

Non-Code Ordinance

By: Wasilla Police Department  
Introduced: April 8, 2019  
Public Hearing: April 22, 2019  
Adopted: April 22, 2019  
Yes: Dryden, Graham, Harvey, Ledford, O'Barr  
No: None  
Absent: Burney

**City of Wasilla  
Ordinance Serial No. 19-07**

**An Ordinance Of The Wasilla City Council Amending The Fiscal Year 2019 Youth Court Budget By Accepting And Appropriating Grant Funding Of \$5,049 From The Mat-Su Health Foundation For Successor Training.**

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**Section 1. Classification.** This is a non-code ordinance.

**Section 2. Purpose.** To accept and appropriate grant funds from the Mat-Su Health Foundation for wages and benefits in training a new Probation Officer.

**Section 3. Appropriation of Funds.** The funds are appropriated to the following:

Wages/Benefits	220-4270-427.10-10	\$2,871
Group Insurance	220-4270-427.20-10	1,291
Fica	220-4270-427.20-20	42
PERS	220-4270-427.20-30	632
SBS	220-4270-427.20-40	176
Unemployment	220-4270-427.20-50	29
Workers' Comp	220-4270-427.20-60	8

**Section 4. Source of Funds.**

Contributions-Private	220-4200-364.11-00	\$ 5,049
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**Section 5. Effective Date.** This ordinance shall take effect upon adoption by the Wasilla City Council.

ADOPTED by the Wasilla City Council on April 22, 2019.

  
BERT L. COTTLE, Mayor

ATTEST:

  
JAMIE NEWMAN, MMC, City Clerk

[SEAL]

CITY OF  
**WASILLA**  
 • ALASKA •

**CITY COUNCIL LEGISLATION STAFF REPORT**

**Ordinance Serial No. 19-07: An Ordinance Of The Wasilla City Council Amending The Fiscal Year 2019 Youth Court Budget By Accepting and Appropriating Grant Funding of \$5,049 From The Mat-Su Health Foundation For Successor Training.**

Originator: Gene Belden, Police Chief  
 Date: 3/19/2019

Agenda of: 4/8/2019

Route to:	Department Head	Signature	Date
X	Chief of Police	<i>Gene Belden</i>	3/27/19
	Public Works Director		
	Recreation Services Director		
X	Finance Director	<i>[Signature]</i>	3/19/19
X	Deputy Administrator	<i>[Signature]</i>	3/23/19
X	City Clerk	<i>[Signature]</i>	3/28/19

Reviewed by Mayor Bert L. Cottle: *[Signature]* 3/28/2019

**Fiscal Impact:**  yes or  no      **Funds Available:**  yes or  no

**Account name/number:**  
 Wage/Benefits 220-4270-427.10-XX \$5,049  
 (various wage and benefit accounts based on applicable rates)

Total: \$5,049

**Attachments:** Ordinance Serial No. 19-07 (2 pages)  
 Target Wellness Grant Agreement (5 pages)

**Summary Statement:** The City's youth court program is administered by one Probation Officer who is retiring May 1, 2019. Successor training is paramount to the program's continuity and the Mat-Su Health Foundation has pledged grant funding of \$5,049 to support that function. The grant funds would be used to pay wages and benefits of the new Probation Officer for the 30 days prior to the current employee's retirement date. This 30-day period of overlap will allow for enough training on all aspects of the job to ensure a sound transition.

**Staff Recommendation:** Introduce and set the ordinance for public hearing.

# Target Wellness Grant Report

## Grant Profile

### Target Wellness Grant

**Reference Number**

TW201900013

**Report Due Date**

4/1/2020

**Reporting Period**

The following information is based on information you included in your Grant.

When Mat-Su Health Foundation awards a grant, we enter into a partnership with your organization that we hope will provide new insights into effective ways to strengthen our community wellness. This report is our primary opportunity to measure the achievements of the projects we support, and we utilize these results and feedback to inform the Foundation's future grant making program. This report encourages grantees to take a critical look at the funded program to see if really made a difference. Other benefits to results of this report are to:

- Review practices and procedures in your program to uncover what worked and did not work, allowing you and MSHF to learn from these experiences.
- Learn what impact your program had on community health and wellness.
- Collect information that may be useful to you in securing future funding from MSHF and other funding organizations.
- Provide information for future grant-making decisions, program planning efforts and project development.

### Organizational Information

**Legal Name**

City of Wasilla

**Organization Type**

Government

**Tax ID**

926010143

**Address**

290 East Herning Avenue

**City**

Wasilla

**State**

AK

**Postal Code**

99654

**Phone**

(907) 373-9055

**Extension****Fax**

(907) 373-9096

**E-mail Address**

kmartin-albright@ci.wasilla.ak.us

**Web-site Address**<http://www.cityofwasilla.com/>**Project Information****Project Title**

Please provide the name of the project that funding will be used for.  
Mat Su Youth Court Director Successor Training

**Request Date**

1/23/2019

**Project Start Date**

4/1/2019

**Project End Date**

4/30/2019

**Project Budget**

Please indicate the amount budgeted for this project.  
5049.00

**Request Amount**

5049.00

**Amount Awarded**

5049.0000

## Grant Report Information

### Project Information

#### Amount Paid

0.0000

### Statistical Information

#### Leveraging Funds from Other Organizations

Use the drop down menu to identify other types of organizations you received funds from as a result of receiving this grant.

N/A

#### Grant Requirements

#### Leveraged Funds

If additional funds were leveraged due to receipt of these funds, please indicate the total amount received from other organizations.

#### Did you accomplish the goals and/or outcomes identified in your grant?

If yes, describe how your organization was impacted. If no, describe the challenges that impacted achieving your goal(s).

#### Describe how grant funds were utilized.

#### How were the grant funds utilized?

Using the drop down menu choose the category that best matches how funds were used.

#### Describe how the program/project impacted your organization and/or participants.

#### Would you recommend continuing the project/program?

If not, how would you change your program?

#### What factors influenced the outcome of your program/project?

Please choose from the drop down menu any influencing factors affecting the outcome of your grant (include both positive and negative)

N/A

#### Please include any additional influencing factors that impacted your outcome results (include both positive and negative)

**What general lesson(s) has your agency learned for future consideration of projects and programs?**

**Did you use volunteers for this program?**

Using the drop down menu, indicate yes or no.

**What impact did the use of volunteers have on your program?**

If yes, describe the impact volunteers had on your program. If no, indicate N/A

**Did your organization collaborate with others organizations during this program/project?**

**If yes, using the drop down menu, indicate the types of entities you collaborated with. If no, select "None (N/A)."**

**Mat-Su Beneficiaries Total**

Please identify the number of Mat-Su residents that benefited from these grant funds.

**Beneficiaries Total**

Identify how many people, including those in the Mat-Su Borough benefited from this grant?

**Geographical Area Served**

What areas benefited from this grant? Choose all the apply. If you provide services throughout the Mat-Su Borough, please select "MAT-SU BOROUGH ET AL."

**Borough Health Factors**

Please choose the health factors that apply.

**Population Served**

Please choose the category(s) that best describes Mat-Su residents that benefited from this grant. If you provide services to everyone, please select "PROVIDE SERVICES TO ALL."

**Age Group**

Please indicate the age group(s) that benefited from this grants. If all ages group benefited, please select "all ages."

**Ethnicity of your clients/customers/patients, etc.**

**Gender**

Please indicate which gender you provide services to. If your program is not gender specific, please choose "all."

**Type of Support****Certification**

By checking this box, I certify, to the best of my knowledge and belief, that all information included in this report is true, accurate, and complete.

**Certification Statement Flag**

No

**Certification Statement Signer's Name****Certification Statement Date**

3/5/2019