission
and
Applicant
Attachment A - Scope of Work
Month Day, Year

Project Title: _____
Period of Performance: _____

Applicant: 3-7 Sentences (relevant facts, management, financing, history, etc.)

Background: 3-7 Sentences

Problem and Need: 3-7 Sentences

Purpose:

1 Sentences (The purpose of this work is to...)

Tasks (every sentence should include a verb):

1. Title **Dates xx/xx/xxxx– xx/xx/xxxx**
3-7 Sentences, or as much detail as necessary to accurately describe the effort related to this Task.
2. ... continued

Project Overview: (only for complicated projects)

- **Phase 1 (Dates):** Tasks, activities, etc,
- ... continued

Deliverables:

1. Deliverable 1 Date
2. ... continued

Budget:

The Denali Commission is making \$xxx,xxx available via this Award. Additional contributions provided by: OTHER (\$xxx,xxx), OTHER (\$xxx,xxx), etc..., for a Total Budget of \$xxx,xxx. Additional Budget detail is available on page X.

Delivery Method:

APPLICANT will oversee all tasks and subcontracts.

**Denali Commission
Pre-Award Risk Assessment Questionnaire**

Recipient: _____

Formal Partner Other

Program: Energy/Bulk Fuel Village Infrastructure Protection
 Other _____

This questionnaire is part of a 2 CFR 200 process for evaluating the risks associated with Financial Assistance Awards (FAA) issued by the Denali Commission. The responses will be used in conjunction with other information collected by the Commission to make go/no-go decisions on individual Awards, and/or to establish risk management measures such as reporting frequency, insurance requirements, the need for site visits, etc. for individual Awards. Formal non-federal partners (AEA, ANTHC, AVEC) that receive one or more FAA's or major FAA Amendments each year must complete this questionnaire annually. Other non-federal Recipients must complete this questionnaire during the pre-award process for each specific new FAA, or major amendment to an existing FAA if deemed appropriate by the responsible Denali Commission Program Manager.

	Yes	No	n/a
1. Has your organization operated or managed Federal funds for any projects within the last three years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is this a new program, or project type, for your organization? (managed less than three years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are key personnel experienced with the types of projects managed under the program referenced above, or the specific FAA being proposed? (worked with the program or on similar projects more than two years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the program, or specific FAA, unusually complex? (funding match requirements, new technology, remote location, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Will your organization issue any sub-awards or contracts in excess of \$25,000 with funds provided by the Commission for the program referenced above, or the specific FAA being proposed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6a. Does your organization have effective internal controls, including written procurement policies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6b. If your organization is not a state agency, are your procurement policies consistent with 2 CFR 200.318 – 326?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has your organization had a lawsuit(s) filed against it in the past five years? If yes, please attach detailed documentation regarding who filed, reason for filing, and final judgment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has your organization currently or previously been suspended or debarred, or have employees on an excluded parties list? If yes, please attach a detailed explanation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	n/a
9. Does your organization have a current registration in Sam.gov? Please provide you UEI and the date your registration expires: UEI _____ Exp. Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Does your organization have any current tax liens or judgments against it? If yes, provide an explanation of how they were addressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11a. Does your organization have a financial management system in place that can track different awards/accounts, and different types of expenditures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11b. If yes, will the system track expenditures by the cost categories typical in FAA budgets for the program referenced above, or the budget in the specific FAA being proposed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12a. Has your organization had a Single Audit completed for any past, or existing federally funded projects? Please provide your TIN: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12b. If yes, were there any findings? If so, attach a detailed explanation of the findings, and management's response.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13a. Does your organization have a federally approved indirect cost rate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13b. If yes, please list the rate, cognizant federal agency that approved the rate, and date the current rate was approved. Please provide a copy of the approved rate agreement. Rate: _____ Agency: _____ Date: _____			
<i>Recipient Remarks/Notes:</i>			

Certification

By signing this document, I certify to the best of my knowledge and belief that this information is true, complete, and accurate. I am aware that any false statements or misrepresentation may jeopardize my organization's ability to receive a Denali Commission Financial Assistance Award.

Name (print)

Title

Authorized Signature

Date

Denali Commission Use Only
<i>Program Manager Comments:</i>
PM Initial/Date _____