

By: Public Works Department

Adopted: June 24, 2013

Vote: Buswell, Harris, Lovell, Sullivan-Leonard, Wall and Woodruff in favor

**City of Wasilla
Resolution Serial No. 13-15**

A resolution of the Wasilla City Council accepting an Alaska Mental Health Trust Authority grant in the amount of \$15,000 for an Inclusive Playground at Newcomb Park.

WHEREAS, the Alaska Mental Health Trust Authority has provided a grant offer to the City of Wasilla in the amount \$15,000 for an inclusive playground at Newcomb Park; and

WHEREAS, this funding will be combined with grant funding from the Mat-Su Health Foundation in the amount of \$10,000 for the inclusive playground; and

WHEREAS, this project is sponsored by the Wasilla Sunrise Rotary Club with a total estimated cost of \$50,000 for materials with donated labor; and


WHEREAS, the Wasilla Sunrise Rotary Club is raising the balance of funding for this project that will provide inclusive playground equipment at Newcomb Park that is designed for children with and without physical disabilities.

NOW, THEREFORE, BE IT RESOLVED by the Wasilla City Council that it hereby accepts an Alaska Mental Health Trust Authority Grant in the amount of \$15,000 for an Inclusive Playground at Newcomb Park.

ADOPTED by the Wasilla City Council on June 24, 2013.


BERT L. COTTLE, Deputy Administrator

ATTEST:


KRISTIE SMITHERS, MMC, City Clerk

[SEAL]



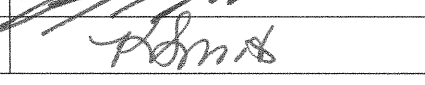

CITY COUNCIL LEGISLATION STAFF REPORT

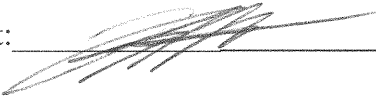
Resolution Serial No. 13-15: Accepting an Alaska Mental Health Trust Authority Grant in the amount of \$15,000 for an Inclusive Playground at Newcomb Park.

Originator: Public Works Director

Date: June 12, 2013

Agenda of: June 24, 2013

Route to:	Department Head	Signature	Date
X	Public Works Director		6/13/13
X	Finance Director		6-13-13
X	Deputy Administrator		6-14-13
X	City Clerk		6/17/13

Reviewed by Mayor Verne E. Rupright: 

Fiscal Impact: yes \$15,000

Funds Available: yes

Account name/number: Newcomb Park Playground/110-4520-452.45-58

Attachments: Alaska Mental Health Trust Authority Grant Agreement (5 pages)
Mat-Su Health Foundation Grant Award (1 page)

Summary Statement: The Wasilla Sunrise Rotary Club applied for grants from the Alaska Mental Health Trust Authority and Mat-Su Health Foundation to construct an Inclusive Playground at Newcomb Park that is designed for children with and without physical disabilities. The total cost of materials is approximately \$50,000 with donated labor. The Wasilla Sunrise Rotary Club is raising the balance of funding for this project.

Recommended Action: Adopt Resolution Serial No. 13-15.

ALASKA MENTAL HEALTH TRUST AUTHORITY

3745 Community Park Loop, Suite 200
Anchorage, AK 99508

FY14 Authority Grant Funding Agreement Project Title: Partnership: Inclusive Playground at Newcomb Park (FY14) Total: \$15,000.00 Term: 7/1/2013 - 8/31/2013 Authority Grant Type: Partnership GIFTS ID: 5064 (Please use this number in all grant correspondence)	
Alaska Mental Health Trust Authority 3745 Community Park Loop, Suite 200 Anchorage, AK 99508 Phone: 269-7960 Fax: 269-7966 www.mhtrust.org Trust Program Contact: Steve Williams	Project Contact: Dan Kennedy Title: CPA - volunteer for Archie Giddings, PE Name: City of Wasilla Address: 290 E. Herning Ave. Wasilla, Alaska 99654 Phone: (907) 982-6430

I. General Agreement

The purpose of this agreement is to provide **City of Wasilla** with **\$15,000.00** from the Alaska Mental Health Trust Authority (the Trust) for the **Partnership: Inclusive Playground at Newcomb Park (FY14)**.

City of Wasilla and the Trust, in consideration of the funding of this project, establish the following agreed upon conditions.

II. Project Description

The Wasilla Sunrise Rotary Club is planning to construct an inclusive playground at Newcomb Park on Wasilla Lake. Upon the needs assessment of the Community, it was determined there was a demand for services for residents with physical and or developmental disabilities. The proposed playground will be next to a new playground that was begun by the City last fall. The playground equipment obtained through this grant will be purchased through **Exerplay, Inc.**

City of Wasilla will negotiate and monitor contracts for the project. Invoices from contractors are to be submitted to **City of Wasilla** for payment by **City of Wasilla**.

III. Project Performance Measures

Provide a report that addresses successes, challenges and lessons learned during the implementation of this project. Please include:
a) Photographs of Trust beneficiaries using the completed park facilities.
b) Official documentation that the playground has met required safety inspections and standards and is ready for public use.
c) A final list of funding partners and amounts provided.

IV. Budget Agreement

The Trust agrees to fund **City of Wasilla** in the amount of **\$15,000.00** with the understanding that funding is as outlined below:

Project Funding	Trust Amount
Approved Trust Funding:	\$15,000.00
Mat-Su Health Foundation, pending	\$15,000.00
Rotary International - Dist. 5010 designated funds, pending	\$5,000.00
Harold Newcomb Trust - confirmed	\$10,000.00
MTA, MEA, MVFCU and other private donations.	\$5,000.00

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Wasilla Sunrise Rotary Club, confirmed	\$5,000.00
Totals	\$55,000.00

Project Budget	
Equipment	\$15,000.00
Grant Total for FY14	\$15,000.00

It is understood that the Trust cannot advance funds or reimburse **City of Wasilla** for any anticipated or actual expenditures that has not been documented and agreed to pursuant to this agreement.

V. Payment Provisions

Payment of funds will be made on a reimbursable basis, with the **City of Wasilla** submitting an invoice and report detailing program activity and expenses for the Trusts funds. Disbursement will be made upon approval of invoice and report by the Trust Program Officer. Billings are not to exceed **\$15,000.00**.

Payment Schedule	
Grant Total for FY14	\$15,000.00

Estimates, contracts, or receipts and other required information will be submitted to:
Lucas Lind, Grants Administrator
Alaska Mental Health Trust Authority
3745 Community Park Loop, Suite 200
Anchorage, AK 99508

VI. Reporting Requirements

Program and Fiscal Reports:

City of Wasilla will submit to the Trust, program and fiscal information as determined in this agreement.

A comprehensive final grant report will be due within **60** days of the conclusion of the project, **on or before October 31, 2013**.

All grant reports are to be submitted online through **IGAM**, the Trust's online grant reporting application/reporting system. This report can be found at the Trust's website, www.mhtrust.org, in the grant opportunities section. The address for the online report is:

https://www.grantrequest.com/SID_259/Default.asp?CT=CT&SA=AM&FID=&SESID=21953&RL=

The link to online reports can also be found at the Trust's grant opportunities webpage:

<http://www.mhtrust.org/index.cfm?section=Trust-Funding&page=Grant-Opportunities>

Please contact **Michael Baldwin**, Grants Accountability Manager (907-269-7969) or **Lucas Lind**, Grants Administrator (907-269-7999) with any questions about grant reporting.

Project Reporting Schedule
Final Project Report: On or Before October 31, 2013

Grant reports should contain the following information:

1. Responses to the performance measures found in Section III of this agreement.

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2. A financial report showing expenditures to date. This report should utilize the same categories as listed in Section IV of this agreement.
3. If additional information is needed to respond to performance measures or to document expenses, please include this as attachments to the main report.

Compliance with specific terms and expenditures as required by the Trust are subject to approval by the Trust. Release of continued funding is conditional upon approval of this report by the Trust.

It is further understood all fiscal reports submitted to the Trust are subject to audit by the Trust or its designee.

Untimely reports may result in an interruption or delay in your receiving project funds.

Upon request, **City of Wasilla** will submit other information and reports relating to its activities under this project as requested by The Trust.

All reports and required information will be submitted to:
Lucas Lind, Grants Administrator
Alaska Mental Health Trust Authority
3745 Community Park Loop, Suite 200
Anchorage, AK 99508

VII. Financial Requirements

The Trust and **City of Wasilla** hereby agree that:

1. **City of Wasilla** and the Trust will comply with applicable laws, 20 AAC 40.010 – 20 AAC 40.990 and other applicable regulations and policies, and the terms and conditions contained in this agreement.
2. Subject to the availability of spending authority to the Trust to fund this project, the approved grant will be the total amount of the grant. The Trust will provide **City of Wasilla** written notification if funding under this grant is revoked, rescinded, reduced, or otherwise withheld, and the effective date of such action.
3. Funds awarded in this project may be suspended or terminated by written notice from the Trust to **City of Wasilla** any time for violation by **City of Wasilla** of any terms and conditions of this agreement.
4. Proposed changes in the approved project budget shall be submitted in writing by **City of Wasilla** and, if approved by the Trust, will be incorporated as a part of this project on the date of approval in writing by the Trust.
5. **City of Wasilla** will retain all receipts. Records must be maintained in a manner that would satisfy an audit conducted by **City of Wasilla** the Trust, the State of Alaska, or any other auditing entity.
6. Advances must be requested by submission of binding estimates or contracts for services.
7. Reimbursements must be requested by **submission of written invoices**.

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8. Alaska Mental Health Trust Authority funds are state financial assistance and subject to state single audit requirements under 2 AAC 45. For more information about the state single audit program, please visit the state single audit website at: <http://doa.alaska.gov/dof/ssa/index.html> or contact the State Single Audit Coordinator at (907) 465-4666.

VIII. Program Requirements

City of Wasilla agrees to comply with the following terms and conditions and provide documentation of program compliance upon request:

1. **City of Wasilla** will provide the Trust copies of reports provided to other granting entities associated with this project.
2. The Trust has the right, either directly or through a designated representative, to visit **City of Wasilla** on site.
3. **City of Wasilla** will indemnify and hold the Trust harmless from claims arising from the **City of Wasilla** use of Authority Grant funds.
4. The **City of Wasilla** will comply with the requirements of the Civil Rights Act of 1964, as amended, the Employment Opportunity Act; the Age Discrimination Act of 1975; the Alaska Administrative Order 129; and Section 504 of the Rehabilitation Act of 1973 in employing staff, serving clients, and as otherwise appropriate.
5. **City of Wasilla** will provide a smoke free workplace for all clients and staff. This requirement is to ensure compliance with the federal "Certification Regarding Environmental Tobacco Smoke."
6. No part of funds paid under this Project shall be used for the purpose of lobbying activities before the Alaska State Legislature.
7. **City of Wasilla** will comply with all applicable State and Federal fire, health, safety, and sanitation codes.
8. All grant correspondence must contain this project's GIFTS ID #: **5064**.
9. All changes of intent for this project, including budget modifications **must** be submitted in writing to the Trust for approval.

IX. Other Special Conditions

Other special conditions of this grant agreement: No Yes, see below:

1. **City of Wasilla** will reference the trust as a funding partner in all written, broadcast or online materials related to this project. Please contact the Trust for media guidelines and additional information.

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X. Signatures

With the signatures below, the above project conditions are hereby agreed to and accepted based on the proposal submitted and the terms agreed to in this agreement. The undersigned is authorized to enter into this agreement on behalf of the **City of Wasilla**.

Authorized Signature: _____

Printed Name: _____

Title: _____

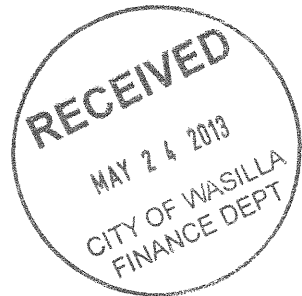
Date: _____

Lucas Lind, Grants Administrator
Alaska Mental Health Trust Authority

Date

Delisa Culpepper, Chief Operating Officer
Alaska Mental Health Trust Authority

Date



April 24, 2013

Dan Kennedy
290 E. Herning Avenue
Wasilla, AK 99654

Dear Mr. Kennedy,

We are pleased to advise you that a Target Wellness Grant of \$10,000.00 was approved. These funds are designated for the Newcomb Park, Wasilla. A check for that amount is enclosed.

By endorsing and depositing this check, you warrant that there has been no change in your I.R.S. tax classification as an organization described in Internal Revenue Service Code sections 501(c)(3) and 509(a)(1), (2) or (3).

Please log into your account, click on the "requirements" tab. Here, you will find a grant agreement outlining requirements and restrictions related to the grant. Please complete the agreement and submit it online and make note of the reporting requirements deadline(s) associated with this grant. The following information articulates:

- 1. When your grant agreement, interim (if applicable), and final reports are due

Scheduled Date	Type
7/1/2013	Grant Agreement
6/2/2014	Final Report

- 2. Any reporting requirements outlined in your grant agreement.
 - 1. Site Visit upon completion
 - 2. Letter of commitment from the City of Wasilla regarding operating/maintaining the new equipment.

To complete the agreement and follow-up report(s), you must be authorized to approve use of these grant funds, i.e. someone who is authorized to sign contracts on behalf of the organization such as the Executive Director or Chair of the Board of Directors. By providing your name, the date and checking the box as indicated, you are stating that you and the organization agree to abide by the terms of the grant agreement.

We extend our best wishes to you for continued success and look forward to hearing about your accomplishments during the year. It is a pleasure to be among your current supporters.

Respectfully,

Sharon Scott
Program Officer
Mat-Su Health Foundation

Check #6618