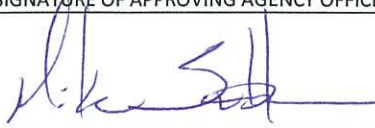
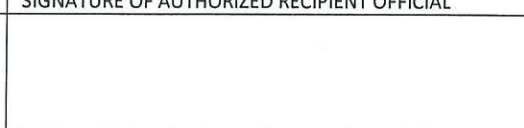


<b>State of Alaska</b> <b>Division of Homeland Security and Emergency Management</b> Under US Department of Homeland Security Federal Emergency Management Agency Grant Programs Directorate						Page 1 of 7	
						FEDERAL AWARD DATE	
						July 28, 2016	
						FEDERAL GRANT PROGRAM	
						2016 State Homeland Security Program	
<b>OBLIGATING AWARD DOCUMENT</b>						FEDERAL GRANT NUMBER	
						EMW-2016-SS-0002	
RECIPIENT NAME AND ADDRESS		PERFORMANCE PERIOD		AMENDMENT		CFDA: 97.067	
Petersburg Borough PO Box 329 Petersburg, AK 99833		FROM:	September 01, 2016	AMENDMENT #:		AWARD AMOUNT	
		TO:	September 30, 2018	EFFECTIVE DATE:		\$43,700.00	
		STATE PROGRAM NUMBER				20SHSP-GY16	
DUNS NUMBER		040194276		FUNDING ALLOCATION			
EIN		92-6000142		PLANNING		EXERCISE	
METHOD OF PAYMENT		Electronic		TRAINING		EQUIPMENT	\$43,700.00
PURPOSE OF AWARD							
The attached Project Budget Details is the funding allocation. Grant program guidelines and federal, state, and local contracting and procurement compliance requirements apply.							
GRANT REQUIREMENTS AND PROGRAM TERMS AND CONDITIONS							
The acceptance of a grant from the United States government creates a legal duty on the part of the recipient 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)] See attached for continued Grant Requirements and Program Terms and Conditions							
SPECIAL CONDITIONS (Grant funds cannot be expended until these conditions have been met. See Obligating Award for details)							
See Attached							
AGENCY INFORMATION							
ADDRESS	Division of Homeland Security and Emergency Management PO Box 5750 JBER, AK 99505-5750			WEBSITE	http://ready.alaska.gov		
				EMAIL	mva.grants@alaska.gov		
				PHONE	907-428-7000		
				FAX	907-428-7009		
STATE PROJECT MANAGER		PHONE	FAX	EMAIL			
Adrian Avey		(907) 428-7027	(907) 428-7009	adrian.avey@alaska.gov			
AGENCY APPROVAL				RECIPIENT ACCEPTANCE			
NAME AND TITLE OF APPROVING AGENCY OFFICIAL				NAME AND TITLE OF AUTHORIZED RECIPIENT OFFICIAL			
Michael J. Sutton, Deputy Director				Stephen Giesbrecht, Borough Manager			
SIGNATURE OF APPROVING AGENCY OFFICIAL				SIGNATURE OF AUTHORIZED RECIPIENT OFFICIAL			
			DATE				DATE
			9/12/16				
FOR STATE USE ONLY							
Division File Number:		1.6.2.17		Date Returned			
Fund	Unit	AR Unit	Object	Activity	Function	Program	PPC
1004	2001	099170010	7001	2012	16 SHSP PBG	2SHSP2016	GYSHSP