



Homer City Hall

491 E. Pioneer Avenue

Homer, Alaska 99603

www.cityofhomer-ak.gov

City of Homer

Agenda

City Council Regular Meeting

Monday, March 23, 2020 at 6:00 PM

Cowles Council Chambers

CALL TO ORDER, PLEDGE OF ALLEGIANCE

Councilmembers Evensen, Venuti, and Hansen-Cavasos request telephonic participation.

AGENDA APPROVAL (Addition of items to or removing items from the agenda will be by unanimous consent of the Council. HCC 2.08.040.)

MAYORAL PROCLAMATIONS AND RECOGNITIONS

PUBLIC COMMENT ON MATTERS ALREADY ON THE AGENDA

RECONSIDERATION

CONSENT AGENDA (Items listed below will be enacted by one motion. If a separate discussion is desired on an item, that item may be removed from the Consent Agenda and placed on the Regular Meeting Agenda at the request of a Councilmember.)

- a. Homer City Council unapproved Special Meetings of February 25 and 26, 2020, March 9, 2020 and Regular Meeting Minutes of March 9, 2020. Recommend adoption. (Supplemental Packet)
- b. Memorandum 20-041 from Mayor re: Reappointment to the Library Advisory Board and Economic Development Advisory Commission. Recommend approval.
- c. Memorandum 20-042 from Deputy City Clerk re: Liquor License Renewals for Capt. Pattie's Fish House, Little Mermaid, Save U More Liquor #6, Salty Dawg, BPO Elks Lodge #2127 Recommend Approval.
- d. Resolution 20-027, A Resolution of the Homer City Council Adopting a Point of Dispensing Plan as Part of the City of Homer Emergency Operations Plan. City Manager/Fire Chief.
- e. Resolution 20-031, A Resolution of the City Council of Homer, Alaska, Assigning the Management and Use of the Old Homer Police Station to the Homer Volunteer Fire Department (HVFD) with Operating and Maintenance Costs Associated with the Building Funded out of the HVFD Budget. Smith.

VISITORS

- [a.](#) South Kenai Peninsula Opioid Task Force

ANNOUNCEMENTS / PRESENTATIONS / REPORTS (5 Minute limit per report)

- a. Committee of the Whole Report
- b. Mayor's Report
- c. Borough Report
- d. Library Advisory Board
- e. Planning Commission
- f. Economic Development Advisory Commission
- g. Parks Art Recreation and Culture Advisory Commission
- h. Port and Harbor Advisory Commission
 - [i.](#) Memorandum from Deputy City Planner re: Overslope Recommendations
- i. Americans with Disabilities Act Compliance Committee

PUBLIC HEARING(S)

ORDINANCE(S)

- [a.](#) Ordinance 20-14, An Ordinance of the City Council of Homer, Alaska, Amending Homer City Code Chapter 5.42, Single Use Plastic Carryout Bags, Section 5.42.040, Exceptions, to Change the Deadline for Providing Single-Use Plastic Carryout Bags from February 14, 2020 to September 15, 2020. Smith. Recommended dates: Introduction March 23, 2020, Public Hearing and Second Reading April 13, 2020.
- [b.](#) Emergency Ordinance 20-15, An Emergency Ordinance of the City Council of Homer, Alaska, Suspending the Proceedings of the City of Homer Advisory Commissions, Board and Committees for 60 Days or Until the COVID-19 Emergency Declaration is Lifted, with the exception of Planning Commission business Related to Quasi-Judicial and Other Time Sensitive Actions Legally Required in Homer City Code, Statute, Order or Regulation, and Review of City Leases on the Homer Spit by the Port and Harbor Advisory Commission. City Manager.
- [c.](#) Emergency Ordinance 20-16, An Emergency Ordinance of the City Council of Homer, Alaska, Amending the 2020 Budget by Appropriating Funds in the Amount of \$50,000 from the General Fund Fund Balance for the Purpose of COVID-19 Preparation and Response. City Manager.

- [d.](#) Emergency Ordinance 20-17, An Emergency Ordinance of the City Council of Homer, Alaska, to Allow for Telephonic Meetings of Homer City Council to Mitigate Spread of Novel COVID-19. City Manager.

CITY MANAGER'S REPORT

- [a.](#) City Manager's Report

PENDING BUSINESS

- [a.](#) Resolution 20-020(A), A Resolution of the City Council of Homer, Alaska Establishing a **Library Endowment** Field of Interest Fund with the Homer Foundation, Outlining the Process for Oversight of those Funds and Authorizing the City manager to Execute the Appropriate Documents. Aderhold/Venuti.

Resolution 20-020(A)(S), A Resolution of the City Council of Homer, Alaska Establishing a **Library Endowment** Field of Interest Fund with the Homer Foundation, Outlining the Process for Oversight of those Funds and Authorizing the City manager to Execute the Appropriate Documents. Aderhold/Venuti.

NEW BUSINESS

- [a.](#) Memorandum 20-040 from Councilmember Evensen re: Revisiting City Manager Candidates

RESOLUTIONS

- [a.](#) Resolution 20-028, A Resolution of the City Council of Homer, Alaska, Amending City of Homer Personnel Regulations, Chapter 1, Adding Section 1.8, Emergency or Disaster Declaration; Chapter 3, Amending Section 3.9, Emergency Appointments; and Chapter 5, Amending Section 5.9.3, Exempt Employees. City Manager/Personnel Director.
- [b.](#) Resolution 20-029, A Resolution of the City Council of Homer, Alaska, Ratifying the Disaster Emergency Declaration Issued for the City of Homer and Extending the Declaration Due to the Current and Expected Impacts of the COVID-19 Novel Coronavirus Pandemic. Mayor.
- [c.](#) Resolution 20-030, A Resolution of the City Council of Homer, Alaska, Approving an Employment Contract for Interim City Manager with Marvin Yoder and Authorizing the Mayor to Execute the Appropriate Documents. City Manager.

COMMENTS OF THE AUDIENCE

COMMENTS OF THE CITY ATTORNEY

COMMENTS OF THE CITY CLERK

COMMENTS OF THE CITY MANAGER

COMMENTS OF THE MAYOR

COMMENTS OF THE CITY COUNCIL

ADJOURNMENT

Next Regular Meeting is Monday, April 13, 2020, at 6:00 p.m. Committee of the Whole at 5:00 p.m. All meetings are scheduled to be held in the City Hall Cowles Council Chambers located at 491 E. Pioneer Avenue, Homer, Alaska.



City of Homer

www.cityofhomer-ak.gov

Office of the Mayor

491 East Pioneer Avenue
Homer, Alaska 99603

mayor@ci.homer.ak.us

(p) 907-235-3130

(f) 907-235-3143

Memorandum 20-041

TO: HOMER CITY COUNCIL
FROM: MAYOR CASTNER
DATE: MARCH 18, 2020
SUBJECT: RE-APPOINTMENTS TO THE ECONOMIC DEVELOPMENT ADVISORY
COMMISSION AND THE LIBRARY ADVISORY BOARD

Clark Fair to be reappointed to the Library Advisory Board for a three year term to expire April 1, 2023.

Karin Marks to be reappointed to the Economic Development Advisory Commission for a three year term to expire April 1, 2023.

Recommendation: Confirm the reappointments of Clark Fair to the Library Advisory Board and Karin Marks to the Economic Development Advisory Commission



Advisory Body Application For Reappointment to Committees, Commissions, Board & Task Forces

Office of the City Clerk

491 East Pioneer Avenue

Homer, Alaska 99603

Phone: (907) 235-3130

Fax: (907) 235-3143

clerk@cityofhomer-ak.gov

The Information provided on this form will provide the basic information to the Mayor and City Council on your interest in serving on the selected Advisory Body. It is considered public and will be included in the City Council meeting packet. This information will be published in the City Directory and within city web pages if you are reappointed by the Mayor and your reappointment is confirmed by the City Council.

APPLICANT INFORMATIONFull Name: CLARK BRYAN FAIRPhysical Address Where you Claim Residency: 4445 TUNDRA ROSE ROAD
HOMER, ALASKA 99603Mailing Address: P.O. BOX 2773 City: HOMER State: AK Zip: 99603Phone: N/A Email: c.fair@live.comCell#: 907-398-9364 Work #: N/A**ADVISORY BODY YOU ARE REQUESTING REAPPOINTMENT TO:**☐ ADVISORY PLANNING COMMISSION☐ PARKS, ART, RECREATION & CULTURE ADVISORY COMMISSION☐ PORT & HARBOR ADVISORY COMMISSION☐ ECONOMIC DEVELOPMENT ADVISORY COMMISSION☒ LIBRARY ADVISORY BOARD☐ OTHER – PLEASE INDICATE _____**CITY OF HOMER PUBLIC OFFICIAL CONFLICT OF INTEREST DISCLOSURE STATEMENT**Do you have a current Public Official Conflict of Interest Disclosure Statement on file with the City Clerk as required by HCC 1.18.043? ☒ Yes ☐ No**PLEASE PROVIDE THE FOLLOWING**Do you fill a seat for a City Resident ☒ or Non Resident ☐Has your residency changed since your last appointment? ☐ Yes ☒ No

PLEASE PROVIDE THE FOLLOWING

How long have you served on the advisory body?

About 2+ years.

Please briefly explain why you wish to be reappointed to the Advisory Body to which you currently serve. This may include information on accomplishments or projects completed, future goals for the body, or any additional information that may assist the Mayor in the decision making process. (You may attach an additional page if needed)

I hope to continue assisting with the overall mission of the board. There's always more to do, and I feel qualified to be an important part of that effort. I have previously stated my interests in education and literacy, and I'll avoid some redundancy by not repeating myself now.

Thank you

Please list any current memberships or organizations that you belong to related to the advisory body you serve on:



Advisory Body Application For Reappointment to Committees, Commissions, Board & Task Forces

MAR 11 2020 PM 12:23 *pk*

Office of the City Clerk

491 East Pioneer Avenue

Homer, Alaska 99603

Phone: (907) 235-3130

Fax: (907) 235-3143

clerk@cityofhomer-ak.gov

The Information provided on this form will provide the basic information to the Mayor and City Council on your interest in serving on the selected Advisory Body. It is considered public and will be included in the City Council meeting packet. This information will be published in the City Directory and within city web pages if you are reappointed by the Mayor and your reappointment is confirmed by the City Council.

APPLICANT INFORMATION

Full Name: KARIN Johnson MARKS

Physical Address Where you Claim Residency: 202^W Pioneer Ave #C Homer AK

Mailing Address: same as above City: _____ State: _____ Zip: _____

Phone: 907-235-7974 Email: weskar70@gmail.com

Cell#: 907-202-4748 Work #: _____

ADVISORY BODY YOU ARE REQUESTING REAPPOINTMENT TO:

- ☐ ADVISORY PLANNING COMMISSION
- ☐ PARKS, ART, RECREATION & CULTURE ADVISORY COMMISSION
- ☐ PORT & HARBOR ADVISORY COMMISSION
- ☒ ECONOMIC DEVELOPMENT ADVISORY COMMISSION
- ☐ LIBRARY ADVISORY BOARD
- ☐ OTHER – PLEASE INDICATE _____

CITY OF HOMER PUBLIC OFFICIAL CONFLICT OF INTEREST DISCLOSURE STATEMENT

Do you have a current Public Official Conflict of Interest Disclosure Statement on file with the City Clerk as required by HCC 1.18.043? ☒ Yes ☐ No

PLEASE PROVIDE THE FOLLOWING

Do you fill a seat for a City Resident ☒ or Non Resident ☐

Has your residency changed since your last appointment? ☐ Yes ☒ No

PLEASE PROVIDE THE FOLLOWING

How long have you served on the advisory body?

Jan 12, 2015

Please briefly explain why you wish to be reappointed to the Advisory Body to which you currently serve. This may include information on accomplishments or projects completed, future goals for the body, or any additional information that may assist the Mayor in the decision making process. (You may attach an additional page if needed)

I have been involved in many of the recent projects and accomplishments of the EDC (BR+E Survey, Wayfinding + streetscape ordinances, improving the city's response to economic development) some of them are still in the process of being worked on to completion. I would like the opportunity to see these items through.

As a business + land owner in Homer and a resident for most of 30 years and have participated in non profits and other bodies of the city government (Public Art Commission, HERC Task Force) I feel I bring depth and history to the EDC. I also would like to see the EDC set specific goals to work on in the future including workforce development and increase winter business.

Thank you for this consideration + opportunity

Please list any current memberships or organizations that you belong to related to the advisory body you serve on:

Pioneer Ave Task Force

Homer Council of the Arts

Homer Chamber of Commerce

Ball Museum

Hospice of Homer



City of Homer

www.cityofhomer-ak.gov

Office of the City Clerk

491 East Pioneer Avenue
Homer, Alaska 99603

clerk@cityofhomer-ak.gov

(p) 907-235-3130

(f) 907-235-3143

Memorandum 20-042

TO: MAYOR CASTNER AND HOMER CITY COUNCIL

FROM: RENEE KRAUSE, MMC, DEPUTY CITY CLERK

DATE: MARCH 16, 2020

SUBJECT: LIQUOR LICENSE RENEWAL APPLICATIONS FOR CAPT. PATTIES FISH HOUSE,
LITTLE MERMAID AND SAVE-U-MORE LIQUOR #6, SALTY DAWG, BPO ELKS
LODGE #2127

The City Clerk's Office has been notified by the Alcohol and Marijuana Control Office of Liquor License Renewal Applications within the City of Homer for the following business:

License Type: Beverage Dispensary
License #: 1002
DBA Name: Salty Dawg Saloon
Service Location: 4380 Homer Spit Road, Homer, AK 99603
Licensee: Sdawg, Inc.
Contact Person: Cecilia Rockett

License Type: Club
License #: 367
DBA Name: BPO Elks Lodge #2127
Service Location: 215 Jenny Way, Homer, AK 99603
Licensee: BPO Elks Lodge #2127
Contact Name: Jan C Jonker

License Type: Package Store
License #: 4221
DBA Name: Save U More Liquor #6
Service Location: 3611 Greatland Street, Homer, AK 99603
Licensee: Castle Liquor, Inc.
Contact Person: Deserae Shipman

License Type: Restaurant Eating Place
License #: 3210
DBA Name: Little Mermaid
Service Location: 162 W Pioneer Avenue, Homer, AK 99603
Licensee: Voglco, LLC
Contact Person: Mary Vogl

License Type: Restaurant/Eating Place
License #: 2673
DBA Name: Captain Patties Fish House
Service Location: 4241 Homer Spit Rd. #1, Homer, AK 99603
Licensee: Captain Patties Fish House, Inc.
Contact Person: Patty Hensley

RECOMMENDATION

Voice non-objection and approval for the liquor license renewal.

Fiscal Note: Revenues



City of Homer

www.cityofhomer-ak.gov

Police Department

4060 Heath Street
Homer, Alaska 99603

police@cityofhomer-ak.gov
(p) 907-235-3150
(f) 907-235-3151/ 907-226-3009

Memorandum

TO: HOMER CITY CLERK

CC: LISA LINEGAR, COMMUNICATIONS SUPERVISOR

FROM: LIEUTENANT RYAN BROWNING

DATE: MARCH 13, 2020

SUBJECT: LIQUOR LICENSE RENEWAL APPLICATIONS FOR SALTY DAWG SALOON AND ELKS LODGE

The Homer Police Department does not have any objections to the following liquor license renewals:

License Type: Beverage Dispensary
License #: 1002
DBA Name: Salty Dawg Saloon
Service Location: 4380 Homer Spit Road, Homer, AK 99603
Licensee: Sdawg, Inc.
Contact Person: Cecilia Rockett

License Type: Club
License #: 367
DBA Name: BPO Elks Lodge #2127
Service Location: 215 Jenny Way, Homer, AK 99603
Licensee: BPO Elks Lodge #2127
Contact Name: Jan C Jonker



City of Homer

www.cityofhomer-ak.gov

Police Department

4060 Heath Street
Homer, Alaska 99603

police@cityofhomer-ak.gov
(p) 907-235-3150
(f) 907-235-3151/ 907-226-3009

Memorandum

TO: RENEE KRAUSE, MMC, DEPUTY CITY CLERK
CC: LISA LINEGAR, COMMUNICATIONS SUPERVISOR
FROM: MARK ROBL, POLICE CHIEF
DATE: MARCH 12, 2020
SUBJECT: CAPT. PATTIES FISH HOUSE, LITTLE MERMAID AND SAVE-U-MORE LIQUOR #6

The Homer Police Department has no objection to the Liquor License Renewal Application within the City of Homer for the following businesses:

License Type: Package Store
License #: 4221
DBA Name: Save U More Liquor #6
Service Location: 3611 Greatland Street
Homer, AK 99603
Licensee: Castle Liquor, Inc.
Contact Person: Deserae Shipman

License Type: Restaurant Eating Place
License #: 3210
DBA Name: Little Mermaid
Service Location: 162 W Pioneer Avenue,
Homer, AK 99603
Licensee: Voglco, LLC
Contact Person: Mary Vogl

License Type: Restaurant/Eating Place
License #: 2673
DBA Name: Captain Patties Fish House
Service Location: 4241 Homer Spit Rd. #1
Homer, AK 99603
Licensee: Captain Patties Fish House, Inc.
Contact Person: Patty Hensley



Office of the Borough Clerk

144 North Binkley Street, Soldotna, Alaska 99669 • (907) 714-2160 • (907) 714-2388 Fax

Johni Blankenship, MMC
Borough Clerk

March 17, 2020

Sent via email: clerk@ci.homer.ak.us

Homer City Hall
City of Homer Clerk

RE: Non-Objection of Application

Licensee/Applicant	:	B.P.O. ELKS LODGE #2127
Business Name	:	BPO Elks Lodge #2127 (HOMER)
License Type	:	Club
License Location	:	215 W. Jenny Way, Homer, AK 99603, City of Homer
License No.	:	367
Application Type	:	License Renewal

Dear Ms. Jacobsen,

This serves to advise that the Kenai Peninsula Borough has reviewed the above referenced application and has no objection.

Should you have any questions, or need additional information, please do not hesitate to let us know.

Sincerely,

Johni Blankenship, MMC
Borough Clerk

JB/ts

Encl.

cc: homerelk@gci.net; clerk@ci.homer.ak.us; DCooper@kpb.us; SNess@kpb.us



Office of the Borough Clerk

144 North Binkley Street, Soldotna, Alaska 99669 • (907) 714-2160 • (907) 714-2388 Fax

Johni Blankenship, MMC
Borough Clerk

March 17, 2020

Sent via email: clerk@ci.homer.ak.us

Homer City Hall
City of Homer Clerk

RE: Non-Objection of Application

Licensee/Applicant	:	Sdawg, Inc.
Business Name	:	Salty Dawg Saloon
License Type	:	Beverage Dispensary
License Location	:	4380 Homer Spit Road, Homer, AK 99603, City of Homer
License No.	:	1002
Application Type	:	License Renewal

Dear Ms. Jacobsen,

This serves to advise that the Kenai Peninsula Borough has reviewed the above referenced application and has no objection.

Should you have any questions, or need additional information, please do not hesitate to let us know.

Sincerely,

Johni Blankenship, MMC
Borough Clerk

JB/ts

Encl.

cc: saltydawgsaloonak@gmail.com; clerk@ci.homer.ak.us; DCooper@kpb.us;
SNess@kpb.us



Office of the Borough Clerk

144 North Binkley Street, Soldotna, Alaska 99669 • (907) 714-2160 • (907) 714-2388 Fax

Johni Blankenship, MMC
Borough Clerk

March 11, 2020

Sent via email: clerk@ci.homer.ak.us

Homer City Hall
City of Homer Clerk

RE: Non-Objection of Application

Licensee/Applicant	:	Captain Patties Fish House, Inc.
Business Name	:	Captain Patties Fish House
License Type	:	Restaurant/Eating Places - Seasonal
License Location	:	4241 Homer Spit Road #1, Homer, AK 99603, City of Homer
License No.	:	2673
Application Type	:	License Renewal

Dear Ms. Jacobsen,

This serves to advise that the Kenai Peninsula Borough has reviewed the above referenced application and has no objection.

Should you have any questions, or need additional information, please do not hesitate to let us know.

Sincerely,

Johni Blankenship, MMC
Borough Clerk

JB/ts

Encl.

cc: pattyhensley1@hotmail.com; clerk@ci.homer.ak.us; DCooper@kpb.us;
SNess@kpb.us



Office of the Borough Clerk

144 North Binkley Street, Soldotna, Alaska 99669 • (907) 714-2160 • (907) 714-2388 Fax

Johni Blankenship, MMC
Borough Clerk

March 11, 2020

Sent via email: clerk@ci.homer.ak.us

Homer City Hall
City of Homer Clerk

RE: Non-Objection of Application

Licensee/Applicant	:	Voglco, LLC
Business Name	:	Little Mermaid
License Type	:	Restaurant/Eating Places
License Location	:	162 W. Pioneer Avenue, Homer, AK 99603
License No.	:	3210
Application Type	:	License Renewal

Dear Ms. Jacobsen,

This serves to advise that the Kenai Peninsula Borough has reviewed the above referenced application and has no objection.

Should you have any questions, or need additional information, please do not hesitate to let us know.

Sincerely,

Johni Blankenship, MMC
Borough Clerk

JB/ts

Encl.

cc: kathyvogl@yahoo.com; clerk@ci.homer.ak.us; DCooper@kpb.us; SNess@kpb.us



Office of the Borough Clerk

144 North Binkley Street, Soldotna, Alaska 99669 • (907) 714-2160 • (907) 714-2388 Fax

Johni Blankenship, MMC
Borough Clerk

March 11, 2020

Sent via email: clerk@ci.homer.ak.us

Homer City Hall
City of Homer Clerk

RE: Non-Objection of Application

Licensee/Applicant	:	Castle Liquor, Inc.
Business Name	:	SAVE-U-MORE LIQUOR #6
License Type	:	Package Store
License Location	:	3611 Greatland Street, Homer, AK 99603
License No.	:	4221
Application Type	:	License Renewal

Dear Ms. Jacobsen,

This serves to advise that the Kenai Peninsula Borough has reviewed the above referenced application and has no objection.

Should you have any questions, or need additional information, please do not hesitate to let us know.

Sincerely,

Johni Blankenship, MMC
Borough Clerk

JB/ts

Encl.

cc: gerlindekonrad@gmail.com; clerk@ci.homer.ak.us; DCooper@kpb.us;
SNess@kpb.us



THE STATE
of **ALASKA**
GOVERNOR MICHAEL J. DUNLEAVY

**Department of Commerce, Community,
and Economic Development**

ALCOHOL & MARIJUANA CONTROL OFFICE

550 West 7th Avenue, Suite 1600

Anchorage, AK 99501

Main: 907.269.0350

March 5, 2020

City of Homer

Kenai Peninsula Borough

Via Email: clerk@cityofhomer-ak.gov ; jblankenship@kpb.us ; Dhenry@kpb.us ; JRodgers@kpb.us ;
SNess@kpb.us ; joanne@borough.kenai.ak.us ; tshassetz@kpb.us

Re: Notice of 2020/2021 Liquor License Renewal Application

2673	Captain Patties Fish House	Restaurant/Eating Place
3210	Little Mermaid	Restaurant/Eating Place
4221	Save-U-More Liquor #6	Package Store

We have received a completed renewal application for the above listed license (see attached application documents) within your jurisdiction. This is the notice required under AS 04.11.480.

A local governing body may protest the approval of an application(s) pursuant to AS 04.11.480 by furnishing the director **and** the applicant with a clear and concise written statement of reasons for the protest within 60 days of receipt of this notice, and by allowing the applicant a reasonable opportunity to defend the application before a meeting of the local governing body, as required by 3 AAC 304.145(d). If a protest is filed, the board will deny the application unless the board finds that the protest is arbitrary, capricious, and unreasonable.

To protest the application referenced above, please submit your written protest within 60 days, and show proof of service upon the applicant and proof that the applicant has had a reasonable opportunity to defend the application before a meeting of the local governing body.

Sincerely,

A handwritten signature in black ink, appearing to read "Glen Klinkhart".

Glen Klinkhart, Director

amco.localgovernmentonly@alaska.gov



Alaska Alcoholic Beverage Control Board

Restaurant or Eating Place License

Form AB-17a: 2020/2021 Renewal License Application

What is this form?

This renewal license application form is required for all individuals or entities seeking to apply for renewal of an existing restaurant or eating place liquor license that is due to renew by December 31, 2019. All fields of this form must be complete and correct, or the application will be returned to you in the manner in which it was received, per AS 04.11.270 and 3 AAC 304.105. The Community Council field only should be verified/completed by licensees whose establishments are located within the Municipality of Anchorage or outside of city limits within the Matanuska-Susitna Borough.

This form must be completed and submitted to AMCO's main office before any license renewal application will be reviewed. Receipt and/or processing of renewal payments by AMCO staff neither indicates nor guarantees that an application will be considered complete, or that a license will be renewed.

Section 1 – Establishment and Contact Information

Enter information for the business seeking to have its license renewed. If any populated information is incorrect, please contact AMCO.

Licensee:	Captain Patties Fish House, Inc.	License #:	2673
License Type:	Restaurant/Eating Place		
Doing Business As:	Captain Patties Fish House		
Premises Address:	4241 Homer Spit Road #1		
Local Governing Body:	City of Homer (Kenai Peninsula Borough)		
Community Council:	None		

Mailing Address:	PO Box 210				
City:	Anchorage	State:	AK	ZIP:	99556

Enter information for the individual who will be designated as the primary point of contact regarding this application. This individual must be a licensee who is required to be listed in and authorized to sign this application.

Contact Licensee:	Patty Hensley	Contact Phone:	907-399-1925
Contact Email:	Patty.hensley1@hotmail.com		

Optional: If you wish for AMCO staff to communicate with an individual who is not a licensee named on this form (eg: legal counsel) about this application and other matters pertaining to the license, please provide that person's contact information in the fields below.

Name of Contact:		Contact Phone:	
Contact Email:			

**Form AB-17a: 2020/2021 Restaurant Renewal License Application****Section 2 – Entity or Community Ownership Information**

Licensees who directly hold a license as an individual or individuals should skip to Section 3. General partnerships and local governments should skip to the second half of this page. All licensees that are **corporations** or **LLCs** must complete this section. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations, Business & Professional Licensing (CBPL). The CBPL Entity # below is **neither** your EIN/tax ID number, **nor** your business license number. **You may view your entity's status or find your CBPL entity number by visiting the following site:** <https://www.commerce.alaska.gov/cbp/main/search/entities>

Alaska CBPL Entity #:	739780
-----------------------	--------

You must ensure that you are able to certify the following statement before signing your initials in the box to the right: Initials

I certify that this entity is in good standing with CBPL and that all current entity officials and stakeholders (listed below) are also currently and accurately listed with CBPL.



This subsection must be completed by any **community** or **entity**, including a corporation, limited liability company, partnership, or limited partnership, that is applying for renewal. If more space is needed, please attach additional completed copies of this page.

- If the applicant is a **corporation**, the following information must be completed for each **shareholder who owns 10% or more** of the stock in the corporation, and for each **president, vice-president, secretary, and managing officer**.
- If the applicant is a **limited liability organization**, the following information must be completed for each **member with an ownership interest of 10% or more**, and for each **manager**.
- If the applicant is a **partnership**, including a limited partnership, the following information must be completed for each **partner with an interest of 10% or more**, and for each **general partner**.

Important Note: The information provided in the below fields (including spelling of names, specific titles, and percentages held) must match that which is listed with CBPL. If one individual holds multiple titles mentioned in the bullets above, all titles must be listed for that individual on this application and with CBPL. Failure to list all required titles constitutes an incomplete application. **You must list ALL of your qualifying officials, additional copies of this page or a separate sheet of paper may be submitted if necessary.**

Name of Official:	Patty Hershey			
Title(s):	Pres.	Phone:	907-399-1925	% Owned: 100
Mailing Address:	PO Box 210			
City:	Anchor PT	State:	AK	ZIP: 99504

Name of Official:	John Michels			
Title(s):	Sec/Treas.	Phone:	399-1902	% Owned: 5
Mailing Address:	PO Box 210			
City:	Anchor PT.	State:	AK	ZIP: 99504

Name of Official:				
Title(s):		Phone:		% Owned: 5
Mailing Address:				
City:		State:		ZIP:

AMCO
FEB 11 2021

**Form AB-17a: 2020/2021 Restaurant Renewal License Application****Section 3 – Sole Proprietor Ownership Information**

Entities, such as corporations or LLCs, should skip this section. This section must be completed by any licensee who directly holds the license as an **individual or multiple individuals** and is applying for license renewal. If more space is needed, please attach a separate sheet that includes all of the required information.

The following information must be completed for each licensee and each affiliate.

This individual is an: ☐ applicant ☐ affiliate

Name:				Contact Phone:	
Mailing Address:					
City:		State:		ZIP:	
Email:					

This individual is an: ☐ applicant ☐ affiliate

Name:				Contact Phone:	
Mailing Address:					
City:		State:		ZIP:	
Email:					

Section 4 – Alcohol Server Education

Read the line below, and then sign your initials in the box to the right of the statement:

Initials

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of a patron have completed an alcohol server education course approved by the ABC Board and keep current, valid copies of their course completion cards on the licensed premises during all working hours, as set forth in AS 04.21.025 and 3 AAC 304.465.

**Section 5 – License Operation**

Check a **single box** for each calendar year that best describes how this liquor license was operated:

2018 2019

The license was regularly operated continuously throughout each year.



The license was regularly operated during a specific season each year.



The license was only operated to meet the minimum requirement of 240 total hours each calendar year.

If this box is checked, a complete copy of Form AB-30: Proof of Minimum Operation Checklist, and all necessary documentation must be provided with this application.



The license was not operated at all or was not operated for at least the minimum requirement of 240 total hours each year, during one or both of the calendar years.

If this box is checked, a complete copy of Form AB-29: Waiver of Operation Application and corresponding fees must be submitted with this application for each calendar year during which the license was not operated for at least the minimum requirement, unless a complete copy of the form (including fees) has already been submitted for that year.



Notice of Violation

(3AAC 304.625)

Information provided and responses are public documents per Alaska Public Information Act

Date: [Redacted] License #/Type: #2673 Restaurant/Eating Place
Licensee: John Patties Fish House, Inc. Address: 4241 Homer Spit Road Homer, AK
DB: John Patties Fish House AMCO Case #: 19-0740

This notice is given to you as licensee that an alleged violation has occurred. If the Alcoholic Beverage Control Board decides against your license, under the provisions of AS 44.62.330 - AS 44.62.630 (Administrative Procedures Act) you will receive a written decision and Notice of your right to an Administrative Hearing.

Note: This is not an accusation or a criminal complaint.

On 12-19, an inspection was conducted at your establishment. It was noted that the premises had significantly expanded. The expansion was not approved by the Director. Licensee John Michale was asked to provide proof of server education to which he replied he works in the back and was unaware he had to have it. It was explained to him that as a licensee and a supervisor he is required to have server education.

Your attention is directed to 3AAC 304.184: Licensed premises, AS 04.21.025: Alcohol server education, AS 04.21.030: Responsibility of licensees, agents, and employees and AS 04.16.150: Licensee responsible for violations

You are directed to respond in writing to this Notice of Violation within 10 days of receipt to explain what action you have taken to prevent a re-occurrence of this violation. FAILURE TO RESPOND TO THIS NOTICE OF VIOLATION WITHIN 10 DAYS WILL RESULT IN YOUR APPEARANCE, EITHER IN PERSON OR TELEPHONICALLY, BEFORE THE ABC BOARD AT THEIR NEXT REGULARLY SCHEDULED BOARD MEETING.

***Please send your response to the address below and include your alcohol license number in your response.**

3 AAC 304.185 (B) provides that upon receipt of a Notice of Violation, a licensee may request to appear before the Director and be heard on the violation. The request must be made within ten days after receipt of the Notice and the Director must grant an appearance without cost to the licensee. A Licensee shall respond, either orally or in writing, to the Notice.

Alcoholic Beverage Control Office
ATTN: Enforcement
550 West 1st Avenue, Suite 1600
Anchorage, Alaska 99501
amco.enforcement@alaska.gov

Issued by: J. Hamilton

Received by:

SIGNATURE: [Redacted]

Delivered by: Mail

Date:

AMCO

From: [John Michels](#)
To: [CED AMCO Enforcement \(CED sponsored\)](#)
Subject: Notice of Violation - Captain Pattie's Fish House - License #2673
Date: Tuesday, May 28, 2019 11:52:17 AM

May 28, 2019

ATTN: Enforcement

In response to the notice of violation dated 05/10/2019, and received today, the following corrections have taken place:

1. Captain Pattie's instantly made the correction of serving alcohol ONLY in the original part of the establishment originally approved. The expansion went through the process of approvals by engineers, architects, City of Homer authorities and the Fire Marshalls and it was believed the ABC Board had also been notified. I emailed the Amended Premises Diagram Friday, May 24 2019 with the necessary corrections, signatures and fee.
2. I am the author of this response. My name is John Michels. I am not a server, never have been and was also unaware I am required to obtain and hold a server education card. I have scheduled myself to attend the next class conducted at the Best Western Bidarka Inn in Homer and taught by David Ahlberg. I contacted him instantly after being notified by Officer Hamilton during his inspection of our premises.

Captain Pattie's has had no violations since we opened in 2000 nor have we ever intended to do so. We are well respected by the community, the local and state police and the City of Homer. We contribute to numerous nonprofit organizations, charities and individuals in need. We will continue to do so if allowed.

Sincerely,

John Michel, owner
Captain Pattie's Fish House, Inc.

**Form AB-17a: 2020/2021 Restaurant Renewal License Application****Section 6 – Violations and Convictions**

Applicant violations and convictions in calendar years 2018 and 2019:

Yes No

Have any notices of violation (NOVs) been issued for this license in the calendar years 2018 or 2019? See Attached

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Has any person or entity named in this application been convicted of a violation of Title 04, of 3 AAC 304, or a local ordinance adopted under AS 04.21.010 in the calendar years 2018 or 2019?

If "Yes" to either of the previous two questions, attach a separate page to this application listing all NOVs and/or convictions.

Section 7 – Certifications

Read each line below, and then sign your initials in the box to the right of each statement:

Initials

I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application, and that in accordance with AS 04.11.450, no one other than the licensee(s) has a direct or indirect financial interest in the licensed business.

☒

I certify that I have not altered the functional floor plan or reduced or expanded the area of the licensed premises, and I have not changed the business name or the ownership (including officers, managers, general partners, or stakeholders) from what is currently approved and on file with the Alcoholic Beverage Control (ABC) Board.

☒

I certify on behalf of myself or of the organized entity that I understand that providing a false statement on this form or any other form provided by AMCO is grounds for rejection or denial of this application or revocation of any license issued.

☒

I am submitting as part of this application a completed copy of Form AB-33: Restaurant Receipts Affidavit, to provide evidence to the ABC Board that this establishment met the food sales requirement set forth in AS 04.11.100(e).

☒

As an applicant for a liquor license renewal, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 304, and that this application, including all accompanying schedules and statements, is true, correct, and complete. I agree to provide all information required by the Alcoholic Beverage Control Board or AMCO staff in support of this application and understand that failure to do so by any deadline given to me by AMCO staff will result in this application being returned to me as incomplete.

Signature of licensee

Printed name of licensee

MARILEE A NIELSEN
Notary Public
State of Washington
My Appointment Expires Jul 20, 2020

Signature of Notary Public

My commission expires:

Subscribed and sworn to before me this 26 day of Dec, 2019

Seasonal License?

Yes

No

☒☐If "Yes", write your six-month operating period: 4/15 - 10/15

License Fee:	\$ 600.00 <u>300</u>	Application Fee:	\$ 300.00	TOTAL:	\$ 900.00 <u>600</u>
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):					

12-26-19

Dear Amco,

I am requesting my license # 2673
be moved back to a seasonal license
for 2020/2021 renewal.

I have also enclosed documentation
on the violation I was issued 5/10/19.

Please e-mail me (patty@nensley1@hotmail.com)
or call 907-399-1925, with any questions.

Thank you,

Patty Nensley

CAPT. Patricia Fish House, Inc.

AMCO

DEC 30 2019



Alaska Alcoholic Beverage Control Board
Restaurant or Eating Place License
Form AB-17a: 2020/2021 Renewal License Application

What is this form?

This renewal license application form is required for all individuals or entities seeking to apply for renewal of an existing restaurant or eating place liquor license that is due to renew by December 31, 2019. All fields of this form must be complete and correct, or the application will be returned to you in the manner in which it was received, per AS 04.11.270 and 3 AAC 304.105. The Community Council field only should be verified/completed by licensees whose establishments are located within the Municipality of Anchorage or outside of city limits within the Matanuska-Susitna Borough.

This form must be completed and submitted to AMCO's main office before any license renewal application will be reviewed. Receipt and/or processing of renewal payments by AMCO staff neither indicates nor guarantees that an application will be considered complete, or that a license will be renewed.

Section 1 – Establishment and Contact Information

Enter information for the business seeking to have its license renewed. If any populated information is incorrect, please contact AMCO.

Licensee:	Voglco LLC	License #:	3210
License Type:	Restaurant/Eating Place		
Doing Business As:	Little Mermaid		
Premises Address:	162 W Pioneer Avenue		
Local Governing Body:	City of Homer (Kenai Peninsula Borough)		
Community Council:	None		

Mailing Address:	P.O. Box 3350				
City:	Homer	State:	AK	ZIP:	99603

Enter information for the individual who will be designated as the primary point of contact regarding this application. This individual **must be a licensee** who is required to be listed in and authorized to sign this application.

Contact Licensee:	Mary Vogl	Contact Phone:	907-435-7142
Contact Email:	Kathyvogl@yahoo.com		

Optional: If you wish for AMCO staff to communicate with an individual who is not a licensee named on this form (eg: legal counsel) about this application and other matters pertaining to the license, please provide that person's contact information in the fields below.

Name of Contact:		Contact Phone:	
Contact Email:			

AMCO

**Form AB-17a: 2020/2021 Restaurant Renewal License Application****Section 2 – Entity or Community Ownership Information**

Licensees who directly hold a license as an individual or individuals should skip to Section 3. General partnerships and local governments should skip to the second half of this page. All licensees that are corporations or LLCs must complete this section. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations, Business & Professional Licensing (CBPL). The CBPL Entity # below is neither your EIN/tax ID number, nor your business license number. You may view your entity's status or find your CBPL entity number by visiting the following site: <https://www.commerce.alaska.gov/cbp/main/search/entities>

Alaska CBPL Entity #:	10112776
-----------------------	----------

You must ensure that you are able to certify the following statement before signing your initials in the box to the right: Initials

I certify that this entity is in good standing with CBPL and that all current entity officials and stakeholders (listed below) are also currently and accurately listed with CBPL.

This subsection must be completed by any community or entity, including a corporation, limited liability company, partnership, or limited partnership, that is applying for renewal. If more space is needed, please attach additional completed copies of this page.

- If the applicant is a corporation, the following information must be completed for each *shareholder who owns 10% or more of the stock in the corporation*, and for each *president, vice-president, secretary, and managing officer*.
- If the applicant is a limited liability organization, the following information must be completed for each *member with an ownership interest of 10% or more*, and for each *manager*.
- If the applicant is a partnership, including a limited partnership, the following information must be completed for each *partner with an interest of 10% or more*, and for each *general partner*.

Important Note: The information provided in the below fields (including spelling of names, specific titles, and percentages held) must match that which is listed with CBPL. If one individual holds multiple titles mentioned in the bullets above, all titles must be listed for that individual on this application and with CBPL. Failure to list all required titles constitutes an incomplete application. You must list **ALL** of your qualifying officials, additional copies of this page or a separate sheet of paper may be submitted if necessary.

Name of Official:	Evan Vogt				
Title(s):	Member	Phone:	907-435-7141	% Owned:	50
Mailing Address:	PO Box 3350				
City:	Homer	State:	AK	ZIP:	99603

Name of Official:	Mary Vogt				
Title(s):	member	Phone:	907-435-7142	% Owned:	50
Mailing Address:	PO Box 3350				
City:	Homer	State:	AK	ZIP:	99603

Name of Official:					
Title(s):		Phone:		% Owned:	
Mailing Address:					
City:		State:		ZIP:	



Form AB-17a: 2020/2021 Restaurant Renewal License Application

Section 3 – Sole Proprietor Ownership Information

Entities, such as corporations or LLCs, should skip this section. This section must be completed by any licensee who directly holds the license as an **individual or multiple individuals** and is applying for license renewal. If more space is needed, please attach a separate sheet that includes all of the required information.

The following information must be completed for each licensee and each affiliate.

This individual is an: ☐ applicant ☐ affiliate

Name:		Contact Phone:	
Mailing Address:			
City:		State:	
Email:		ZIP:	

This individual is an: ☐ applicant ☐ affiliate

Name:		Contact Phone:	
Mailing Address:			
City:		State:	
Email:		ZIP:	

Section 4 – Alcohol Server Education

Read the line below, and then sign your initials in the box to the right of the statement:

Initials

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of a patron have completed an alcohol server education course approved by the ABC Board and keep current, valid copies of their course completion cards on the licensed premises during all working hours, as set forth in AS 04.21.025 and 3 AAC 304.465.

Section 5 – License Operation

Check a **single box** for each calendar year that best describes how this liquor license was operated:

2018 2019

The license was regularly operated continuously throughout each year.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
-------------------------------------	-------------------------------------

The license was regularly operated during a specific season each year.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

The license was only operated to meet the minimum requirement of 240 total hours each calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If this box is checked, a complete copy of Form AB-30: Proof of Minimum Operation Checklist, and all necessary documentation must be provided with this application.

The license was not operated at all or was not operated for at least the minimum requirement of 240 total hours each year, during one or both of the calendar years.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If this box is checked, a complete copy of Form AB-29: Waiver of Operation Application and corresponding fees must be submitted with this application for each calendar year during which the license was not operated for at least the minimum requirement, unless a complete copy of the form (including fees) has already been submitted for that year.



Form AB-17a: 2020/2021 Restaurant Renewal License Application

Section 6 – Violations and Convictions

Applicant violations and convictions in calendar years 2018 and 2019:

Yes No

Have any notices of violation (NOVs) been issued for this license in the calendar years 2018 or 2019?☐ ☒

Has any person or entity named in this application been convicted of a violation of Title 04, of 3 AAC 304, or a local ordinance adopted under AS 04.21.010 in the calendar years 2018 or 2019?

☐ ☒

If "Yes" to either of the previous two questions, attach a separate page to this application listing all NOVs and/or convictions.

Section 7 – Certifications

Read each line below, and then sign your initials in the box to the right of each statement:

Initials

I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application, and that in accordance with AS 04.11.450, no one other than the licensee(s) has a direct or indirect financial interest in the licensed business.

☐

I certify that I have not altered the functional floor plan or reduced or expanded the area of the licensed premises, and I have not changed the business name or the ownership (including officers, managers, general partners, or stakeholders) from what is currently approved and on file with the Alcoholic Beverage Control (ABC) Board.

☐

I certify on behalf of myself or of the organized entity that I understand that providing a false statement on this form or any other form provided by AMCO is grounds for rejection or denial of this application or revocation of any license issued.

☐

I am submitting as part of this application a completed copy of Form AB-33: Restaurant Receipts Affidavit, to provide evidence to the ABC Board that this establishment met the food sales requirement set forth in AS 04.11.100(e).

☐

As an applicant for a liquor license renewal, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 304, and that this application, including all accompanying schedules and statements, is true, correct, and complete. I agree to provide all information required by the Alcoholic Beverage Control Board or AMCO staff in support of this application and understand that failure to do so by any deadline given to me by AMCO staff will result in this application being returned to me as incomplete.

Signature of licensee

Signature of Notary Public

Printed name of licensee

Notary Public in and for the State of AlaskaMy commission expires: 3/21/2020Subscribed and sworn to before me this 24 day of January, 2020.Seasonal License? Yes ☐ No ☒

If "Yes", write your six-month operating period: _____

License Fee:	\$ 600.00	Application Fee:	\$ 300.00	TOTAL:	\$ 900.00
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):					



Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
alcohol.licensing@alaska.gov
<https://www.commerce.alaska.gov/web/amco>
Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Package Store License

Form AB-17b: 2020/2021 Renewal License Application

What is this form?

This renewal license application form is required for all individuals or entities seeking to apply for renewal of an existing package store liquor license that is due to renew by December 31, 2019. All fields of this form must be complete and correct, or the application will be returned to you in the manner in which it was received, per AS 04.11.270 and 3 AAC 304.105. The Community Council field only should be verified/completed by licensees whose establishments are located within the Municipality of Anchorage or outside of city limits within the Matanuska-Susitna Borough.

This form must be completed and submitted to AMCO's main office before any license renewal application will be reviewed. Receipt and/or processing of renewal payments by AMCO staff neither indicates nor guarantees that an application will be considered complete, or that a license will be renewed.

Section 1 – Establishment and Contact Information

Enter information for the business seeking to have its license renewed. If any populated information is incorrect, please contact AMCO.

Licensee:	Castle Liquor Inc.	License #:	4221
License Type:	Package Store		
Doing Business As:	Save-U-More Liquor #6		
Premises Address:	3611 Greatland		
Local Governing Body:	City of Homer (Kenai Peninsula Borough)		
Community Council:	None		

Mailing Address:	PO Box 58547		
City:	Seattle	State:	WA
		ZIP:	98138

Enter information for the individual who will be designated as the primary point of contact regarding this application. This individual **must be a licensee** who is required to be listed in and authorized to sign this application.

Contact Licensee:	Gerlinde Konrad	Contact Phone:	253-854-0208
Contact Email:	gerlindekonrad@gmail.com		

Optional: If you wish for AMCO staff to communicate with an individual who is **not a licensee** named on this form (eg: legal counsel) about this application and other matters pertaining to the license, please provide that person's contact information in the fields below.

Name of Contact:	Deserae Shipman	Contact Phone:	253-854-0208
Contact Email:	inorex@comcast.net		



Alaska Alcoholic Beverage Control Board

Form AB-17b: 2020/2021 Package Store Renewal License Application

Section 2 – Entity or Community Ownership Information

Licensees who directly hold a license as an individual or individuals should skip to Section 3. General partnerships and local governments should skip to the second half of this page. All licensees that are **corporations** or **LLCs** must complete this section. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations, Business & Professional Licensing (CBPL). The CBPL Entity # below is **neither** your EIN/tax ID number, **nor** your business license number. **You may view your entity's status or find your CBPL entity number by visiting the following site:** <https://www.commerce.alaska.gov/cbp/main/search/entities>

Alaska CBPL Entity #:	43171D
-----------------------	--------

You must ensure that you are able to certify the following statement before signing your initials in the box to the right: Initials

I certify that this entity is in good standing with CBPL and that all current entity officials and stakeholders (listed below) are also currently and accurately listed with CBPL.

UC

This subsection must be completed by any **community** or **entity**, including a corporation, limited liability company, partnership, or limited partnership, that is applying for renewal. If more space is needed, please attach additional completed copies of this page.

- If the applicant is a **corporation**, the following information must be completed for each **shareholder who owns 10% or more** of the stock in the corporation, and for each **president, vice-president, secretary, and managing officer**.
- If the applicant is a **limited liability organization**, the following information must be completed for each **member with an ownership interest of 10% or more**, and for each **manager**.
- If the applicant is a **partnership**, including a limited partnership, the following information must be completed for each **partner with an interest of 10% or more**, and for each **general partner**.

Important Note: The information provided in the below fields (including spelling of names, specific titles, and percentages held) must match that which is listed with CBPL. If one individual holds multiple titles mentioned in the bullets above, all titles must be listed for that individual on this application and with CBPL. Failure to list all required titles constitutes an incomplete application. **You must list ALL of your qualifying officials, additional copies of this page or a separate sheet of paper may be submitted if necessary.**

Name of Official:	Valentin Caspar				
Title(s):	President	Phone:	253-851-0208	% Owned:	100
Mailing Address:	PO Box 58547				
City:	Seattle	State:	WA	ZIP:	98138

Name of Official:	Gerlinde Konrad				
Title(s):	Secretary	Phone:	253-851-0208	% Owned:	
Mailing Address:	6122 Yakima				
City:	Tacoma	State:	WA	ZIP:	98444

Name of Official:					
Title(s):		Phone:		% Owned:	
Mailing Address:					
City:		State:		ZIP:	



Alaska Alcoholic Beverage Control Board

Form AB-17b: 2020/2021 Package Store Renewal License Application

Section 3 – Sole Proprietor Ownership Information

Entities, such as corporations or LLCs, should skip this section. This section must be completed by any licensee who directly holds the license as an **individual or multiple individuals** and is applying for license renewal. If more space is needed, please attach a separate sheet that includes all of the required information.

The following information must be completed for each licensee and each affiliate.

This individual is an: ☐ applicant ☐ affiliate

Name:				Contact Phone:	
Mailing Address:					
City:		State:		ZIP:	
Email:					

This individual is an: ☐ applicant ☐ affiliate

Name:				Contact Phone:	
Mailing Address:					
City:		State:		ZIP:	
Email:					

Section 4 – Alcohol Server Education

Read the line below, and then sign your initials in the box to the right of the statement:

Initials

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of a patron have completed an alcohol server education course approved by the ABC Board and keep current, valid copies of their course completion cards on the licensed premises during all working hours, as set forth in AS 04.21.025 and 3 AAC 304.465.

Section 5 – License Operation

Check a single box for each calendar year that best describes how this liquor license was operated:

2018 2019

The license was regularly operated continuously throughout each year.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
-------------------------------------	-------------------------------------

The license was regularly operated during a specific season each year.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

The license was only operated to meet the minimum requirement of 240 total hours each calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If this box is checked, a complete copy of Form AB-30: Proof of Minimum Operation Checklist, and all necessary documentation must be provided with this application.

The license was not operated at all or was not operated for at least the minimum requirement of 240 total hours each year, during one or both of the calendar years.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If this box is checked, a complete copy of Form AB-29: Waiver of Operation Application and corresponding fees must be submitted with this application for each calendar year during which the license was not operated for at least the minimum requirement, unless a complete copy of the form (including fees) has already been submitted for that year.



Alaska Alcoholic Beverage Control Board

Form AB-17b: 2020/2021 Package Store Renewal License Application

Section 6 – Written Orders

Written orders in calendar years 2020 and 2021:

Yes No

Do you intend to sell alcoholic beverages and ship them to another location in response to written solicitation in calendar years 2020 and/or 2021?

☐ ☒

Section 7 – Violations and Convictions

Applicant violations and convictions in calendar years 2018 and 2019:

Yes No

Have any notices of violation (NOVs) been issued for this license in the calendar years 2018 or 2019?

☐ ☒

Has any person or entity named in this application been convicted of a violation of Title 04, of 3 AAC 304, or a local ordinance adopted under AS 04.21.010 in the calendar years 2018 or 2019?

☐ ☒

If "Yes" to either of the previous two questions, attach a separate page to this application listing all NOVs and/or convictions.

Section 8 – Certifications

Read each line below, and then sign your initials in the box to the right of each statement:

Initials

I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application, and that in accordance with AS 04.11.450, no one other than the licensee(s) has a direct or indirect financial interest in the licensed business.

☒

I certify that I have not altered the functional floor plan or reduced or expanded the area of the licensed premises, and I have not changed the business name or the ownership (including officers, managers, general partners, or stakeholders) from what is currently approved and on file with the Alcoholic Beverage Control (ABC) Board.

☒

I certify on behalf of myself or of the organized entity that I understand that providing a false statement on this form or any other form provided by AMCO is grounds for rejection or denial of this application or revocation of any license issued.

☒

As an applicant for a liquor license renewal, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 304, and that this application, including all accompanying schedules and statements, is true, correct, and complete. I agree to provide all information required by the Alcoholic Beverage Control Board or AMCO staff in support of this application and understand that failure to do so by any deadline given to me by AMCO staff will result in this application being returned to me as incomplete.

Signature of licensee

Printed name of licensee

Signature of Notary Public

Notary Public and for the State of

My commission expires:

Subscribed and sworn to before me this 27th day of February, 2020.

Seasonal License? ☐ Yes ☐ No

If "Yes", write your six-month operating period: _____

License Fee:	\$ 1500.00	Application Fee:	\$ 300.00	TOTAL:	\$ 1800.00
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):					1800.00



THE STATE
of **ALASKA**
GOVERNOR MICHAEL J. DUNLEAVY

**Department of Commerce, Community,
and Economic Development**

ALCOHOL & MARIJUANA CONTROL OFFICE
550 West 7th Avenue, Suite 1600
Anchorage, AK 99501
Main: 907.269.0350

March 13, 2020

City of Homer

Kenai Peninsula Borough

Via Email: clerk@cityofhomer-ak.gov ; jblankenship@kpb.us ; Dhenry@kpb.us ; JRodgers@kpb.us ;
SNess@kpb.us ; joanne@borough.kenai.ak.us ; tshassetz@kpb.us

Re: Notice of 2020/2021 Liquor License Renewal Application

License #	DBA	License Type
1002	Salty Dawg Saloon	Beverage Dispensary
367	BPO Elks Lodge #2127	Club

We have received a completed renewal application for the above listed license (see attached application documents) within your jurisdiction. This is the notice required under AS 04.11.480.

A local governing body may protest the approval of an application(s) pursuant to AS 04.11.480 by furnishing the director **and** the applicant with a clear and concise written statement of reasons for the protest within 60 days of receipt of this notice, and by allowing the applicant a reasonable opportunity to defend the application before a meeting of the local governing body, as required by 3 AAC 304.145(d). If a protest is filed, the board will deny the application unless the board finds that the protest is arbitrary, capricious, and unreasonable.

To protest the application referenced above, please submit your written protest within 60 days, and show proof of service upon the applicant and proof that the applicant has had a reasonable opportunity to defend the application before a meeting of the local governing body.

Sincerely,

A handwritten signature in black ink, appearing to read "Glen Klinkhart".

Glen Klinkhart, Director
amco.localgovernmentonly@alaska.gov



Alaska Alcoholic Beverage Control Board

Form AB-17: 2020/2021 Renewal License Application**What is this form?**

This renewal license application form is required for all individuals or entities seeking to apply for renewal of an existing liquor license that are due to renew by December 31, 2019. All fields of this form must be complete and correct, or the application will be returned to you in the manner in which it was received, per AS 04.11.270 and 3 AAC 304.105. The Community Council field only should be verified/completed by licensees whose establishments are located within the Municipality of Anchorage or outside of city limits within the Matanuska-Susitna Borough.

This form must be completed and submitted to AMCO's main office before any license renewal application will be reviewed. Receipt and/or processing of renewal payments by AMCO staff neither indicates nor guarantees that an application will be considered complete, or that a license will be renewed.

Section 1 – Establishment and Contact Information

Enter information for the business seeking to have its license renewed. If any populated information is incorrect, please contact AMCO.

Licensee:	BPO Elks Lodge #2127	License #:	367
License Type:	Club		
Doing Business As:	BPO Elks Lodge #2127		
Premises Address:	215 W Jenny Way		
Local Governing Body:	City of Homer (Kenai Peninsula Borough)		
Community Council:	None		
Mailing Address:	215 Jenny Way		
City:	Homer	State:	AK
		ZIP:	99603

Enter information for the individual who will be designated as the primary point of contact regarding this application. This individual **must be a licensee** who is required to be listed in and authorized to sign this application.

Contact Licensee:	JAN C. JONKER	Contact Phone:	907-235-2127
Contact Email:	homerelk@goi.net		

Optional: If you wish for AMCO staff to communicate with an individual who is not a licensee named on this form (eg: legal counsel) about this application and other matters pertaining to the license, please provide that person's contact information in the fields below.

Name of Contact:		Contact Phone:	
Contact Email:			

**Form AB-17: 2020/2021 Renewal License Application****Section 2 – Entity or Community Ownership Information**

Licensees who directly hold a license as an individual or individuals should skip to Section 3. General partnerships and local governments should skip to the second half of this page. All licensees that are **corporations** or **LLCs** must complete this section. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations, Business & Professional Licensing (CBPL). The CBPL Entity # below is **neither** your EIN/tax ID number, **nor** your business license number. **You may view your entity's status or find your CBPL entity number by visiting the following site:** <https://www.commerce.alaska.gov/cbp/main/search/entities>

Alaska CBPL Entity #:	5093D
-----------------------	-------

You must ensure that you are able to certify the following statement before signing your initials in the box to the right:

Initials

I certify that this entity is in good standing with CBPL and that all current entity officials and stakeholders (listed below) are also currently and accurately listed with CBPL.

This subsection must be completed by any **community** or **entity**, including a corporation, limited liability company, partnership, or limited partnership, that is applying for renewal. If more space is needed, please attach additional completed copies of this page.

- If the applicant is a **corporation**, the following information must be completed for each **shareholder who owns 10% or more** of the stock in the corporation, and for each **president, vice-president, secretary, and managing officer**.
- If the applicant is a **limited liability organization**, the following information must be completed for each **member with an ownership interest of 10% or more**, and for each **manager**.
- If the applicant is a **partnership**, including a limited partnership, the following information must be completed for each **partner with an interest of 10% or more**, and for each **general partner**.

Important Note: The information provided in the below fields (including spelling of names, specific titles, and percentages held) must match that which is listed with CBPL. If one individual holds multiple titles mentioned in the bullets above, all titles must be listed for that individual on this application and with CBPL. Failure to list all required titles constitutes an incomplete application. **You must list ALL of your qualifying officials, additional copies of this page or a separate sheet of paper may be submitted if necessary.**

Name of Official:	See Attached				
Title(s):		Phone:		% Owned:	
Mailing Address:					
City:		State:		ZIP:	

Name of Official:					
Title(s):		Phone:		% Owned:	
Mailing Address:					
City:		State:		ZIP:	

Name of Official:					
Title(s):		Phone:		% Owned:	
Mailing Address:					
City:		State:		ZIP:	

**Form AB-17: 2020/2021 Renewal License Application****Section 2 – Entity or Community Ownership Information**

Licensees who directly hold a license as an individual or individuals should skip to Section 3. General partnerships and local governments should skip to the second half of this page. All licensees that are **corporations** or **LLCs** must complete this section. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations, Business & Professional Licensing (CBPL). The CBPL Entity # below is **neither** your EIN/tax ID number, **nor** your business license number. **You may view your entity's status or find your CBPL entity number by using the following site:** <https://www.commerce.alaska.gov/cbp/main/search/entities>

Alaska CBPL Entity #:	5093D
-----------------------	-------

You must ensure that you are able to certify the following statement before signing your initials in the box to the right: Initials

I certify that this entity is in good standing with CBPL and that all current entity officials and stakeholders (listed below) are also currently and accurately listed with CBPL.

--

This subsection must be completed by any **community** or **entity**, including a corporation, limited liability company, partnership, or limited partnership, that is applying for renewal. If more space is needed, please attach additional completed copies of this page.

- If the applicant is a **corporation**, the following information must be completed for each **shareholder who owns 10% or more** of the stock in the corporation, and for each **president, vice-president, secretary, and managing officer**.
- If the applicant is a **limited liability organization**, the following information must be completed for each **member with an ownership interest of 10% or more**, and for each **manager**.
- If the applicant is a **partnership**, including a limited partnership, the following information must be completed for each **partner with an interest of 10% or more**, and for each **general partner**.

Important Note: The information provided in the below fields (including spelling of names, specific titles, and percentages held) must match that which is listed with CBPL. If one individual holds multiple titles mentioned in the bullets above, all titles must be listed for that individual on this application and with CBPL. Failure to list all required titles constitutes an incomplete application. **You must list ALL of your qualifying officials, additional copies of this page or a separate sheet of paper may be submitted if necessary.**

Name of Official:	Stephen Mueller				
Title(s):	President	Phone:	907-235-7748	% Owned:	0%
Mailing Address:	PO Box 1843				
City:	Homer	State:	AK	ZIP:	99603

Name of Official:	Benjamin D Spell				
Title(s):	Vice President	Phone:	907-687-9982	% Owned:	0%
Mailing Address:	POB 1978				
City:	Homer	State:	AK	ZIP:	99603

Name of Official:	Mr. Jan C Jonker				
Title(s):	Secretary	Phone:	907-435-7652	% Owned:	0%
Mailing Address:	422 Elderberry CT.				
City:	Homer	State:	AK	ZIP:	99603

**Form AB-17: 2020/2021 Renewal License Application****Section 3 – Sole Proprietor Ownership Information**

Entities, such as corporations or LLCs, should skip this section. This section must be completed by any licensee who directly holds the license as an **individual or multiple individuals** and is applying for license renewal. If more space is needed, please attach a separate sheet that includes all of the required information.

The following information must be completed for each licensee and each affiliate. *N/A*

This individual is an: ☐ applicant ☐ affiliate

Name:				Contact Phone:	
Mailing Address:					
City:		State:		ZIP:	
Email:					

This individual is an: ☐ applicant ☐ affiliate

Name:				Contact Phone:	
Mailing Address:					
City:		State:		ZIP:	
Email:					

Section 4 – Alcohol Server Education

This section must be completed only by the holder of a beverage dispensary, club, or pub license or conditional contractor's permit. The holders of all other license types should skip to Section 5.

Read the line below, and then sign your initials in the box to the right of the statement:

Initials

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of a patron have completed an alcohol server education course approved by the ABC Board and keep current, valid copies of their course completion cards on the licensed premises during all working hours, as set forth in AS 04.21.025 and 3 AAC 304.465.

ja

Section 5 – License Operation

Check a **single box** for each calendar year that best describes how this liquor license was operated:

2018 2019

The license was regularly operated continuously throughout each year.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
-------------------------------------	-------------------------------------

The license was regularly operated during a specific season each year.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

The license was only operated to meet the minimum requirement of 240 total hours each calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If this box is checked, a complete copy of Form AB-30: Proof of Minimum Operation Checklist, and all necessary documentation must be provided with this application.

The license was not operated at all or was not operated for at least the minimum requirement of 240 total hours each year, during one or both of the calendar years.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If this box is checked, a complete copy of Form AB-29: Waiver of Operation Application and corresponding fees must be submitted with this application for each calendar year during which the license was not operated for at least the minimum requirement, unless a complete copy of the form (including fees) has already been submitted for that year.



Form AB-17: 2020/2021 Renewal License Application

Section 6 – Violations and Convictions

Applicant violations and convictions in calendar years 2018 and 2019:

Yes No

Have any notices of violation (NOVs) been issued for this license in the calendar years 2018 or 2019?☐ ☒

Has any person or entity named in this application been convicted of a violation of Title 04, of 3 AAC 304, or a local ordinance adopted under AS 04.21.010 in the calendar years 2018 or 2019?

☐ ☒

If "Yes" to either of the previous two questions, attach a separate page to this application listing all NOVs and/or convictions.

Section 7 – Certifications

Read each line below, and then sign your initials in the box to the right of each statement:

Initials

I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application, and that in accordance with AS 04.11.450, no one other than the licensee(s) has a direct or indirect financial interest in the licensed business.

JCS

I certify that I have not altered the functional floor plan or reduced or expanded the area of the licensed premises, and I have not changed the business name or the ownership (including officers, managers, general partners, or stakeholders) from what is currently approved and on file with the Alcoholic Beverage Control Board.

JCS

I certify on behalf of myself or of the organized entity that I understand that providing a false statement on this form or any other form provided by AMCO is grounds for rejection or denial of this application or revocation of any license issued.

JCS

As an applicant for a liquor license renewal, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 304, and that this application, including all accompanying schedules and statements, is true, correct, and complete. I agree to provide all information required by the Alcoholic Beverage Control Board or AMCO staff in support of this application and understand that failure to do so by any deadline given to me by AMCO staff will result in this application being returned to me as incomplete.

Signature of licensee

Signature of Notary Public

Printed name of licensee

Notary Public in and for the State of

My commission expires: 1-11-2023

Subscribed and sworn to before me this 20 day of December, 2019.

Notary Public
DIANE L. SHOULTZ
State of AlaskaSeasonal License? ☐ Yes ☒ No

If "Yes", write your six-month operating period: _____

License Fee:	\$ 1200.00	Application Fee:	\$ 300.00	TOTAL:	\$ 1500.00
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):					1500.00



What is this form?

Form AB-17: 2020/2021 Renewal License Application

Alaska Alcoholic Beverage Control Board

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
alcohol.licensing@alaska.gov
<https://www.commerce.alaska.gov/web/amco>
Phone: 907.269.0350

This renewal license application form is required for all individuals or entities seeking to apply for renewal of an existing liquor license that are due to renew by December 31, 2019. All fields of this form must be complete and correct, or the application will be returned to you in the manner in which it was received, per AS 04.11.270 and 3 AAC 304.105. The Community Council field only should be verified/completed by licensees whose establishments are located within the Municipality of Anchorage or outside of city limits within the Matanuska-Susitna Borough.

This form must be completed and submitted to AMCO's main office before any license renewal application will be reviewed. Receipt and/or processing of renewal payments by AMCO staff neither indicates nor guarantees that an application will be considered complete, or that a license will be renewed.

Section 1 - Establishment and Contact Information

Enter information for the business seeking to have its license renewed. If any populated information is incorrect, please contact AMCO.

Licensee:	Sdawg Inc.	License #:	1002
License Type:	Beverage Dispensary		
Doing Business As:	Salty Dawg Saloon		
Premises Address:	4380 Homer Spit Road		
Local Governing Body:	City of Homer (Kenai Peninsula Borough)		
Community Council:	None		

Mailing Address:	P.O. Box 2581
City:	Homer
State:	AK
ZIP:	99603

Enter information for the individual who will be designated as the primary point of contact regarding this application. This individual must be a licensee who is required to be listed in and authorized to sign this application.

Contact Licensee:	JOHN L WARREN	Contact Phone:	907-349-5564
Contact Email:	saltydawgsaloonak@gmail.com		

Optional: If you wish for AMCO staff to communicate with an individual who is not a licensee named on this form (eg: legal counsel) about this application and other matters pertaining to the license, please provide that person's contact information in the fields below.

Name of Contact:	Gealia Rockett	Contact Phone:	907-399-7776
Contact Email:	saltydawgsaloonak@gmail.com		



Form AB-17: 2020/2021 Renewal License Application

Section 2 – Entity or Community Ownership Information

Licenses who directly hold a license as an individual or individuals should skip to Section 3. General partnerships and local governments should skip to the second half of this page. All licensees that are **corporations or LLCs** must complete this section. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations, Business & Professional Licensing (CBPL). The CBPL Entity # below is neither your EIN/tax ID number, nor your business license number. You may view your entity's status or find your CBPL entity number by visiting the following site: <https://www.commerce.alaska.gov/cbp/main/search/entities>

Alaska CBPL Entity #: 60345D

You must ensure that you are able to certify the following statement before signing your initials in the box to the right: Initials

I certify that this entity is in good standing with CBPL and that all current entity officials and stakeholders (listed below) are also currently and accurately listed with CBPL.

- This subsection must be completed by any **community or entity**, including a corporation, limited liability company, partnership, or limited partnership, that is applying for renewal. If more space is needed, please attach additional completed copies of this page.
- If the applicant is a **corporation**, the following information must be completed for each **shareholder who owns 10% or more of the stock in the corporation**, and for each **president, vice-president, secretary, and managing officer**.
 - If the applicant is a **limited liability organization**, the following information must be completed for each **member with an ownership interest of 10% or more**, and for each **manager**.
 - If the applicant is a **partnership**, including a limited partnership, the following information must be completed for each **partner with an interest of 10% or more**, and for each **general partner**.

Important Note: The information provided in the below fields (including spelling of names, specific titles, and percentages held) must match that which is listed with CBPL. If one individual holds multiple titles mentioned in the bullets above, all titles must be listed for that individual on this application and with CBPL. Failure to list all required titles constitutes an incomplete application. You must list **All of your qualifying officials**, additional copies of this page or a separate sheet of paper may be submitted if necessary.

Name of Official:	JOHN L. WAREAN	Title(s):	PRESIDENT	Phone:	907-399-5544	% Owned:	100
Mailing Address:	PO Box 3581						
City:	Juneau	State:	AK	ZIP:	99603		

Name of Official:		Title(s):		Phone:		% Owned:	
Mailing Address:							
City:		State:		ZIP:			

Name of Official:		Title(s):		Phone:		% Owned:	
Mailing Address:							
City:		State:		ZIP:			



Form AB-17: 2020/2021 Renewal License Application

Section 3 – Sole Proprietor Ownership Information

Entities, such as corporations or LLCs, should skip this section. This section must be completed by any licensee who directly holds the license as an individual or multiple individuals and is applying for license renewal. If more space is needed, please attach a separate sheet that includes all of the required information.

The following information must be completed for each licensee and each affiliate.

This individual is an: ☒ applicant ☐ affiliate

Name:	JOHN L. WARE			Contact Phone:	907.399.5564
Mailing Address:	P.O. Box 2581				
City:	Home	State:	AK	ZIP:	99603
Email:	saltydaus@gmail.com				

This individual is an: ☐ applicant ☐ affiliate

Name:				Contact Phone:	
Mailing Address:					
City:		State:		ZIP:	
Email:					

Section 4 – Alcohol Server Education

This section must be completed only by the holder of a beverage dispensary, club, or pub license or conditional contractor's permit. The holders of all other license types should skip to Section 5.

Read the line below, and then sign your initials in the box to the right of the statement:

Initials

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of a patron have completed an alcohol server education course approved by the ABC Board and keep current, valid copies of their course completion cards on the licensed premises during all working hours, as set forth in AS 04.21.025 and 3 AAC 304.465.



Section 5 – License Operation

Check a single box for each calendar year that best describes how this liquor license was operated:

2018 2019

The license was regularly operated continuously throughout each year.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
-------------------------------------	-------------------------------------

The license was regularly operated during a specific season each year.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

The license was only operated to meet the minimum requirement of 240 total hours each calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If this box is checked, a complete copy of Form AB-30: Proof of Minimum Operation Checklist, and all necessary documentation must be provided with this application.

The license was not operated at all or was not operated for at least the minimum requirement of 240 total hours each year, during one or both of the calendar years.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If this box is checked, a complete copy of Form AB-29: Waiver of Operation Application and corresponding fees must be submitted with this application for each calendar year during which the license was not operated for at least the minimum requirement, unless a complete copy of the form (including fees) has already been submitted for that year.



Alaska Alcoholic Beverage Control Board

Form AB-17: 2020/2021 Renewal License Application

Section 6 - Violations and Convictions

Applicant violations and convictions in calendar years 2018 and 2019:

Yes No

Have any notices of violation (NOVs) been issued for this license in the calendar years 2018 or 2019?

☒ ☐

Has any person or entity named in this application been convicted of a violation of Title 04, of 3 AAC 304, or a local ordinance adopted under AS 04.21.010 in the calendar years 2018 or 2019?

☒ ☐

If "Yes" to either of the previous two questions, attach a separate page to this application listing all NOVs and/or convictions.

Section 7 - Certifications

Read each line below, and then sign your initials in the box to the right of each statement:

Initials

I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application, and that in accordance with AS 04.11.450, no one other than the licensee(s) has a direct or indirect financial interest in the licensed business.

☒

I certify that I have not altered the functional floor plan or reduced or expanded the area of the licensed premises, and I have not changed the business name or the ownership (including officers, managers, general partners, or stakeholders) from what is currently approved and on file with the Alcoholic Beverage Control Board.

☒

I certify on behalf of myself or of the organized entity that I understand that providing a false statement on this form or any other form provided by AMCO is grounds for rejection or denial of this application or revocation of any license issued.

☒

As an applicant for a liquor license renewal, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 304, and that this application, including all accompanying schedules and statements, is true, correct, and complete. I agree to provide all information required by the Alcoholic Beverage Control Board or AMCO staff in support of this application and understand that failure to do so by any deadline given to me by AMCO staff will result in this application being returned to me as incomplete.

Signature of Notary Public

My commission expires: 5/2/23

Subscribed and sworn to before me this 25th day of November 2019

Notary Public in and for the State of Alaska

Signature of licensee

Printed name of licensee

Seasonal License?

☐ Yes

☒ No

If "Yes", write your six-month operating period:

NOTARY PUBLIC
LINDA LAFRAMBOISE
STATE OF ALASKA
My Commission Expires May 2, 2023

License Fee:	\$ 2500.00	Application Fee:	\$ 300.00	TOTAL:	\$ 2800.00
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):					
25800.00					

**CITY OF HOMER
HOMER, ALASKA**

City Manager/ Fire Chief

RESOLUTION 20-027

A RESOLUTION OF THE HOMER CITY COUNCIL ADOPTING A
POINT OF DISPENSING PLAN AS PART OF THE CITY OF HOMER
EMERGENCY OPERATIONS PLAN.

WHEREAS, The State of Alaska, under the direction of Homer Public Health, developed
a Point of Dispensing Plan (POD) for Homer last updated in November of 2018; and

WHEREAS, The City of Homer is a partner in the execution of the POD; and

WHEREAS, The City of Homer signed a Memorandum of Understanding in 2017 between
the Alaska Department of Health and Social Services Division of Public Health and the Kenai
Peninsula Borough School District that outlines the terms under which emergency medical
prophylaxis would be distributed in our community; and

WHEREAS, The City of Homer, along with regional stakeholders, has practiced the POD
plan in community wide drills; and

WHEREAS, It is appropriate that the POD be adopted as part of the City of Homer
Emergency Operations Plan (EOP); and

NOW, THEREFORE, BE IT RESOLVED that the Homer City Council hereby adopts the
State of Alaska Point of Dispensing Plan as an appendix to the City of Homer Emergency
Operations Plan.

PASSED AND ADOPTED by the Homer City Council this 23rd day of March, 2020.

CITY OF HOMER

KEN CASTNER, MAYOR

ATTEST:

MELISSA JACOBSEN, MMC, CITY CLERK

MEMORANDUM OF UNDERSTANDING

**Between the Alaska Department of Health and Social Services Division of Public Health
and the Kenai Peninsula Borough School District**

Concerning the

**Homer High School, Homer Middle School, and/or Chapman Elementary School for use as
a Primary/Alternate Point of Dispensing (POD) of Emergency Medical Prophylaxis**

PURPOSE

This Memorandum of Understanding (MOU) is made and entered into by the Alaska Department of Health and Social Services, Division of Public Health (ADHSS-DPH) represented in this agreement by HOMER PUBLIC HEALTH CENTER and the KENAI PENINSULA BOROUGH SCHOOL DISTRICT (KPBSD). The purpose of this MOU is to outline the terms under which the KENAI PENINSULA BOROUGH SCHOOL DISTRICT may dedicate for use as a Primary or Alternate Point of Dispensing (POD) of Emergency Medical Prophylaxis from the Centers for Disease Control and Prevention's (CDC) Strategic National Stockpile (SNS). This occurs in the event of a Public Health Emergency to establish an emergency pharmaceutical dispensing or vaccination clinic open to KENAI PENINSULA BOROUGH SCHOOL DISTRICT employees, students, family members and community members, as requested by the ADHSS-DPH and HOMER PUBLIC HEALTH CENTER and agreed to by the KENAI PENINSULA BOROUGH SCHOOL DISTRICT to provide prophylaxis to the community.

DEFINITIONS

1. Public Health Emergency: An incident that poses a threat to the health of the community. Such incidents could include, but are not limited to, naturally occurring large scale disease outbreaks, natural disasters and intentional or accidental releases of nerve agents, chemical agents, or biological pathogens.
2. Strategic National Stockpile (SNS): A national repository of antibiotics, chemical antidotes, antitoxins, life-support medications, IV administration, airway maintenance supplies, and medical/surgical items designed to supplement and re-supply state and local public health agencies in the event of a national emergency anywhere and at any time within the nation.
3. Point of Dispensing (POD): A mass dispensing site that is capable of providing medications (prophylaxis) or vaccinations to protect the population from biological threats or epidemics. Routine medical care is not provided in a POD.

4. Emergency Operations Center (EOC): The temporary or permanent physical location at which the coordination of information and resources, ^{to} support incident management activities.
5. DHSS Emergency Operations Center (EOC): The temporary or permanent physical location for the coordination of information and resources to support public health and medical response and support to disasters or disaster emergencies.

AUTHORITY

This Agreement is authorized under the provisions of Alaska Statutes: Chapter 18.05, Section 18.05.010 (b) (6), 18.09 and Sec. 18.15.390; Powers of the Department in a Public Health Disaster and is consistent with the goals and requirements of Presidential Policy Directive (PPD-8), dated: March 30, 2011.

This contract is made with reference to the following facts:

- The ADHSS-DPH will request and receive emergency prophylactic medications through the CDC SNS program following a widespread biological event, severe pandemic, or other large scale public health emergency and ADHSS-DPH will be responsible for delivering the same to local jurisdictions to protect potentially exposed populations in a highly efficient manner to save lives; and,
- The ADHSS-DPH and HOMER PUBLIC HEALTH CENTER will collaborate with the KENAI PENINSULA BOROUGH OFFICE OF EMERGENCY MANAGEMENT, designate suitable dispensing sites within the Borough to serve as a POD in the event that a public health emergency exists and ADHSS-DPH is required to provide prophylaxis to the community; and,
- KENAI PENINSULA BOROUGH SCHOOL DISTRICT has the capacity to serve as a Primary/Alternate POD in the event that community prophylaxis is necessary to address a public health emergency, and
- The ADHSS-DPH, and the KENAI PENINSULA BOROUGH SCHOOL DISTRICT intend to cooperate and collaborate to serve the community in such an event,
- ADHSS-DPH and the KENAI PENINSULA BOROUGH SCHOOL DISTRICT understand and mutually agree to the extent possible, with consideration to available resources, current federal, state, and local laws, policies, regulations, and procedures, to reciprocate assistance in accordance with the provisions of this MOU.

LIABILITY & FEDERAL IMMUNITY

1. None of the parties to this agreement waive any of their sovereign or statutory immunities that are otherwise available under United States, Alaska or Borough law, or provide any liability protections or indemnification to one another under this agreement.

2. The Public Readiness and Emergency Preparedness Act (PREP Act) sets forth the immunity for “covered persons” from tort claims related to, in this case, “covered countermeasure” following a PREP ACT declaration of public health emergency by the Health and Human Services (HHS) Secretary. The KENAI PENINSULA BOROUGH SCHOOL DISTRICT is considered a “covered person”, as defined in 42 U.S.C. 247d-6d(i). A “covered person” shall be immune from suit and liability under Federal and State law with respect to all claims for loss caused by, arising out of, relating to, or resulting from the administration to or the use by an individual of a covered countermeasure if a declaration of public health emergency has been issued” See 42 U.S.C. § 247d-6d.
3. KENAI PENINSULA BOROUGH SCHOOL DISTRICT by volunteering to be used as a dispensing site without any compensation for its use, is designated as an Open Point of Dispensing (POD) location.
4. In the event that property damage occurs when using KENAI PENINSULA BOROUGH SCHOOL DISTRICT facilities:
 - a) ADHSS-DPH shall be liable for any and all claims, demands, expenses, liabilities, and losses (including reasonable attorney’s fees) as a result of incidents or damages to the facility which may arise out of any acts or failures to act of ADHSS-DPH, its employees, agents, or contractor, in connection with the performances of dispensing services provided by HOMER PUBLIC HEALTH CENTER. Property damage to the facility shall be identified and reported to the appropriate ADHSS-DPH officials within 30 days of the dispensing site closing, and;
 - b) KENAI PENINSULA BOROUGH SCHOOL DISTRICT shall be liable for any and all claims, demands, expenses, liabilities, and losses (including reasonable attorney’s fees) as a result of incidents or damages to the Facility which may arise out of any acts or failures to act of the KENAI PENINSULA BOROUGH SCHOOL DISTRICT, its employees, agents or contractors, in connection with the performance of the services provided by the facility pursuant to this Agreement.
5. Property damage to KENAI PENINSULA BOROUGH SCHOOL DISTRICT PROPERTY not covered by any of the above conditions shall be the responsibility of the KENAI PENINSULA BOROUGH SCHOOL DISTRICT.

SCOPE

This agreement will be activated:

1. When a known threat of or an actual public health emergency exists and the ADHSS-DPH is required to coordinate and provide mass prophylaxis to the affected communities throughout the State, or

2. When KENAI PENINSULA BOROUGH OFFICE OF EMERGENCY MANAGEMENT in consultation with the HOMER PUBLIC HEALTH CENTER and/or ADHSS-DPH determine a local condition is imminent or exists that warrants the implementation/activation of the Borough's Emergency Operations Plan (EOP) and associated Pandemic Flu or POD Annex.

RESPONSIBILITIES

ADHSS-DPH

Medical Records

1. Ensure that the permanent medical record (or log/file) of the recipient indicates the following information as deemed necessary:
 - a. The date the medical countermeasure was dispensed
 - b. Information on the medical countermeasure including, but not limited to, product name, national drug control number, and lot number
 - c. The name and address of the person dispensing the medical countermeasure. Federal dispensing law requires: name/address of dispenser, prescription number, date of prescription, name of prescriber, name of patient (if stated on prescription), directions for use, and cautionary statements.
 - d. The edition date of the information statement (e.g., pre-printed drug information sheets) distributed
2. Ensure recipients medical record (or log/file) are stored in accordance with applicable HIPAA regulations

Planning:

1. Provide a point of contact person to answer questions that the facility personnel may have about these arrangements.
2. Develop plans and identify internal resources to support the dispensing of emergency medical prophylaxis to population estimates of both the average and likely maximum numbers of population described in the scope.
3. Follow all appropriate laws, regulations and policies.

Activation and Operation:

1. Assure the replacement or reimbursement to the facility for any consumable supplies (including telephone charges, faxes, copying supplies, etc.) that may be used by ADHSS-DPH in conducting mass dispensing clinics.
2. Assure health professionals will triage at the entrance of the facility and, to the best of their ability, prevent contagious people from entering the building.
3. Coordinate with KENAI PENINSULA BOROUGH OFFICE OF EMERGENCY MANAGEMENT, for the provision of security personnel.

4. Assure that any post-event cleanup that may be needed is performed.
5. Provide training for personnel who will staff the dispensing clinic.
6. Store, organize, and maintain pharmaceutical and medical materials delivered through the SNS for use at the dispensing site. For the purpose of this agreement, pharmaceutical and medical materials are defined as antibiotics, antidotes, vaccines, medical supplies and equipment, and certain controlled substances, which may be used to respond to an attack of chemical, biological, radiological, or explosive terrorism. In addition, medical material includes but is not limited to, equipment designated to support deployment and maintenance of pharmaceutical and medical materials such as specialized cargo containers and portable refrigeration units.
7. Coordinate request and receipt of SNS prophylactic medications from the CDC with the State Emergency Operations Center (SEOC) and the affected local jurisdiction(s) if not a statewide emergency.

Recovery:

1. Coordinate with KENAI PENINSULA BOROUGH OFFICE OF EMERGENCY MANAGEMENT and KENAI PENINSULA BOROUGH SCHOOL DISTRICT for pickup, retention or disposal of remaining materials.

RESPONSIBILITIES**KENAI PENINSULA BOROUGH SCHOOL DISTRICT****Planning:**

1. Allow facility to be visited by members of the HOMER PUBLIC HEALTH CENTER, local law enforcement, and, if applicable, the National Guard for the development and maintenance of a site dispensing plan.
2. Allow facility to be listed in a confidential annex to the KENAI PENINSULA BOROUGH OFFICE OF EMERGENCY MANAGEMENT EOP indicating support for dispensing of medications from the SNS.
3. Encourage facility staff to participate in training for personnel willing to serve as POD clinic volunteers.

Designate three points of contact in case of emergency:

1. An Administrative point of contact, who will serve as the primary point of contact. This person should have authority to open the building.
2. A Facilities point of contact, who will work with HOMER PUBLIC HEALTH CENTER staff to move tables, chairs, etc.
3. A 24hr point of contact. This can also be the Primary/Administrative point of contact.

Points of Contact

Primary/Administrative Point of Contact

Name: Sean Dusek

Title: Superintendent of Schools

Address: 148 N. Binkley St, Soldotna, AK 99669

Telephone: 714-8836

Email : SDusek@KPBSD.k12.ak.us

Facility Point of Contact:

Name: Julie Cisco

Title: Director of Planning and Operations

Address: 148 N. Binkley St, Soldotna, AK 99669

Telephone: (907)714-8820 or (907) 714-8875

Email : jcisco@kpbsd.k12.ak.us

24 Hour Point of Contact:

Name: Julie Cisco

Title: Director of Planning and Operations

Address: 148 N Binkley St, Soldotna, AK 99669

Telephone: (907) 714-8820 or (907) 714-8875

Email: jcisco@kpbsd.k12.ak.us

Operations:

1. Upon request from the ADHSS-DPH or the KENAI PENINSULA BOROUGH OFFICE OF EMERGENCY MANAGEMENT, facility personnel will permit, to extent of the facility's ability, the use of the physical facilities and available equipment to the HOMER PUBLIC HEALTH CENTER staff within 12 hours of the request. This will be for the time period being requested, for the intended purpose of dispensing clinics for disease prevention and control activities. This includes (but not limited to the following items):
(By manually marking the appropriate check boxes below KENAI PENINSULA BOROUGH SCHOOL DISTRICT acknowledges it will provide or make available the item(s) indicated).

- | | |
|---|---|
| <input checked="" type="checkbox"/> Telephones | <input checked="" type="checkbox"/> Access to crowd control |
| <input checked="" type="checkbox"/> Copy machine | stanchions/cones/dividers (if part of |
| <input checked="" type="checkbox"/> Computers | on-hand equipment inventory) |
| <input checked="" type="checkbox"/> Fax machines | <input checked="" type="checkbox"/> Access for supply drop off/delivery |
| <input checked="" type="checkbox"/> Access to internet | separate from the public entrance |
| <input checked="" type="checkbox"/> Tables | <input checked="" type="checkbox"/> Storage space during the event for |
| <input checked="" type="checkbox"/> Chairs | supplies |
| <input checked="" type="checkbox"/> Desks | <input checked="" type="checkbox"/> Separate room that can be used as a |
| <input checked="" type="checkbox"/> Cots | command center |
| <input checked="" type="checkbox"/> Wheelchairs | |
| <input checked="" type="checkbox"/> Directional signage | |

- | | |
|--|--|
| <input checked="" type="checkbox"/> Separate room that can function as a staff break room, can also double as a training room if a separate training room is not available | <input checked="" type="checkbox"/> Parking areas |
| <input checked="" type="checkbox"/> Bathrooms for public and staff, (can be shared) | <input checked="" type="checkbox"/> Trash/pick-up for regular trash (not medical waste as defined by OSHA) |
| <input checked="" type="checkbox"/> Refrigerator | <input checked="" type="checkbox"/> Snow removal if needed |
| | <input checked="" type="checkbox"/> Hand truck to move supplies within the facility |

Recovery:

1. Coordinate with HOMER PUBLIC HEALTH CENTER, KENAI PENINSULA BOROUGH OFFICE OF EMERGENCY MANAGEMENT, ICS/EOC and ADHSS DPH for pickup, retention or disposal of remaining materials.

DURATION OF THE AGREEMENT

The effective period of this Memorandum of Understanding (MOU) begins on the date of signature and remains in effect indefinitely unless modified, changed, amended or terminated in writing by either party with 60 days' notice. Either party may request a review of the Memorandum of Understanding at any time.

DESIGNATED REPRESENTATIVES

HOMER PUBLIC HEALTH CENTER is the local representative of ADHSS-DPH and will administer this MOU for ADHSS-DPH. Sean Dusek, Superintendent of Schools is the authorized representative for KENAI PENINSULA BOROUGH SCHOOL DISTRICT. Changes in designated representatives shall occur only by advance written notice to either party.

MODIFICATION, CHANGE, AMENDMENT, OR TERMINATION

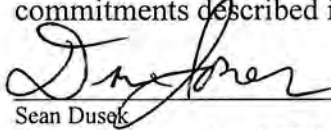
Any modifications, changes, amendments or termination to this agreement must be in writing, and are contingent upon the approval of ADHSS-DPH AND KENAI PENINSULA BOROUGH SCHOOL DISTRICT.

MISCELLANEOUS

1. This MOU is not intended, and should not be construed, to create any right or benefit, substantive or procedural, enforceable at law or otherwise by any party against the parties, their parent agencies, the State of Alaska, the United States, or the officers, employees, agents or other associated personnel thereof.
2. This MOU is not an obligation or commitment of funds, nor a basis for transfer of funds, but rather is a basic statement of the understanding between these parties of the tasks and methods for performing the described tasks. Unless otherwise agreed in writing, each party shall bear its own costs in relation to this MOU. Expenditures by each party will be subject to its budgetary processes and to the availability of funds and resources pursuant to applicable laws, regulations, and policies. The parties expressly acknowledge that this in no way implies that the State of Alaska or the Kenai Peninsula Borough will appropriate funds for such expenditures.

CONCURRENCE

It is agreed that this written statement embodies the entire agreement of the parties regarding this affiliation. All parties to this agreement concur with the level of support and resource commitments described in this document.



Sean Dusek
Facility Representative - KPB School District

3-8-17

Date



Scott Walden
KPB Representative (OEM/Incident Commander)

3-6-17

Date



Mike Navarre
KPB- Mayor

3/8/2017

Date



Katie Koester
City Manager, Homer

3/14/17

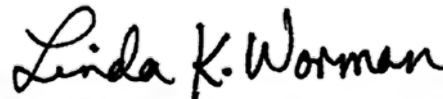
Date



Andy Jones
Chief, ADHSS DPH Section of Rural and Community Health Systems

04/26/17

Date



Linda Worman
Chief, ADHSS DPH Section of Public Health Nursing

3/20/2017

Date

Point of Dispensing Plan

City of Homer, Alaska



THE STATE
of ALASKA
GOVERNOR BILL WALKER

Homer Public Health Center
195 East Bunnell Ave. Suite C
Homer, Alaska 99603
Main: 907.235.8857
Fax: 907.235.7090

Updated: November 2, 2018

(This page is intentionally left blank)

Plan Annex/ Review Acknowledgement

Section of Public
Health Nursing:

Date: / /

Emergency
Manager:

Date: / /

Local Law
Enforcement

Date: / /

Jurisdiction
Manager:

Date: / /

Other
Stakeholders

Date: / /

Other
Stakeholders

Date: / /

Date: / /

Date: / /

Date: / /

Date: / /

Table of Contents

Glossary of Acronyms.....	5
Legal and Liability Statutes.....	6
Plan Overview	
Purpose.....	6
Assumptions.....	6
Background.....	7
Basic Operational Concepts.....	8
POD Roles and Responsibilities	
Command and Control.....	8
Kenai Peninsula Borough Office of Emergency Management.....	9
External Partner Notifications.....	9
Communications and Notifications.....	10
Public Information.....	10
Safety and Security.....	11
POD Site Activation.....	12
Reception, Storage and Staging (RSS) of Strategic National Stockpile Materiel.....	12
Method of Determining the Number of PODs.....	13
Equation to determine the number of PODs.....	14
POD Site Information.....	14
POD Layout.....	15
POD Staffing.....	15
Volunteer Call Down Process.....	15
Volunteer Registration & Just in Time Training.....	16
Job Action Sheets.....	16
Credentialing.....	16
POD Shift Changes.....	16
Monitoring Clinic Throughput.....	16
POD Supply Requirements.....	17
POD Operations.....	17
Registration.....	17
Triage.....	17
Dispensing.....	17
First Aid.....	18
Medical Transport.....	18
Mental Health.....	18
Adverse Reaction.....	19
Unaccompanied Minors.....	19
Checkout/Exit.....	19
Appendix A: Sample Timetable of Events.....	20
Appendix B: Essential Service Workers.....	21
Appendix C: Community Emergency Resource Information	
C-1: Primary Agency Contact Information.....	22
C-2: Additional Volunteer Resource Contact Information.....	23
C-3: Community Emergency Information Sheet.....	24
C-4: Kenai Peninsula EMS Council Contact List.....	25
Appendix D: Vulnerable Populations	
D-1: Vulnerable Populations.....	28
D-2: Assisted Living Facilities.....	29
Appendix E: POD Site Layout and Ariel Views	

E-1: Primary POD Site Layout.....	30
E-2: Primary POD Site Traffic Flow.....	31
E-3: Alternate #1 POD Site Layout.....	32
E-4: Alternate #1 POD Site Traffic Flow.....	33
E-5: Alternate #2 POD Site Layout.....	34
E-6: Alternate #2 POD Site Traffic Flow.....	35
Appendix F: POD Staffing Requirements.....	36
Appendix G: POD Inventory Sample Checklist	
G-1: General Inventory Sample Checklist.....	37
G-2: First Aid & Emergency Medical Inventory Checklist.....	38
Appendix H: POD Documentation Forms	
H-1: Immunization Screening Questionnaire.....	39
H-2: Head of Household Registration Form	41
H-3: Immunization POD Registration Form.....	42
H-4: Volunteer Staff Registration Form.....	43
H-5: Volunteer Staff Credentialing Form.....	44
H-6: SOPHN Internal Incident Report Form.....	45
H-7: Incident Action Plan.....	50
H-8: Emergency Incident Message Form.....	51
Appendix I: Strategic National Stockpile Tracking Record.....	52
Appendix J: Just in Time Training	53
Appendix K: Job Action Sheets	
Clinic Manager	56
Assistant Clinic Manager	58
Safety Officer	60
Safety Unit Leader	61
Safety Unit	64
Security Unit Leader	66
Security Unit	68
Public Information Officer	70
Volunteer Unit Leader	72
Volunteer Unit Staff	74
Administrative Unit Leader	75
Registration/Forms Distribution Unit	77
Forms Collection Unit	79
Clinic Support Unit Leader	80
Translator/Interpreter Unit	81
Greeter Unit	82
Runner Unit	83
Clinic Flow Unit	84
Screening/Triage Unit Leader	85
Screening/Triage Unit	86
Medical Evaluation Unit	87
Behavioral Health Unit	89
Dispensing/Vaccinating Unit Leader	90
Dispensing/Vaccinating Unit	92
Pharmacy Supply Unit	94
Appendix L: SOPHN Medical Directive for Emergency Treatment for Anaphylaxis.....	97

Glossary of Acronyms

CDC	Centers for Disease Control and Prevention
CERT	Community Emergency Response Teams
DHSS	Alaska Department of Health and Social Services
DPH	Alaska Division of Public Health
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
ESD	Emergency Services Director
FEMA	Federal Emergency Management Agency
HPP	Hours to Provide Prophylaxis
IAP	Incident Action Plan
IC	Incident Commander
ICS	Incident Command System
ID	Identification
IMT	Incident Management Team
JAS	Job Action Sheets
JIC	Joint Information Center
JITT	Just-In-Time Training
KESA	Kachemak Emergency Services
KPBSD	Kenai Peninsula Borough School District
KPB OEM	Kenai Peninsula Borough Office of Emergency Management
KPCC	Kenai Peninsula Citizens Corps
LEOC	Local Emergency Operations Center
MOU	Memorandum of Understanding
MRC	Medical Reserve Corps
MSD	Marine Safety Detachment
NIMS	National Incident Management System
PHC	Public Health Center
PHN	Public Health Nurse
PIO	Public Information Officer
POD	Point of Dispensing
PPH	People Per Hour (Throughput)
RSS	Reception, Storage and Staging
SEOC	Alaska State Emergency Operations Center
SOA	State of Alaska
SOPHN	Section of Public Health Nursing
SNS	Strategic National Stockpile
SPH	South Peninsula Hospital
VAERS	Vaccine Adverse Event Reporting System
VIS	Vaccine Information Statement

Legal and Liability Statutes

This plan utilizes the following Alaska Statutes as authority to enact the plan's components.

Government Powers

09.65.090 Civil Liability for Emergency Aid

09.65.091 Civil Liability for Responding to Disaster

09.65.300 Immunity for Providing Free Health Care Services

18.15.355-390 Disease Control and Threats to Public Health

26.23.010-220 Disaster Powers of the Governor

Plan Overview

Purpose

The purpose of this document is to provide a plan for opening, operating and closing an Open Point of Dispensing (POD) site to quickly dispense medication from the Strategic National Stockpile (SNS) in the event of a public health emergency for the Southern Kenai Peninsula Region.

This document provides a plan for the distribution of SNS materials through a dispensing location in the community of Homer.

In a coordinated effort to protect lives and mitigate the spread of disease, mass dispensing efforts may be supported by the following primary agencies: Homer Public Health Center; The City of Homer; Homer Police Department; Homer Volunteer Fire Department; Kachemak Emergency Services (KESA); South Peninsula Hospital; local medical homes; local volunteer and service-driven organizations, and other key community stakeholders along with the Kenai Peninsula Borough Office of Emergency Management (KPB OEM). See Appendix C for full list of community partners.

A Memorandum of Understanding (MOU) has been made by the Alaska Department of Health and Social Services, Division of Public Health with agreement by the Kenai Peninsula Borough School District (KPBSD) for the use of facilities listed as primary and secondary POD sites, including Homer High School, Homer Middle School and Chapman Elementary School in Anchor Point.

Assumptions

- This plan assumes that the Alaska Department of Health and Social Services, Division of Public Health will declare a medical emergency which will trigger the release of prophylactic medications for distribution. The Alaska State Emergency Operations Center operating on behalf of the State of Alaska DHSS will request deployment of the SNS and declare a local "State of Emergency".

- The SNS will need to support up to 14,203 year round residents in the Southern Kenai Peninsula, with a seasonal influx of approximately an additional 15,000 tourists and transient population estimated in Homer from May to September.
- Once the State of Alaska DHSS receives the SNS it will take approximately 4-12 hours to be distributed to Alaska hub communities. It is estimated that in a “worst case” scenario, (an observed or announced release of a biological pathogen or presence of a highly contagious pathogen) the total time available to get the first dose of antibiotic or medication into those exposed would be 48 hours before victims begin to pass through the incubation period and show signs and symptoms of disease.
- There may be significant disruption of public and private critical infrastructure including transportation, commerce, utilities, public safety, agriculture and communications. In addition, civil unrest may occur with a declared “State of Emergency”.

Background

With the ever present threat of bioterrorism and pandemics, public health officials as well as local and regional partners must be able to lead the rapid prophylaxis of every community member. This remains both an essential and critical public health function.

The total population for the Southern Kenai Peninsula is estimated to be 14,203, covering a broad rural area with the city of Homer being the most populous with 5,153 residents. Homer’s seasonal population includes an influx of approximately 15,000 tourists and transient population. The actual number of population in Homer during the summer months varies hour to hour.

The city of Homer, Alaska lies at the southern tip of the Kenai Peninsula in South Central Alaska. It is 227 miles by road from Anchorage, 35 minutes by regional fixed wing aircraft. It is located on the north side of Kachemak Bay. Kachemak Bay is 24 miles wide at its entrance which connects to Cook Inlet. It is 39 miles long from its entrance to the head of the bay. The Homer Spit is a narrow strip of land that projects out 4.5 miles into Kachemak Bay. The city of Homer is built at the base of this spit where it connects to the rolling hills of the Southern Kenai Peninsula. The Kenai Mountain Range forms the southern side of the Kachemak Bay.

Homer acts as a hub for many communities located on or near the Kachemak Bay. There are 3 Alaska Native communities across the bay that Homer services: Port Graham, Nanwalek and Seldovia. There are 3 communities that reside approximately 20 miles from Homer near the head of Kachemak Bay: Razdolna, Voznesenka, and Kachemak Selo. The communities of Anchor Point, Ninilchik and Nikolaevsk are located north of Homer and are accessed via the Sterling Highway.

Homer Public Health Center is part of the Section of Public Health Nursing in the Division of Public Health under the Alaska Department of Health and Social Services (DHSS) for the State of Alaska. The Homer Public Health Center (Homer PHC) currently operates with three full time Public Health Nurses and one Office Assistant. The Homer Public Health Center is located at 195 E. Bunnell Ave, Suite C Homer, AK 99603.

Homer has one hospital; South Peninsula Hospital (SPH) is located at 4300 Bartlett St, Homer, AK 99603. It is a Level IV Trauma Center with 22 medical beds and a Long Term Care Unit with 28 beds. In the case of a Public Health Emergency, this facility may function as a Closed POD which would provide services to SPH patients and employees and their families during a public health emergency.

Homer also has a local US Coast Guard presence that operates two cutters, the Hickory and Naushon, and one Marine Safety Detachment Unit. The US Coast Guard also may function as a Closed POD during public health emergency.

Basic Operational Concepts

- The temporary site or clinic where mass dispensing is done is called a POD.
- POD sites are designed to safely, efficiently, legally and accurately dispense prophylaxis medication and/or administer vaccine to the exposed population.
- Open POD sites are places to pick up medication and/or receive vaccinations. They are not health care clinics or places to receive medical evaluation outside the scope of prophylaxis.
- Closed POD sites within the community may be opened that function as dispensing sites that provide services exclusively to their clients, employees and employee family members.
- The Head of Household dispensing model is used for PODs that provide medication.
- A vaccine POD requires that every community member be triaged and screened at the POD for medical consideration of vaccination.
- The POD plan can be utilized for “worst case scenarios” and can be scaled back to meet the needs of any public health emergency.
- All agencies and personnel will operate under the Incident Command System.
- Direction and response efforts will remain with the Incident Commander and/or Unified Command.
- Public information regarding the event will be distributed via a State and/or Local Public Information Officer (PIO).

POD Roles and Responsibilities

Command and Control

DHSS and other State agencies will be notified through the Department of Homeland Security and Emergency Management’s State Duty Officer or the Alaska State Emergency Operations Center (SEOC) if assembled. DHSS will notify jurisdictions and tribal agencies who then notify the appropriate public, tribal or private and volunteer agencies necessary for an effective response.

Reception, Storage and Staging key personnel will be notified by DHSS EOC staff.

The Alaska Department of Health and Social Services for SNS events would activate its internal call down list as required and delegate key personnel to support the response effort as directed.

This plan operates under the National Incident Management System (NIMS) and the response protocol outlined in NIMS will be followed.

In addition to incident command, additional resources are available for staff support. An area located away from clinic operations will be established as the staff break area during the POD hours of operation. The POD Clinic Manager is responsible for implementing the Incident Action Plan (IAP) that outlines scheduled breaks and staff rotation. The system will also address the provision of workstation coverage during breaks. The Non-Clinical Staff Support Team will consist of non-medical personnel and will receive oversight from the Clinic Manager.

External Partner Notifications

The State of Alaska SEOC will coordinate with the Director of the Kenai Peninsula Borough Office of Emergency Management (KPB OEM) to request the opening of the local Emergency Operations Center (EOC).

The Kenai Peninsula Borough Office of Emergency Management serves to coordinate disaster management functions between Local IC, KPB OEM and the State of Alaska.

As an aligned response, the KPB OEM will:

- Coordinate overall strategic response with DHSS and other stakeholders during mass dispensing activities.
- Secure additional resources through local, state and federal agencies as needed.
- Coordinate with and support requests for resources and personnel from field agencies.
- Ensure activation of communication links between emergency responders, hospitals in coordination with the State Division of Health and Social Services and the SEOC.
- Provide meeting space at The Office of Emergency Management for Multi-agency Coordination.
- At the discretion of the Director, provide use of the Mobile Command Center which has the capability to plug into any borough office to operate a multi-line telephone and internet communication through that building's infrastructure. Satellite telephones are also available through the unit.

The city of Homer Fire Department, Fire Chief, will act as Local Incident Command (IC) and will coordinate with KPB OEM and DHSS to provide support and coordination regarding the overall Public Health Emergency response which includes the activation of the POD.

At the local level:

- The Local IC notifies municipal partners from each jurisdiction including primary preparedness/first responder partners.
- Homer Public Health Nurses and DHSS will contact local providers and essential agencies to inform them of the incident.

Communications and Notifications

Communication systems that may be utilized at POD sites include cell phones, ultra-high frequency radios, landlines, satellite phones, and email. The Clinic Support Unit Leader will be responsible for assuring adequate communications equipment is present and functioning properly for all POD operations. POD managers will report any communication equipment needs to the Clinic Support Unit Leader who will report to the Incident Commander.

Communications with partners will be accomplished through IC utilizing the Partner Resources and Point of Contact information located in Appendix C.

Homer Public Health Nurses will be notified during normal business hours via direct verbal or phone notification from dispatch or from the PHN V. The PHN IV, Team Leader or designee will initiate an emergency phone tree to contact all employees in the Public Health Center and those that may be away from the office. This may be followed up by an email message.

The Volunteer Coordinator will be notified to dispatch partner organizations and designated facility managers who will then employ their own organizational call out procedures for emergency response. Local non-profit and service organization contact persons may be contacted to recruit volunteers to assist with the POD operations.

Public Information

The State of Alaska Emergency Alert System Plan is updated and published on the website: https://ready.alaska.gov/SEOC/EAS_Plan_Acrobat/Alaska_EAS_Plan_2016_current_02Sep16.pdf

It is anticipated that during a public health emergency requiring mass dispensing/vaccination, that public information and communication campaigns will be activated by local and/or regional officials, including public health officials, in coordination with the Alaska DHSS Public Information Team. Joint Information Centers (JIC) may be set up within each local jurisdiction so that public officials can speak with one voice and provide consistent messages to the public

The PIO will coordinate with DHSS and/or the SEOC PIO. After an emergency has been declared, state and local JICs will assume primary responsibility for all media relations. SOA supplied health education and public information materials will be used during a public health emergency. These

materials, as well as multilingual drug information handouts and incident-specific information, will be provided. All materials will be coordinated through the PIO.

The major languages spoken in this region include English and Russian. Arrangements will be made to ensure that POD staff are available to provide interpretation services to relevant groups. These interpretation services include the use of translation pages and/or CDs providing the information from the CDC.

The PIO will maintain contact with the local media to provide accurate and timely information to the public. (See Appendix C for Media Outlets) During operation of a POD, a media staging area will be designated to ensure efficient POD operations and protection of client privacy. Media access to the POD will be limited during operations and media personnel will be required to have a public health representative escort them through the POD if they are granted access. Written permission from all individuals is needed if the media requests to take pictures inside the POD when the public is present.

Safety and Security

The security functions of all open POD sites located within the City of Homer will be coordinated through local law enforcement or designated agency. Security will be provided for all personnel, supplies, materiel and equipment involved in the management and distribution of the SNS.

Security services to be provided include, but are not limited to:

- Prevention of unauthorized access to locations that support SNS operations.
- Facilitating the movement of vehicles that transport SNS after initial receipt.
- Controlling crowds that might interfere with effective operations.
- Controlling traffic flow that might interfere with effective operations.
- Conducting security sweeps of the POD site(s).
- Providing security for all SNS materiel and medication.

A Safety Officer will be appointed by the Incident Commander. The Safety Officer is responsible for:

- Monitoring, identifying and correcting potential hazards to ensure client and staff safety.
- Maintain facility compliance with fire and all other safety codes.
- Assures compliance with worker safety, and hazardous/medical waste management.
- Collaborate with the Security Officer regarding crowd management and patient flow within the POD.

POD Site Activation

Local IC will coordinate with the KPB OEM and DHSS to provide support and coordination regarding the activation of the POD.

- Following CDC approval of SNS request and plan for deployment; State of Alaska SEOC coordinates with DHSS sections to notify them of SNS deployment. DHSS advises sections to notify staff.
- DHSS will coordinate with local EOC and with the Section of Public Health Nursing (SOPHN). Clinic managers will start to prepare for POD operations.
- The Local EOC IC will contact the site facility manager to request access to the facility for purposes initiating POD operations.
- The Local EOC IC will work with the Homer Public Health Center to coordinate set up of the POD.

Reception, Storage and Staging of Strategic National Stockpile Materiel

The RSS facility operated by the State of Alaska Department of Health and Social Services (DHSS) will receive the Strategic National Stockpile (SNS) materiel. SNS pharmaceutical prescriptions will be labeled in accordance with state and federal regulations.

The RSS will provide labels that are prepopulated with information including name and address of the prescriber, lot number with expiration date. During dispensing, staff at the Homer POD will need to annotate the patient's name, dispensing date and dosing requirements if needed.

- Depending on the nature of the event, SNS materiel will be shipped directly to the Homer Airport or directly to the POD site and received by Homer Public Health accompanied by local law enforcement for security.
- The Pharmacy Supply Team is responsible for keeping inventory of pharmaceutical supply levels, re supplying dispensing stations, checking cold chain and ordering and receiving additional clinic supplies.
- The Vaccine Administration Record and/or Head of Household Prophylaxis Form will be used to track drugs and drug recipients. Forms will be completed by everyone who receives medication, as well as by parents of underage children or authorized representatives of individuals unable to complete the forms. A template of the Head of Household form is found in Appendix H-2

Method of Determining the Number of PODs

In the event of a public health emergency one POD site will be activated to serve the entire Southern Kenai Peninsula Region.

The total population for the Southern Kenai Peninsula is estimated to be 14,063 based on 2015 census data.

This covers a broad rural area with one major population center. The Southern Kenai Peninsula includes the communities of Ninilchik, Happy Valley, Anchor Point, Nikolaevsk, Homer, Kachemak City, Fritz Creek, Fox River Valley (includes Kachemak Selo, Voznesenka and Razdolna), Halibut Cove, Seldovia, Port Graham, and Nanwalek.

The population for this region varies seasonally with an influx of 15,000 tourists and transient population in the summer months.

The population for the Southern Kenai Peninsula is not evenly distributed and has several smaller rural areas.



Community	2015 Population
Homer	5,153
Fritz Creek	2,043
Diamond Ridge	1,149
Kachemak City	483
Fox River Valley	673
Ninilchik	849
Happy Valley	585
Nikolaevsk	276
Anchor Point	2,054
Halibut Cove	72
Seldovia	255
Port Graham	177
Nanwalek	294
TOTAL POPULATION	14,063

Equation to determine the number of PODs:

The standard equation used to determine the number of PODs required is:

Total Population

$(\text{HPP} - \text{S}) \times \text{PPH}$

Total population = 14,063

HPP - Hours to provide prophylaxis to entire population (48 or less) = 24

S - Set up time = 3 hours (incorporated in the 24 hour HPP)

PPH - People per hour who receive prophylaxis (Throughput)

Throughput = 586 people per hour

Estimated 75 PPH per dispensing station= 8 Dispensing Stations

Pod Site Information

Facility Name	Primary or Alternate Site	Physical Address	Point of Contact	Contact Information
Homer High School	Primary	600 East Fairview Ave Homer, AK	KPBSD Director of Planning and Operations	Phone: 907-714-8820 Alternate Phone: 907-714-8875
Homer Middle School	Alternate #1	500 Sterling Highway Homer, AK	KPBSD Director of Planning and Operations	Phone: 907-714-8820 Alternate Phone: 907-714-8875
Chapman Elementary School	Alternate #2	73286 School Street Anchor Point, AK	KPBSD Director of Planning and Operations	Phone: 907-714-8820 Alternate Phone: 907-714-8875

POD Layout

Floor plans, clinic flow and aerial views for the PODs are listed in Appendix E. The POD Management Staff have the flexibility to adapt the positions and the number of workers assigned to each position.

POD Staffing

Volunteer Call Down Process

Homer Public Health Center will contact the KPB OEM to activate Kenai Peninsula Citizen Corps (KPCC) programs, which include Community Emergency Response Teams (CERT) and Medical Reserve Corps (MRC) Volunteers. If further volunteers are needed, Alaska Respond can be requested by DHSS.

The Volunteer Staff Registration Forms and Volunteer Staff Credentialing Forms can be found in Appendix H-4.

Volunteer Registration and Just in Time Training (JITT)

The POD Supervisor and Team Leaders brief POD staff and conduct JITT trainings regarding shift times, signing in and signing out, job duties, supervision and operational procedures.

- Staff and activated registered volunteers deployed directly to PODs will arrive one and a half hour(s) before the beginning of their shift to receive event briefing, JITT, and report to their stations 45 minutes prior to the beginning of their shift for further job specific training.
- All personnel will have identification badges and sign in when reporting for duty and sign out at shift changes.
- Credentialing, badging and check-in of staff is the responsibility of the Volunteer Unit Leader in the Planning Section.
- Shift duration is 8 to 12 hours long. POD operations may require 24-hour staffing.
- At a minimum, the POD Supervisor and Team Leaders are to conduct briefings at the beginning and end of each shift.
- Personnel are to ensure that their station and duties are covered during breaks.

Further details for JITT provided in the Just in Time Training Worksheet in Appendix J.

Job Action Sheets

Job Action Sheets (JAS) describe the functions of the various participants of a mass dispensing clinic. Job Action Sheet Templates for the various stations and jobs can be found in Appendix K.

Credentialing

Credentialing will occur prior to opening the POD. Distinctive badges and/or vests may be issued to responders to ensure proper identification. All personnel must wear their agency identification or uniforms in addition to POD supplied badges and colored vests if provided. If continuous POD operations are needed, then credentialing of oncoming personnel and briefing of volunteers will occur at the shift change. The Dispensing/Vaccination Unit Leader and POD Clinic Manager will be responsible for verifying that a current SOA professional license is in effect for the POD. Credentials can be checked online at the following online address:

<https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/ProfessionalLicenseSearch.aspx>

See the Volunteer Staff Credentialing Form provided in Appendix H-5.

Monitoring Clinic Throughput

POD Clinic Managers are responsible for monitoring and reporting actual throughput to local public health and jurisdictional leadership.

POD Clinic Managers have the authority and the responsibility (without local jurisdiction leadership approval) to maximize clinic flow. This responsibility includes making adjustments in set-up or layout to reduce backup, and making adjustments in staffing, including reassignment of staff, reduction in number of positions filled, etc.

If it is determined that the 48-hour deadline to provide prophylaxis to the target population will not be met given the current throughput, the local public health/jurisdictional leadership will authorize change in the “scalability” of the mass dispensing plan, including but not limited to:

- Activation of additional POD sites
- Call down of additional staff and request additional resources through ICS
- Utilization of alternate dispensing models
- Activation of additional push sites

This process will be repeated until the necessary throughput is obtained to meet the requirement.

POD Supply Requirements

POD Inventory Sample Checklists can be found in Appendix G.

POD Operations

Registration

Registration will be directed by the Administration Unit Leader. The Administration Unit Leader reports directly to the POD Clinic Manager.

Registration will include distribution of the following: Immunization POD Registration Form or Head of Household Registration Form, (See Appendix H-3), Vaccine Information Statement (VIS), and medication prescription.

Client educational information will include the biological agent they are being screened/treated for, the medication/treatment they will receive, possible side effects of the medication or vaccine, and how to address concerns after receiving the treatment.

Triage

All Triage Stations will be directed by the Screening/Triage Unit Leader. The Screening/Triage Unit Leader reports directly to the POD Clinic Manager.

All forms will be distributed prior to patients reaching the Triage station. Staff members will review the forms for completeness and assess any potential contraindications to treatment. A nurse or physician will provide more in depth evaluation for contraindications if needed.

All pediatric patients will require a parent or legal guardian present to fill out the forms and answer triage questions/concerns on behalf of the child. The parent or legal guardian must accompany the child throughout the entire process. At no point should a child be left unattended.

Dispensing

All Dispensing Stations will be under the supervision of the Dispensing/Vaccinating Unit Leader. The Dispensing/Vaccinating Unit Leader reports all needs, events, and incidents to the POD Clinic Manager.

The Dispensing/Vaccinating Unit Team Leader is responsible for oversight of all dispensing tasks, including safety of staff that are administering medications, flow of dispensing stations, and promptly request additional resources when needed.

The dispensing unit is responsible for the review of forms, documenting lot and expiration dates on form, monitoring supply levels and individual vaccine storage units (e.g. stored in appropriate container until distributed; maintenance of cold chain).

The dispensing nurse or health care professional reviews standing orders for anaphylactic reactions; screens each individual for contraindications to treatment; ensures that all 5 Rights of Medication Administration are followed (right patient, right drug, right dose, right route and right time); and, ensures that documentation is complete.

Pediatric Stations will be set up and labeled clearly for the ease and facilitation of patient flow. Pediatric doses at these stations will be kept in a separate container and labeled clearly to assure proper dosing for all pediatric clients.

If an adverse event occurs or any other incident related to the administration of a drug, the nurse or health care professional must complete the SOPHN Internal Incident Report Form (See Appendix H-6). All incidents must be reported to the Dispensing Unit Team Leader, and the Team Leader is responsible for reporting all incidents to the POD Clinic Manager.

First Aid

First Aid will be provided by nurses or other identified medical personnel on-site while connecting the client to the local emergency care. The Medical Directive prepared by SOPHN for “Emergency Treatment for Anaphylaxis” will be utilized in events where SOPHN is the lead professional directly applying treatment efforts. (See Appendix L)

Medical Transport

Medical Transport will be facilitated by local EMS as needed and deemed essential. EMS will be on “standby” status throughout the POD operations. EMS may not be present at all times during a POD clinic, but will respond as soon as possible when dispatched. The POD Dispensing Unit Leader may summon EMS if needed in order to expedite emergency transport. The Dispensing Unit Leader will notify the POD Clinic Manager of the call for help after the request has been made in order to expedite emergency transport.

Mental Health

Mental Health Counseling providers are to be staffed in the POD operations as deemed necessary by the POD Clinic Manager. Availability for mental health providers on site may be limited; therefore the local Behavioral Health agency may be notified for patients requiring follow up services.

Adverse Reaction

The State of Alaska Public Health utilizes the Vaccine Adverse Event Reporting System (VAERS) to track adverse reactions to vaccines given at a POD. The Alaska Department of Health and Social Services will receive medical directives from the state medical director for vaccine/medication administration, as well as for responding to adverse reactions which may occur during the POD.

Unaccompanied Minors

All minors should be accompanied by a parent or legal guardian. Certain exceptions for unaccompanied minors under the age of 18 include:

- Documentation provided by a parent or guardian requesting medical treatment for the minor.
- Medication is administered in accordance with the state's medical consent laws as they pertain to minors.

Checkout / Exit

After dispensing, the nurse or health care professional is responsible for assessing for adverse reactions from the vaccine or medication. After care instructions should be distributed and reviewed with the individual and questions should be answered.

The Forms Collection Unit is responsible for collecting all completed forms from the patient. If there is not a checkout station, these forms can be collected by the dispensing team.

Appendix A: Sample Timetable of Events

** Sample Timetable Open Point of Dispensing Plan**		
Incident Time (Hours from Incident Start)	Action	Responsible Party
Incident Start +0:00	Primary Agencies for POD are notified of incident.	DHSS, SEOC
+0:15	The EOC Manager stands up the EOC. Local IC Established.	Local IC
+0:30	EOC notifies SEOC, Homer Public Health Center and affected communities.	EOC
+1:30	Homer Public Health Center stands up POD, contact facility contacts and Volunteer Manager.	Homer Public Health & DHSS
+2:00	Facility contacts begin facility set-up for POD.	Facility Managers, POD Staff
+2:15	Volunteer Coordinator begins phone contact of agencies to begin organization call out procedures.	Volunteer Coordinator
+2:15	Clinic Manager meets with EOC for incident briefing.	Clinic Manager, Local IC, PIO
+2:30	Clinic Manager identifies required resources and submits to EOC.	Clinic Manager
+3:00	POD Management Staff collaborate with local resources to procure all required items required for POD function.	POD Management Staff and local community partners
+7:30	Complete POD Setup.	Clinic Manager
+12:00	Brief Volunteers and Distribute Schedule.	POD Staff, Clinic Manager
+22:30	POD Volunteer Staff present to POD Site for Incident Overview and Event Briefing, Safety Overview.	POD Staff, Local IC, Clinic Manager
+23:15	All Staff Report to Designated Stations for Job Specific Training and Questions.	Clinic Manager, Unit Leaders
+23:00	If vaccine or medications are available begin dispensing to staff, essential service workers and their families. If not available, provide before opening POD.	POD Staff
Prophylaxis Arrival +24:00	Open POD site doors and begin POD functions.	POD Staff
Reports will be provided by the Administrative Unit Leader to the Clinic Manager and to Local IC hourly for the duration of the clinic		
+30:00	Review Throughput Data and target population to determine if additional POD sties will be needed.	Clinic Manager
+34:30	Next shift staff arrives for event briefing and JITT.	Clinic Manager, Unit Leaders
+36:00	Start second shift. Continue hourly reports and data review.	Clinic Manager
+48:00	End second shift. Tabulate all data and report to EOC for daily briefing. If patient load is at zero begin stand down of centralized clinics.	Clinic Manager, EOC, Local IC
	Begin Demobilization and Staff Debriefing.	Clinic Managers, Local IC, POD Staff

Appendix B: Essential Service Workers

First Responders Prophylaxis Procedure

The City/Borough Priority Groups for prophylaxis during a Public Health Emergency is based on State recommendations.

Priority for prophylaxis will be given to the following essential service workers and their families:

1. Health care workers
2. Essential Healthcare support personnel
3. Public Safety Workers including EMS, Police, fire, 911 dispatchers
4. Other Public Health Emergency Responders
5. Critical Transportation workers (air taxi pilots etc.)
6. Other Identified Workers

Method and Location

Prophylaxis/immunization for essential service workers will be provided by one of the following methods:

- Essential service workers may obtain prophylaxis medication at the POD site
- Specific groups may request prophylaxis medications to be provided to specific agencies for distribution by that agency.
- If the event requires vaccination, all essential service workers must report directly to the POD site

Appendix C-1: Community Emergency Resource Information

Homer Volunteer Fire Department

Terry Kadel, Fire Chief

(907) 235-3155

tkadel@ci.homer.ak.us

Homer Police Department

Mark Robl, Chief of Police

(907) 235-3150

mrobl@ci.homer.ak.us

Kachemak Emergency Services (KESA)

Robert Ciccicarella, Chief

(907) 235-9811

biccicarella@kpb.us

Homer Public Health Center:

Business Hours Contact:

(907) 235-8857

After Hours Contact:

See phone numbers listed below

Lorne Carroll

Public Health Nurse III

C: (907) 299-8890

Lorne.Carroll@alaska.gov

Susanne Daley, PHN I

Public Health Nurse I

C: (907) 538-2064

Susanne.Daley@alaska.gov

Kenai Peninsula Borough Office of Emergency Management:

Business Hours Contact:

(907) 262-4910

After Hours Contact:

(907)

Dan Nelson, Director dnelson@kpb.us

South Peninsula Hospital:

(907) 235-8101

Joe Woodin, CEO

Administrator

jwoodin@sphosp.org

Sherry Robinson

Infection Control

srobinson@sphosp.org

Glenn Radke

Facilities Director

ger@sphosp.org

Nicole Reynolds

ED/Trauma Coordinator

nreynolds@sphosp.org

Appendix C-2: Community Emergency Resource Information

Homer Area Medical Homes:

Daytime Contact:

Homer Medical Center	(907) 235-8586
Kachemak Bay Medical Clinic	(907) 235-7000
SVT Health and Wellness Center	(907) 226-2228
Ninilchik Tribal Community Clinic	(907) 567-3970
Nanwalek Clinic	(907) 281-2250
Port Graham Clinic	(907) 284-2241
Seldovia Medical Clinic, La Maestra	(907) 234-7825

Local Media (Print/Radio/Television):

Homer News	(907) 235-7767
Homer Tribune	(907) 235-3714
KBBI Public Radio	(907) 235-7721
KWVV (K-Wave)	(907) 235-6000

US Coast Guard:

The Hickory, Cutter: (907) 235-5235

Primary Contact: Independent Duty Health Services Technician (907) 235-5233

Backup Contact: Duty Officer (907) 235-5235

The Naushon, Cutter: (907) 235-5336

Primary Contact: Executive Officer

Backup Contact: Duty Officer

Homer Marine Safety Detachment (MSD): (907) 235-3292

Appendix C-3: Community Emergency Resource Information

Emergency Response Agencies	Point of Contact	Contact Number	Contact Email
Mayor: Bryan Zak	Jo Johnson, Homer City Clerk	235-3130, ext. 2226	jjohnson@ci.homer.ak.us
City Manager: Katie Koester	Dotti Harness, Admin Assist	235-8121, ext. 2222	kkoester@ci.homer.ak.us dharness@ci.homer.ak.us
Local Emergency Manager	Bob Painter	235-3155	rpainter@ci.homer.ak.us
Local Law Enforcement	Mark Robl, Chief of Police	235-3150	mrobl@ci.homer.ak.us
Local FBI	FBI in Anchorage	276-4441	anchoragefbi@ak.net
Local Fire Department	Bob Painter	235-3155	rpainter@ci.homer.ak.us
Local EMS	Bob Painter	235-3155	rpainter@ci.homer.ak.us
Local Search and Rescue	Alaska State Trooper, Anchor	235-8239	
Local Ambulance Service	Bob Painter	235-3155	rpainter@ci.homer.ak.us
Local Airport	Kevin Jones, DOT, Manager	235-8872	kevin.jones@alaska.gov
Local Public Works	City of Homer (Misty Worland)	235-8121,ext 2222	mWorland@ci.homer.ak.us
Electric: Homer Electric Association	Joe Gallagher, HEA PIO	398-3478 (cell, primary), 283-2324 (office, secondary)	jgallagher@homerelectric.com
Water: City of Homer	Misty Worland, Admin Assist	235-8121,ext 2222	mWorland@ci.homer.ak.us
Natural Gas	Enstar Natural Gas company	262-9334/ 877-907-9767	
Sewer: City of Homer	Misty Worland, Admin Assist	235-8121,ext 2222	mWorland@ci.homer.ak.us
Phone: ATT/GCI/ACS	ATT: 800-252-7600	GCI:235-6366	ACS: 800-478-3081
Road Maintenance: City of Homer	Misty Worland, Admin Assist	235-8121,ext 2222	mWorland@ci.homer.ak.us
Local Behavior Health	South Peninsula Behavioral Health Center	235-7701	cmhc@spbhs.org
Local Red Cross (Anchorage)	Shiloh Powell, Disaster Program Manager Southcentral, Pam Van Hoozer 319-212-1719 Local Contact	646-5407	Shiloh.Powell@redcross.org
Local School District (KPBSD)	Sean Dusek, Superintendent	714-8888, Fax 262-9645	sdusek@kpbsd.k12.ak.us
Local Harbor Master	Bryan Hawkins, Port & Harbor Director	235-3160	bhawkins@ci.homer.ak.us
Past Emergency Events (all hazard): Avalanche, coastal storm surge/erosion, earthquake, energy shortage, fire, flood, landslides, oil/hazmat, transportation accident, tsunamis, terrorism			
Important Community Information (i.e. Tribal Leadership): Seldovia Village Tribe- Crystal Collier, CEO 234-7898, ext. 242. SVT Health and Wellness - Emily Read, Director, 226-2208 eread@svt.org. Chugachmiut Health Corporation - for Port Graham and Nanwalek, Contact North Shore Clinic in Seward, 224-3490; Amy J. Velsko MSN, RN, CMSRN, CBN, RN-BC, APRN, FNP-C, Chugachmiut, Regional Nurse Practitioner, Nanwalek & Port Graham (907) 281-2250			

Appendix C-4: Community Emergency Resource Information

Kenai Peninsula EMS Council, Inc. Contact List Updated 9/2016

Kenai Peninsula EMS Coordinator

Coordinator: Samantha Cunningham
Address: PO Box 1907, Homer, AK 99603
Phone: 907-226-1134
E-mail: scunningham@sremsc.org

Alaska State Troopers – Soldotna

Captain Maurice Hughes
46333 K-Beach Rd. Direct line to call for Troopers on
Soldotna, AK 99669 scene – 260-2770
Phone: 907-260-2706; FAX 907-262-2889
E-mail: Maurice.Hughes@alaska.gov

Alaska State Parks

Rep: Jacques Kosto, Park Ranger ***please use alternate for contact currently!**
Address: State of Alaska, Division of Parks and Recreation
P.O. Box 1247
Soldotna, AK 99669
Phone: (907) 435-7595
Fax:
E-mail: jacques.kosto@alaska.gov
Alternate: Jason Okuly, 435-7595 (cell), office 226-4688 **KPESI secretary**

Anchor Point Fire & EMS

Rep: Al Terry, Chief Cassie Parkinson- Dept. services
Aterry@kpb.us cell: 907-399-8079
Address: P.O. Box 350, E-mail: Cparkinson@kpb.us
72440 Milo Fritz Road
Anchor Point, AK 99556
Phone: 907-235-6700 Station 1 Service Board Chair- Bob Craig
Fax: 907-235-2633 E-mail: Craig67a@gmail.com

Assistant Chief- Pending

Alternates: Jon Marsh

Cell Phone: 907-299-4446

E-mail: JMarsh@kpb.us

Medical Director: William Cooper, MD 907-202-1469

E-mail: bcooper7@icloud.com

Homer Volunteer Fire Department

Rep: Bob Painter, Fire Chief **KPESI President**
Address: 604 E. Pioneer Ave.
Homer, AK 99603 Safe Kids Program: Bob Painter
Phone: 235-3155 fire hall Jaclyn Arnt: Admin
235-2686 home; 299-8605 cell
Fax: 235-3157
e-mail: rpainter@ci.homer.ak.us fire@ci.homer.ak.us
Alternate: Dan Miotke dmiotke@ci.homer.ak.us
Medical Director: William Bell, MD, 235-8586, 235-8805, wmbell51@gmail.com

Appendix C-4: Community Emergency Resource Information

Kachemak Emergency Services

Rep: Robert Cicciarella, Chief
235-9811 Bob – 235-9810
bcicciarella@kpb.us Jeanette, Admin asst
53048 Ashwood Ave. Homer, AK 99603
Phone: 235-9811 Service Area Board Chair:
Fax: 235-8034 Scott Simmons – 399-4203
Alternate: Jason Miller
jasonmiller@kpb.us
Medical Director: William Cooper, MD 907-202-1469
bcooper7@icloud.com

Kenai Peninsula Borough

Mike Navarre Borough Mayor
Scott Walden, Emergency Management Director
Address: 253 Wilson Lane, Soldotna, AK 99669
Phone: 1-800-478-4441 or 262-4910 main; Fax: (907) 714-2395 (OEM)
e-mail: SWalden@kpb.us

LifeMed Alaska

Rep: Mark Beals home address: PO Box 33, Seward, AK 99664
Cell- 907-362-1213
Address: LifeMed Alaska flightandfire@live.com
P.O. Box 256 Sterling, AK 99672
Phone: (907) 362-1213
E-mail: www.lifemedalaska.com
Alternate: Scott Williamson, Chief Operating Officer
Phone: 907-247-8402
Medical Director: Brian Rogers, MD (An ER Dr. at Providence)

Ninilchik Emergency Services

Rep. David Bear, Fire Chief
Address: NES PO Box 39446 Ninilchik, AK 99639
Phone: 567-3342
Cell, Chief 907-953-0355
Fax: (907) 567-3362
e-mail: davidbear68@live.com
Alternate: Terry Wilkes, assistant EMS Chief -KPESI Vice President
Phone: (907) 567-4467 home, 907-398-4407 cell
e-mail: tnnwilkes@hotmail.com
Medical Director: William Cooper, MD, 907-202-1469 bcooper7@icloud.com

Port Graham/Nanwalek/Chugachmiut (First Responder Services)

Rep. Jeff Wolf, EMS Coordinator, Chugachmiut Health Division
Address: North Star Health Clinic
PO Box 2088
Seward, AK 99664
Phone: (work) 224-4929
e-mail: jeffrey@chugachmiut.org
alternate: Stella Meganack, Port Graham EMS President
Medical Director: William Cooper, MD, 283-3218
bcooper7@icloud.com

Appendix C-4: Community Emergency Resource Information

Seldovia Volunteer Fire & EMS

Rep: Gerry Patrick Office- Jen Swick, Safety Officer
Address: PO Box 74 (Gerry) PO Box 252 (SVFE); 399-3563
Seldovia, AK 99663
Phone: 234-7451 (Gerry - home) 234-7812 (SVFE)
Fax: 234-7430 (City of Seldovia)
e-mail: gpat7@hotmail.com (Gerry's) seldoviafireems@gmail.com (Seldovia Fire Hall)
Alternate: Jan Yaeger- EMS Chief- address see Fire Hall below
janyaeger@yahoo.com
Fire Chief: Pending
Address: Seldovia Fire Dept.
PO Box 252
Seldovia, AK 99663
Phone number 398-2407

Medical Director: Lawrence Reynolds, MD, 234-7825 or 234-7697, larryreynolds0@gmail.com

South Peninsula Hospital

Rep. Glenn Radeke, Facilities Director
Address: 4300 Bartlett St. Homer, AK 99603
Phone: 235-8101 (hospital)
Fax: 235-0279; ER Fax, 235-0857
e-mail: ger@sphosp.org
Alternate: Nicole Reynolds; 235-0246; nreynolds@sphosp.org

Appendix D-1: Vulnerable Populations

Facility / Agency Name: South Peninsula Hospital (SPH), Emergency Department and Inpatient Beds		
Contact:	Name:	South Peninsula Hospital
	Phone:	907-235-8101
	Physical Location:	4300 Bartlett St, Homer AK 99603
	Population/Capacity:	22 Inpatient beds
Facility / Agency Name: SPH Long Term Care		
Contact:	Name:	Long Term Care
	Phone:	235-0233
	Physical Location:	4300 Bartlett St, Homer AK 99603
	Population/Capacity:	28 Beds
Facility / Agency Name: SPH Home Health Care		
Contact:	Name:	Home Health Care
	Phone:	907-235-0369
	Physical Location:	203 West Pioneer Ave, Homer AK 99603
	Population/Capacity:	Approx. 50 Homebound Clients
Facility / Agency Name: South Peninsula Behavioral Health Services, Inc: Pride Program		
Contact:	Name:	Jay Bechtol
	Phone:	907-235-7701
	Physical Location:	3665 Ben Walters Lane & 1026 Lakeside Drive
	Population/Capacity:	Approximately 50 clients with Developmental Disabilities served
Facility / Agency Name: South Peninsula Haven House		
Contact:	Name:	Missi White, Executive Director
	Phone:	907-235-7712
	Physical Location:	3776 Lake Street Homer AK 99603
	Population/Capacity:	15 Beds
Facility / Agency Name: KPBSD Students in Transition, Homeless Liaison		
Contact:	Name:	Jane Dunn
	Phone:	907-226-1890
	Physical Location:	KPBSD- District Wide
	Population/Capacity:	Approximately 50 Homeless Students in Southern Kenai Peninsula
Facility / Agency Name: Seasonal Tourists- Cruise Ships		
Contact:	Name:	Brian Hawkins, COH Harbor Master
	Phone:	907-235-3160
	Physical Location:	Homer Harbor, Alaska Marine Ferry
	Population/Capacity:	Approximately 2,300
Facility / Agency Name: Homer Senior Citizens		
Contact:	Name:	Karen Kelley
	Phone:	907-235-4551
	Physical Location:	3935 Svedlund, Homer, AK 99603
	Population/Capacity:	Senior Citizens, Multiple Programs offered through Homer Senior Center

Appendix D-2: Vulnerable Populations

Assisted Living Facilities

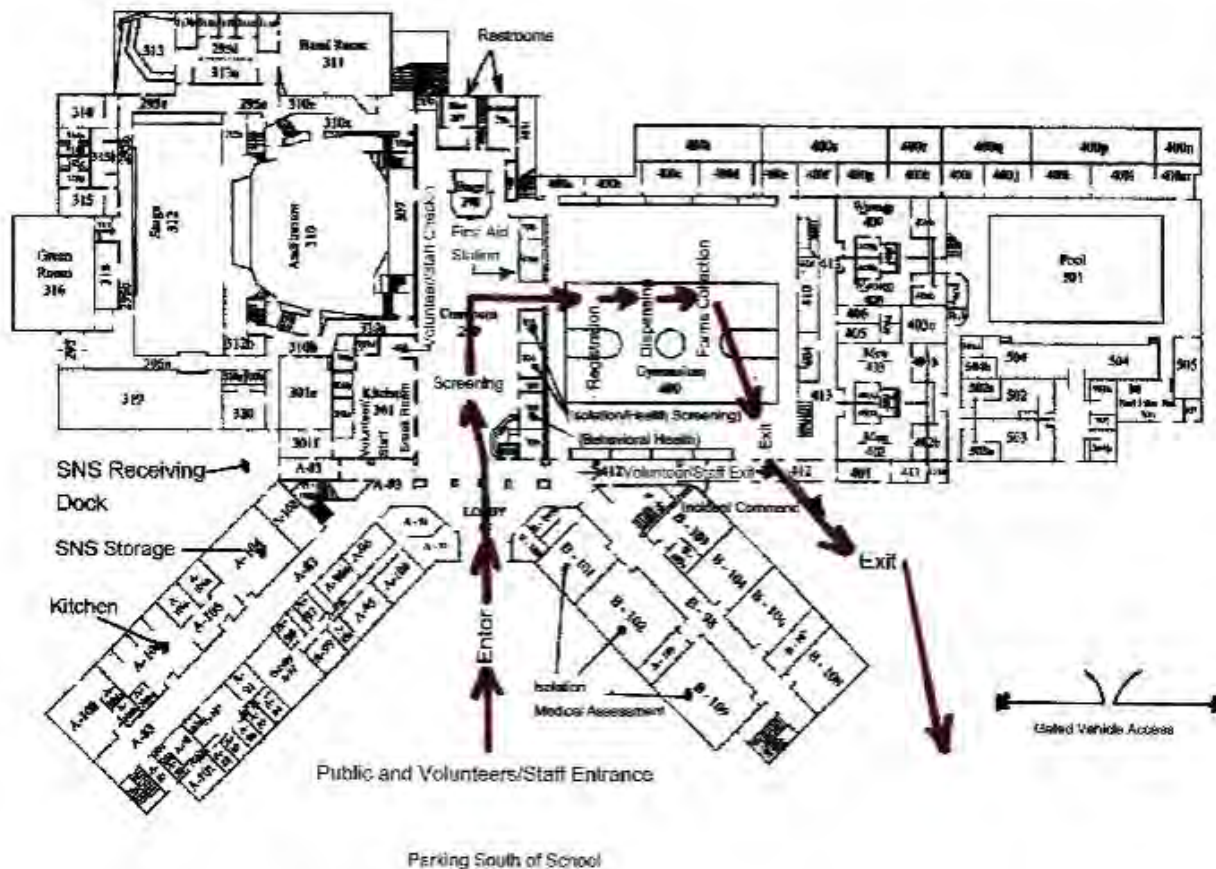
Population	Physical Location	Population	Telephone Contact
Alder Grove Assisted Living	41045 Denny Lane Homer, AK	5	(907) 435-3938
Friendship Terrace Assisted Living	250 Herndon Ave Homer, AK	40	(907) 235-6727
Kachemak Way Assisted Living	4201 Kachemak Way Homer, AK	5	(907) 235-6327
Main Street Assisted Living	4136 Main Street Homer, AK	5	(907) 235-6149
Ninilchik House	Sterling Highway Ninilchik, AK	11	(907) 793-3000
Soundview Assisted Living	980 Soundview Homer, AK	5	(907) 235-6149

Homer High School, Open POD

Primary POD Site

600 E Fairview Ave, Homer AK 99603

Site Phone: 907-235-4600 Site Fax: 907-235-8933



Primary POD , Homer High School Traffic Plan

600 E Fairview Ave, Homer AK 99603



Alternate #1 POD, Homer Middle School

Site Phone: 907-235-5700 Site Fax: 907-235-2513



Appendix E-4: POD Site Layout and Ariel Views

Alternate POD #1, Homer Middle School Traffic Plan

Homer Middle School

500 Sterling Highway, Homer, AK 99603 (907) 235-5700



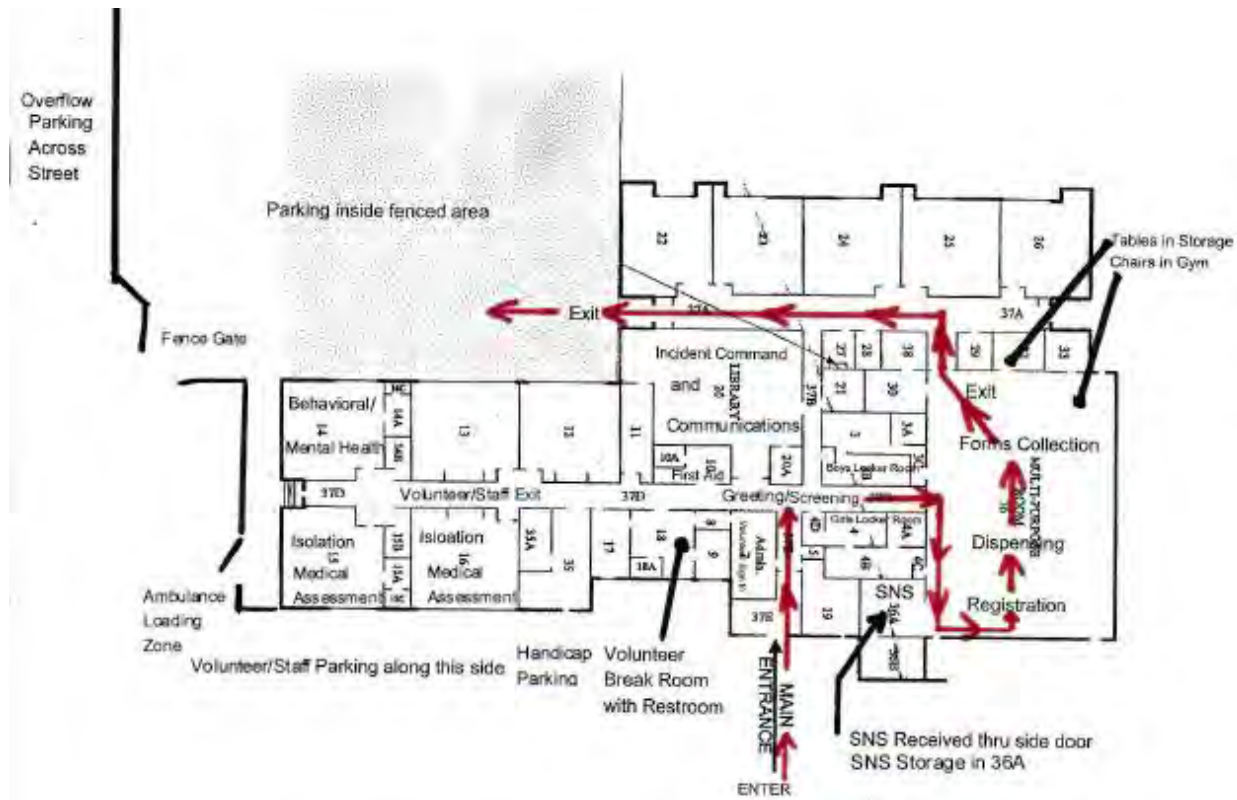
Appendix E-5: POD Site Layout and Ariel Views

Alternate POD #2, Chapman Elementary School

73286 School Street Anchor Point, AK 99556

Site Phone: 907-235-8671

Site Fax: 907-235-5460



Alternate POD #2, Chapman Elementary School Traffic Plan



Appendix F: Pod Staffing Requirements

Position	# Shift
	Throughput 586/Hour
Management Staff	
Incident Commander	1
PIO	1
Safety Officer	1
Security Unit Leader	1
Clinic Manager	1
Support Staff	
Transportation/Security	2
Communications	1
Facility Maintenance	1
Traffic Control	3
Volunteer Coordinator	1
Volunteer Registration	1
Operations Staff	
Administrative Unit	
Unit Leader	1
Registration	8
Check-out	2
Screening/Triage Unit	
Unit Leader	1
Screener	8
Medical Evaluator	4
Behavior Health Evaluator	2
Dispensing Unit	
Unit Leader	1
Vaccinators/Dispensers	16
Pharmacy Supply	2
Clinic Support Unit	
Unit Leader	1
Translator	4
Greeters	4
Runners	6
Clinic Flow Monitors	5
Total Staff Required Per Shift	80

Appendix G-1: POD Inventory Sample Checklist

ITEM	Qty.	ITEM	Qty.
Cleaning Supplies		Staff Hygiene and Meals	
Bucket	1	Paper Towels	10 rolls
Mop	1	Kleenex	4 boxes
Sponges	4	Antiseptic Pre-Moistened Towlettes	2 – 100/box
Trash Bags	1 box	Alcohol-Based Hand Rub	5 bottles
All-Purpose Cleaner	1 can	Drinking Water	2 liters/staff
Bleach	1-gal jug	Paper Napkins	250
Spray Bottle	1	Paper/Plastic Cups	200
Rubber Gloves	4 pairs	Technical	
		Extension Cords (50-ft)	5
		Power Strips	5
		Phone Extension Cord – 25+ feet	1
General		Triage, Education, Planning	
Tables	15	Intake forms	1 to copy
Chairs	55	Disease agent fact sheets	11 to copy
Office Supplies		Medication fact sheet	1 to copy
Paper tablets (8-1/2" x 11")	10 pads	Educational videos/DVD	1-2 (smallpox)
Pens, black	10- 12/box	SNS/Mass Prophylaxis Plan	1
Markers	1 box	Drug reference guides (TBD)	
Highlighters	1 box	Technical	
Stapler	5	Computer (or access to)	5
Staples	1 box	FAX machine (or access to)	1
Scissors	5	Printer (or access to)	1
Calculator	1	Photocopier (or access to)	1
Scotch tape and dispenser	2	Internet Access	5
Masking tape	2 rolls	Telephone for POD Supervisor	1
Clipboards with pens	50	Walkie-Talkies	6
Rubber bands (assorted)	1 box	Ham Radio	1
Easel paper, self-stick	3 pads	Flashlights (for power failures)	10-20
Envelopes - interoffice	10	Flashlight batteries	10-20 sets
Bull Horn	1	Battery-Operated Weather Radio	1
Whistle	1	Batteries for Radio	1 set
Scale, small step-on	1	Disposable Camera	1
Form collection box	1	Television & VCR/DVD Player	1-2
Signage and Staff Identification		First Aid	
POD signs	1 set	<i>see next page</i>	
Tablecloths	4/color	Emergency Medical	
Floor tape	4/color	<i>see next page</i>	
Vests, all staff	100		
Name badges (Manual)	150		
Hand-held flags, red (optional)	12		

Appendix G-2: POD Inventory Sample Checklist

First Aid Kit

Item	Quantity
1-in. adhesive bandage compresses	16
Antiseptic swabs	20
Ammonia inhalers	10
4-in. adhesive bandage compresses	8
40-in.triangular bandage compresses	40
6 containers of silva sulfadiazine	1/8 oz.
Noninflatable arm splint	1
Noninflatable leg splint	1
4-in. roller bandages	4
1-in. rolls of adhesive tape	2
Bandage scissors	1

Emergency Medical Kit

Item	Quantity
Sphygmomanometer	1
Stethoscope	1
Oropharyngeal airways	3
10 cm ³ syringes	4
50 percent dextrose	50 mL
Normal saline or lactated ringers (two 1-L bags)	2-250mL bags
Intravenous catheters-assorted 18 and 20 gauge	5 of each gauge
25-gauge butterfly catheters	10
Epinephrine (1:1000) (4 ampules) or epi-pen (4 adult) and 2 epi-pen junior	
Diphenhydramine hydrochloride (25; 1pkg) and 2 injectable single-dose ampules	
Liquid benadryl for children (12.5mg in 5ml)	1 bottle
Sublingual nitroglycerin tablets	10
AED (automatic external defibrillator) – if feasible/available	1

Appendix H-1: SCREENING QUESTIONNAIRE FOR IMMUNIZATIONS

Clients: Please review and answer the following questions. This will help the Public Health Nurse (PHN) determine which vaccines you may be given today. If you answer “yes” to any question, it does not necessarily mean that you will not be vaccinated today. It does mean the PHN will ask some additional questions. If a question is not clear, please ask the PHN to explain.

	Yes	No	Don't Know
1. Is the client sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the client have allergies to medications, food, latex, or any vaccine component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the client ever had a serious reaction after receiving a vaccination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the client had a seizure, brain, or nervous system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the client ever had Guillain-Barrel syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the client have cancer, leukemia, HIV/AIDS or another immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. During the past 3 months, has the child used cortisone, prednisone, other steroids, chemotherapy, cancer treatment, or radiation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. During the past year, has the client received blood products, immune globulin, or antiviral medication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the client received any other vaccinations in the past 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the client pregnant or is there a chance she could become pregnant within the next month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. If the client is a baby, have you ever been told he or she has had intussusception?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Updated 10/2016

Appendix H-1: SCREENING QUESTIONNAIRE FOR IMMUNIZATIONS

Information for the Public Health Nurse about the Screening Questionnaire for Immunizations

1.	Is the client sick today? Minor illnesses with or without fever are not contraindications. Do not withhold vaccination if the client is taking antibiotics. Moderate or severe acute illness is a precaution & vaccines should be delayed until the illness has improved.
2.	Does the client have allergies to medications, food, latex, or any vaccine component? History of an anaphylactic reaction to a vaccine or any component is a contraindication for further doses. Check the package insert, CDC Pink book, or John Hopkins Bloomberg School of Public Health searchable listing. Some of the main allergy contraindications include Eggs (Influenza—although some persons can be vaccinated), Neomycin (Kinrix, Hep A [Havrix & Vaxta], IPV, MMR, Pediarix, Twinrix, Varicella), Gelatin (Fluzone, LAIV, MMR, Varicella, Tripedia, Zoster), and Yeast protein (Hep B [Engerix-B & Recombinax], Gardasil, PCV13, Pediarix, Twinrix), Streptomycin (IPV), Polymixin B (Kinrix, IPV, Pediarix), Gentamicin (Fluarix, FluMist), Arginine (FluMist). Check product packaging for latex.
3.	Has the client had a serious reaction to a vaccine in the past? If a serious reaction to a previous dose of vaccine was immediate and presumably allergic, further vaccination is usually contraindicated. See Table 6, Contraindications and Precautions, p. 40, Gen Recommendations IZ, ACIP, 2011 .
4.	Has the client had a seizure, brain, or nervous system problem? DTaP and Tdap contraindicated if hx of encephalopathy within 7 days receipt of DTP/DTaP. Unstable progressive neurologic problem is a precaution for DTaP/Tdap/Td.
5.	Has the client ever had Guillain-Barre syndrome? Persons with hx of Guillain-Barre syndrome and who want DTaP/Tdap/Td; IIV-, or MCV4 should consult their primary health care provider to determine their risks/benefit and whether they should be vaccinated. (MCV4 – unproven, rare risk.)
6.	Does the client have cancer, leukemia, HIV/AIDS or another immune system problem? Live virus vaccines are usually contraindicated if immunocompromised. See Table 13, p. 48, Gen Recommendations IZ, ACIP, 2011 . MMR and/or Varicella may be given if HIV-infected under certain conditions (asymptomatic, adequate CD4 & T—lymphocyte counts). They could receive IIV. Infants with severe combined immunodeficiency (SCID) should not receive live virus vaccines, including rotavirus vaccine.
7.	During the past 3 months, has the client used cortisone, prednisone, other steroids, chemotherapy, cancer treatment, or radiation? Live virus vaccines may need to be delayed. See Gen Recommendations IZ, ACIP, 2011 .
8.	During the past year, has the client received blood products, immune globulin, or antiviral medication? Live virus vaccines may need to be delayed. See Table 5, p. 39, Gen Recommendations IZ, ACIP, 2011 . OK to administer IIV. Influenza antivirals include amantadine, rimatadine, zanamivir, or oseltamivir.
9.	Has the client received any other vaccinations in the past 4 weeks? Separate live virus vaccines (LAIV, MMR, MMRV, Varicella, Yellow Fever, Zoster) by at least 4 weeks (28 days).
10.	Is the client pregnant or could she become pregnant within the next month? Pregnant females or those planning to become pregnant within a month should not receive live virus vaccines (MMR, Varicella). Pregnant females should be vaccinated with injectable influenza vaccine (IIV). If pregnant, the preferred time to receive Tdap is during 27 – 36 weeks gestation. Avoid polio vaccination unless increased risk. Counsel non-pregnant females to practice careful contraception X 1 month following receipt of live virus vaccines.
11.	If the client is a baby, have you ever been told he or she has had intussusception? If yes, do not administer rotavirus vaccine.

Sources: [CDC Vaccine Information Statements](#); [General Recommendations on Immunization](#), [Recommendations of the ACIP](#), [MMWR](#) and the [Immunization Action Coalition](#)

Form Updated 10/2016

Appendix H-2: Head of Household Registration Form

STATE OF ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES HEAD OF HOUSEHOLD FORM



Today's Date: _____ HIPAA Signed? ☐ Yes ☐ No

Head of Household First and Last Name _____

Mailing Address: Street, City, State, Zip _____

What City/Village do you currently live in? _____

Cell Phone _____

Home Phone _____

Same as Cell ☐

Race: ☐ American Indian/Alaska Native ☐ Asian ☐ White ☐ Black/African American ☐ Hawaiian/Pacific Islander

Ethnicity: ☐ Hispanic ☐ Not Hispanic

For each question and member of your household, check "Yes", "No", "unk" (unknown)

	Head of House #1	PERSON #2	PERSON #3	PERSON #4
First and Last Name	<input checked="" type="checkbox"/> same as above			
Date of Birth (mm/dd/yyyy)				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Allergy to Ciprofloxacin or Doxycycline?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk
Taking the drug Tizanidine (Zanaflex)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk
If less than 9 yrs old write weight & age	Weight _____ Age _____	Weight _____ Age _____	Weight _____ Age _____	Weight _____ Age _____
Are you pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk
Are you breast feeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk
Severe kidney disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk
Taking seizure or epilepsy medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk
Taking Warfarin (Coumadin)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk
Taking Isotretinoin (Accutane) or Acitretin (Soriatane)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk
Taking Theophylline (TheoDur)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk
Taking Glyburide (Micronase)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> unk

THIS SECTION IS FOR POD STAFF ONLY

	Ciprofloxacin	Ciprofloxacin	Ciprofloxacin	Ciprofloxacin
POD Staff: choose the appropriate antibiotic according to answers above.	<input type="checkbox"/> Adult	<input type="checkbox"/> Adult	<input type="checkbox"/> Adult	<input type="checkbox"/> Adult
	<input type="checkbox"/> Child < 9 yrs	<input type="checkbox"/> Child < 9 yrs	<input type="checkbox"/> Child < 9 yrs	<input type="checkbox"/> Child < 9 yrs
	tsp every 12 hrs	tsp every 12 hrs	tsp every 12 hrs	tsp every 12 hrs
	<input type="checkbox"/> Doxycycline	<input type="checkbox"/> Doxycycline	<input type="checkbox"/> Doxycycline	<input type="checkbox"/> Doxycycline
	<input type="checkbox"/> Adult	<input type="checkbox"/> Adult	<input type="checkbox"/> Adult	<input type="checkbox"/> Adult
	<input type="checkbox"/> Child < 9 yrs	<input type="checkbox"/> Child < 9 yrs	<input type="checkbox"/> Child < 9 yrs	<input type="checkbox"/> Child < 9 yrs
	tsp every 12 hrs	tsp every 12 hrs	tsp every 12 hrs	tsp every 12 hrs
STICKER				

I HAVE:

- 1) Been informed of reason why I am receiving medication
- 2) Received a medication information sheet indicating the risks and benefits of the medication, its side effects, and where I will be able to receive additional information if side effects were to develop
- 3) Received information about the infectious agent
- 4) I understand that the medication is in a non-child resistant container
- 5) I will dispose of this medication no later than 1 year from date of dispensing
- 6) I understand that I may need to receive additional medication(s) at the direction of licensed medical staff

(Initials) I understand that for certain medical conditions including pregnancy, chronic disease or use of other medications as identified on the drug information page, that I must consult with my private provider to determine my ongoing use of this medication

INSTRUCTION FOR POD DISPENSING AND EXPRESS DISPENSING STAFF ONLY:

ADULTS – write name directly on an adult medication bottle. Give medication information sheet.

CHILDREN – write name and pediatric dosage on a label. Place the label on the suspension bottle or an adult medication bottle.

Appendix H-3: Immunization POD Registration Form

STATE OF ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES Point of Dispensing (POD) Clinic

Date: _____ HIPAA Received? ☐ Yes ☐ No ☐ Event Participant Only (no vaccine)

CLIENT INFORMATION

First and Last Name _____
 Gender ☐ Male ☐ Female _____
 Date of Birth _____ Age _____
 Mailing Address: Street, City, State, Zip _____
 What City/Village do you currently live in? _____
 Cell Phone _____ Home Phone _____
 Race ☐ American Indian/Alaska Native ☐ Asian ☐ White
☐ Black/African American ☐ Hawaiian/Pacific Islander
 Ethnicity ☐ Hispanic ☐ Not Hispanic
 Veteran ☐ Yes ☐ No

PARENT/GUARDIAN INFORMATION FOR MINOR CHILDREN

Parent/Guardian First and Last Name _____
 Parent/Guardian Employer _____

The above information is true to the best of my knowledge. This registration form must be completed in its entirety.

Client/Guardian Signature _____

Date _____

OFFICE USE ONLY

Clinic Code 12 Primary TP Code 02 Secondary TP Codes 19 526 Purpose of Visit Immunization

Vaccine	VFC/VAC	Admin Site	Lot #	Manufacturer	VIS Date
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

SOPHN Provider Signature _____ PCN # _____

Outside Provider Name (print) _____ Signature _____

POD Location _____

☐ Additional Evaluation Required

VAC/VFC	Code
Ineligible (non AVAP stock)	V01
Medicaid	V02
Uninsured	V03
AK Native/AM Indian	V04
Federally Qualified/Underinsured	V05
State Vaccine (AVAP)	V07

Admin Sites	
Left Thigh IM	LTI
Left Thigh SQ	LTS
Right Thigh IM	RTI
Right Thigh SQ	RTS
Both Thighs IM	BTI
Left Deltoid IM	LDI
Left Arm SQ	LAS
Right Deltoid IM	RDI
Right Arm SQ	RAS
Oral	O
Intranasal	IN
Left Intradermal	LID
Right Intradermal	RID

2015.11.04 (Rev 11/15)

Appendix H-4: Volunteer Staff Registration Form

VOLUNTEER STAFF REGISTRATION FORM

Date: _____

Incident: _____

#	Name	Assignment	Station	Time In	Equipment Sign Out	Time Out	Equipment Sign In	Signature

Certifying Officer: _____

Date/Time: _____

Original: Volunteer Unit Leader

Copy: Clinic Manager

Appendix H-5: Volunteer Staff Credentialing Form

VOLUNTEER STAFF CREDENTIALING FORM

Date: _____

Incident: _____

#	Name	Address	Signature	Driver's License #	PROF/TECH LIC #	Specialty Skills	Employer

Certifying Officer: _____

Date/Time: _____

Original: Volunteer Unit Leader

Copy: Clinic Manager

Appendix H-6: SOPHN Internal Incident Report Form

SOPHN Internal Incident Report Form

Use this form to report all incidents, including hazards/potential hazards, near-misses and good catches. If there are employee injuries or exposures, ALSO complete the State of Alaska Workman's Compensation Report form.

Provide as much information as possible, focus on issues that relate to systems, not just individual behavior.

Fill out top part of form (Sections with Black Headers/Titles) for all incidents. Fill out applicable colored sections dependent on type of incident being reported. See SOPHN P&P ## for types of incidents to report. If it is unclear if an Incident Report is required, it is better to report than not as it assists in finding issues to prevent problems. Incidents of all types are critical learning opportunities for SOPHN, but to learn from them we need to know Monday, December they exist and their details.

Date of report:

Report type:

Staff member reporting Incident:

Reporting staff position:

Reporting staff phone:

Reporting staff email:

Incident Details

Incident date:

Check if time unknown ☐

Incident time:

Date incident discovered:

Date reported to supervisor:

Place incident occurred?

Location of incident:

Number of staff involved:

**Number of
patients/community
members involved:**

**Any involved staff in
orientation?**

Incident Description and Response

Provider a clear, concise, objective description of the incident, including what happened to whom.

Who was involved (staff, and type of client):

What happened:

What went right in this incident? Appendix H-6: POD Documentation Forms

Answer the following questions about incident environment, system, individual and responses.

What environmental factors influenced or potentially influenced the incident and outcome?

What system factors influenced or potentially influenced the incident and outcome?

If there were individual mistakes, slips or errors that potentially contributed or contributed to the incident, give details of the individual actions.

What response was taken at time to mitigate/address the incident?

What suggested changes to the environment might prevent similar the incidents?

What suggested changes to the system(s) might prevent similar the incidents?

Choose the most appropriate type of incident from the menu :

Specific Types of Incidents

Complete the Section(s) below that matches the type of incident described above. Do NOT complete the other sections. Local investigation of causes should stay local and not be recorded here in Section report.

All incidents need to have the signature section at end completed.

Client/Community Member Involved Incident

If more than one community member/client involved, second (and third, etc) client/community member information goes in the description area of the client/community member section.

Client/community member name:

Client age:

Client gender:

Client notified of incident?

Date when Client was notified of incident:

Describe clearly and concisely client's response to the incident, and how they were notified of incident.

If applicable, why was the client NOT notified of the incident?

Additional clients/community members involved (include all information required above for each):

Medication Involved Incident

If more than 1 medication involved, entered information about primary medication involved, then include all the information for the other involved medications in the comment box.

Type of incident:

Did the incident involve vaccines?

Does the situation warrant a VAERS (Vaccine Adverse Event Reporting System) report?

If it was warranted, was VAERS report filed ?

Brand AND generic name of medication or vaccine ordered/medical directive indicated for the client, include dosage, timing, and dose number:

What was the intended/ordered route of administration?

Brand AND generic name of medication given to client, include dosage, timing and dose number.

What was the actual route of administration?

What was the expiration date?

At what stage in the process did the incident originate, regardless of the stage in which it was discovered?

What was the lot number of the medication?

Additional medication/vaccine information (include all information required above for each additional medication/vaccine involved).

Equipment Related Incident

Complete this section for all equipment and device related incidents, including needle failure and vehicle incidents.

Type of equipment/device involved:

Name of manufacturer:

Model number/name:

Serial number or lot number: What type of incident was it?

Was the local and/or SOPHN Safety Officer notified?

Was the manufacturer/supplier notified?

Was the device sent back to manufacturer/supplier?

Staff Injury/Exposure

Complete the State of Alaska Workman's Compensation Form (in addition to applicable sections of this SOPHN form). Send a copy of Workman's Compensation Form with this form to your supervisor.

Signatures

Incident Reporter:

Date:

By entering my name here and checking, I acknowledge I have reported the information contained to the best of my knowledge. ☐

- *DSM to BOTH your Nurse Manager/Supervisor and your Regional Administrative Assistant (AA).*

Enter Tracking Number received from Regional AA before advancing or signing form.

[Click here to enter text.](#)

Nurse Manager/Supervisor:

Date:

By entering my name here and checking, I acknowledge receipt of this incident report. ☐

- *DSM to BOTH Regional AA and RNM*

Regional Nurse Manager:

Date:

By entering my name here and checking, I acknowledge receipt of this incident report. ☐

- *DSM to Deputy Chief, Regional AA AND Central Office DSM account.*

Deputy Chief of Public Health Nursing:

Date:

By entering my name here and checking, I acknowledge receipt of this incident report. ☐

- *Send to Central Office DSM account AND QA/QI NC II.*

Additional Comments or Notes

Appendix H-7: Incident Action Plan

INCIDENT ACTION PLAN

Incident: _____ **Date:** _____ **Section:** _____

Officer:	For Time Period:
GOAL(S):	OBJECTIVES for Goal Achievement:
Resources Needed:	Reported to/time:
Goal(s) Completed/Status	Reported to/time:

Signature: _____ **Position:** _____ **Time:** _____

Appendix H-8: Emergency Incident Message Form

EMERGENCY INCIDENT MESSAGE FORM

FILL IN ALL INFORMATION

TO (Receiver): _____

FROM (Sender): _____

DATE & TIME: _____

PRIORITY

☐ Urgent – Top

☐ Non-Urgent – Moderate

☐ Informational – Low

Message:

Received By:	Time Received:	Comments:
Forward To:		

Received By:	Time Received:	Comments:
Forward To:		

KEEP ALL MESSAGES REQUESTS BRIEF, TO THE POINT AND VERY SPECIFIC.

Appendix I: Strategic National Stockpile Tracking Record

STRATEGIC NATIONAL STOCKPILE TRACKING RECORD

Record the information below to identify the shipment.

Receiver: _____ **Location:** _____

Phone Contact: _____

Inventory levels

Item Name	Date received	Lot Number	Expiration Date	Quantity Received

Record information below to track inventory levels. Use another sheet if dispensing exceeds space and staple it to this sheet.

Item Name	Quantity Dispensed	Lot Number	Expiration Date	Quantity Received

Page ____ of ____

Appendix J: Just in Time Training

Homer POD

Just-in-Time Training – (Incident/Disaster Specific)

Site: _____

Event Type: _____

Date/Time: _____

Agenda and Just-in-Time Training for Volunteers

Overview and Event Briefing: Incident Commander 10 Minutes

- Introduction of Incident Command staff and Operations/Clinic Manager
- POD Functions and Flow
- Expectations and Objectives

Brief Overview and Announcements by Section Leaders 10 Minutes

- Operations Section Leader: Clinic Manager
- Other Section Leaders

POD Safety Briefing: Safety Officer 15 Minutes

- POD Safety and Security Overview

All Staff Report to Designated Stations 45 Minutes

- All staff meet Unit Leaders
- Job Specific Training and Questions

**** After POD efforts are complete, all POD staff return for debriefing.****

JOB ACTION SHEET TEMPLATES

Alaska Department of Health and Social Services
Section of Public Health Nursing



A **Job Action Sheet (JAS)** is a tool for defining and performing a specific emergency response functional role. The JAS were created in fulfillment of the National Incident Management System (NIMS) and based on the use of the Incident Command System (ICS). These JAS were created with the intended purpose of being used for Point of Dispensing (POD) planning. The Actions of the JAS can be amended to fit the situation by adding or deleting tasks.

Job Action Sheets

Clinic Manager	56
Assistant Clinic Manager	58
Safety Officer	60
Safety Unit Leader	61
Safety Unit	64
Security Unit Leader	66
Security Unit	68
Public Information Officer	70
Volunteer Unit Leader	72
Volunteer Unit Staff	74
Administrative Unit Leader	75
Registration/Forms Distribution Unit	77
Forms Collection Unit	79
Clinic Support Unit Leader	80
Translator/Interpreter Unit	81
Greeter Unit	82
Runner Unit	83
Clinic Flow Unit	84
Screening/Triage Unit Leader	85
Screening/Triage Unit	86
Medical Evaluation Unit	87
Behavioral Health Unit	89
Dispensing/Vaccinating Unit Leader	90
Dispensing/Vaccinating Unit	92
Pharmacy Supply Unit	94

CLINIC MANAGER

Job Action Sheet

Responsibility: Oversee POD set-up and on-going POD operations. Must be familiar with all aspects of POD operations and staff positions. Able to identify big picture needs. Coordinate with PIO and JOC for all media inquiries during POD operations. Work with the Assistant Manager to educate the POD staff.

Qualifications: Administrator or Manager with organizational/management experience.

Action	Notes	Done
Report to: Operations Section Chief in the EOC or Mass Prophylaxis Branch Officer		
Supervise: Site Safety Officer; Volunteer Unit Leader; Administration Unit Leader; Clinic Support Unit Leader; Screening (Triage) Unit Leader; Dispensing/Vaccinating Unit Leader		
Immediate: Initial actions to be done upon clinic activation or new operational period		
Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet		
Receive briefing from local EOC		
Establish that clinic communications, medical treatment protocols & safety plans are in place		
Review Mass Prophylaxis Plan (POD Plan)/SNS Plan/State EOP and CEMP		
Determine staffing needs; acquire appropriate resources		
Ensure clinic operations positions are assigned		
Confirm internal/external lines of communication and authority		
Establish internal communications (2 way radio, runners etc.)		
Establish procedure to verify volunteer credentials and identification		
Review chain of command, decision making, problem solving processes		
Schedule staff, EOC, media reports and briefings		
Ongoing: Responsibilities and actions to Ensure effective mass clinic operations		
Action	Notes	Done
Maintain briefing and communication schedule with clinic staff, EOC		
Receive reports from Unit Leaders on POD operations		
Update status reports/status board		

Monitor clinic flow for bottlenecks		
Resolve staff/procedural concerns or conflicts		
Coordinate closely with Safety Officer to address and mitigate safety/security concerns		
Provide EOC with updates as to clinic activity		
Monitor news alerts and EOC updates for changing event dynamics		
Ensure posting of staff assignments		
Ensure posting of emergency phone/contact numbers		
Ensure completion of ICS operations forms as indicated		
Ensure adherence to dispensing/vaccination protocol and medication security		
Ensure completion of any incident reports relating to injury or property loss/damage		
Shift Change/Deactivation (event contained, response completed):		
Action	Notes	Done
Conduct or Participate in shift debrief, EOC and Public Health EOC debrief, After Action process		
Conduct exit interviews with direct reports (Unit Leaders): Ensure that all section reports/ICS forms are completed and turned in to appropriate agency/ authority		
Turn in ID badge & vest. Sign Out.		

Notes Cont.

ASSISTANT CLINIC MANAGER

Job Action Sheet

Responsibility: Assist Clinic Manager in overseeing POD set-up and on-going POD operations. Must be familiar with all aspects of POD operations and staff positions. Able to identify big picture needs. Coordinate with Clinic Manager, PIO and JOC for all media inquiries during POD operations. Work with the Clinic Manager to educate the POD staff.

Qualifications: Administrator with organizational/management experience.

Action	Notes	Done
Report to: Clinic Manager		
Supervise: Potential to supervise: Site Safety Officer; Volunteer Unit Leader; Administration Unit Leader; Clinic Support Unit Leader; Screening (Triage) Unit Leader; Dispensing/Vaccinating Unit Leader		
Immediate: Initial actions to be done upon clinic activation or new operational period		
Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet for both Assistant Clinic Manager and Clinic Manager		
Receive briefing from Clinic Manager		
Establish that clinic communications, medical treatment protocols & safety plans are in place		
Review Mass Prophylaxis Plan (POD Plan)/SNS Plan/State EOP and CEMP		
Work with Clinic Manager to determine staffing needs, acquire appropriate resources		
Ensure clinic operations positions are assigned		
Confirm internal/external lines of communication and authority		
Establish internal communications (2 way radio, runners etc.)		
Establish procedure to verify volunteer credentials and identification		
Review chain of command, decision making, problem solving processes		
Schedule staff, EOC, media reports and briefings		
Ongoing: Responsibilities and actions to Ensure effective mass clinic operations		
Action	Notes	Done
Maintain briefing and communication schedule with clinic staff, EOC		
Update status reports/status board		

Monitor clinic flow for bottlenecks		
Resolve staff/procedural concerns or conflicts		
Provide EOC with updates as to clinic activity		
Coordinate closely with Safety Officer to address and mitigate safety/security concerns		
Ensure posting of staff assignments		
Monitor news alerts and EOC updates for changing event dynamics		
Ensure posting of emergency phone/contact numbers		
Ensure completion of ICS operations forms as indicated		
Ensure adherence to dispensing/vaccination protocol and medication security		
Ensure completion of any incident reports relating to injury or property loss/damage		
Shift Change/Deactivation (event contained, response completed):		
Action	Notes	Done
Conduct or Participate in shift debrief, EOC and Public Health EOC debrief, After Action process		
Conduct exit interviews with direct reports (Unit Leaders): Ensure that all section reports/ICS forms are completed and turned in to appropriate agency/ authority		
Turn in ID badge & vest. Sign Out.		

Notes Cont.

SAFETY OFFICER

Job Action Sheet

Responsibility: Monitors, identifies and corrects potential clinic hazards to ensure client and staff safety; maintain facility compliance with fire, OSHA and other safety codes.

Qualifications: Familiarity with standard safety practices and management experience. Training in Conflict Resolution would be preferable.

Action	Notes	Done
Report to: Clinic Manager		
Supervise: Safety Unit Leader and Safety Unit; Security Unit Leader and Security Unit		

Immediate: Initial actions to be done upon clinic activation/ new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet		
Report to Clinic Manager for brief & briefing schedule		
Review facility survey, clinic flow chart, emergency evacuation plan, fire plan, OSHA standards and assembly points		
Ensure location of emergency equipment, fire extinguishers & first aid supplies		
Ensure posting of emergency phone/contact numbers/exit signs		
Ensure Safety Unit Leader & Security Unit Leader are assembling their units; assigning personal gear; checking IDs & assigning staff to clinic stations		
Review previous operational period's incident reports		
Conduct clinic walk thru to assess safety level at operational stations and public areas		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Continue clinic area surveillance, monitor sanitation and safety conditions		
Coordinate monitoring activity with Safety Unit staff		
Monitor clinic flow for bottlenecks		
Investigate, report, correct potential hazards		
Ensure completion of ICS operations forms as indicated		

Shift Change/Deactivation (event contained, response completed):

Action	Notes	Done
Obtain report from Safety & Security Unit Leaders		

Report to Clinic Manager for debrief		
Ensure completion of any incident reports relating to injury or property loss/damage		
Ensure that all Safety reports/ICS forms are completed and turned in to the Clinic Manager		
Turn in ID badge & vest. Sign Out.		

Notes Cont.

SAFETY UNIT LEADER

Job Action Sheet

Responsibility: Monitors, identifies and corrects potential clinic hazards to ensure client and staff safety; maintain facility compliance with fire, OSHA and other safety codes.

Qualifications: Familiarity with standard safety practices and management experience. Training in conflict resolution.

Action	Notes	Done
Report to: Safety Officer		
Supervise: Safety Unit		

Immediate: Initial actions to be done upon clinic activation/ new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet		
Report to Safety Officer for brief & briefing schedule		
Review facility survey, clinic flow chart, emergency evacuation plan, fire plan, OSHA standards and assembly points		
Ensure location of emergency equipment, fire extinguishers and first aid supplies		
Ensure posting of emergency numbers & exit signs		
Assemble Safety Unit staff; Ensure appropriate ID; assign personal gear; assign staff to clinic stations		
Review previous operational period's incident reports		
Conduct clinic walk thru to assess safety level at operational stations and public areas		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Continue clinic area surveillance, monitor sanitation and safety conditions		
Coordinate monitoring activity with Safety Unit staff		
Monitor clinic flow for bottlenecks		
Investigate, report, correct potential hazards		
Ensure completion of ICS operations forms as indicated		

Shift Change/Deactivation (event contained, response completed):

Action	Notes	Done
Obtain report from unit staff		
Report to Safety Officer for debrief		

Ensure completion of any incident reports relating to injury or property loss/damage		
Ensure that all Safety reports/ICS forms are completed and turned in to the Safety Officer		
Turn in ID badge & vest. Sign Out.		

Notes Cont.

SAFETY UNIT

Job Action Sheet

Responsibility: Monitors, identifies and corrects potential clinic hazards to ensure client and staff safety, maintain facility compliance with fire and other safety codes

Qualifications: Knowledge of standard safety practices. Ability to think under pressure. Training in conflict resolution.

Action	Notes	Done
Report to: Safety Unit Leader		
Supervise: None		

Immediate: Initial actions to be done upon clinic activation/ new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet		
Report to Safety Unit Leader for brief		
Review clinic floor plan and station flow plan		
Ensure appropriate ID; log assigned personal gear; report to assigned to stations		
Locate facility emergency exits, fire extinguishers and first aid equipment		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Monitor client flow & station activity; report potential bottlenecks to Safety Unit Leader		
Assist with periodic 'head count' to ensure compliance with facility safety codes		
Investigate, report and intervene potential safety issues including client staff hostility/anxiety		
Monitor stations; actively check with staff to identify and correct potential safety issues (placement of equipment, power cords, furniture, supplies)		
Attend briefings/communications updates as directed by Safety Unit Leader		

Shift Change/Deactivation (event contained, response completed):

Action	Notes	Done
Report to Safety Unit Leader for debrief		

Identify any operations safety issues to Safety Unit Leader		
Turn in ID badge & vest. Sign Out.		

Notes Cont.

SECURITY UNIT LEADER

Job Action Sheet

Responsibility: Monitors traffic flow, line movement, security of POD supplies and medications as well as overall POD site security. Intervenes if necessary to protect staff and volunteers. Maintains a good working relationship with law enforcement.

Qualifications: Familiarity with standard safety practices; would prefer experience in traffic & crowd control. Training in conflict resolution.

Action	Notes	Done
Report to: Safety Officer		
Supervise: Security Unit		

Immediate: Initial actions to be done upon clinic activation/ new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet		
Report to Safety Officer for brief & schedule		
Review facility survey, clinic flow chart, emergency evacuation plan and assembly points		
Review traffic flow patterns and routes into and out of parking area		
Ensure appropriate signage is visible to all vehicles entering/exiting area		
Ensure appropriate parking/traffic barriers are clearly visible		
Assemble Security Unit staff; Ensure appropriate ID; assign personal gear; assign staff to clinic stations		
Review previous operational period's incident reports		
Conduct clinic/parking lot walk thru; assess security level at operational stations and public areas; assess parking/traffic situation		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Monitor vehicle entrance/exit and traffic flow		
Coordinate monitoring activity with Security Unit staff		
Monitor traffic flow for bottlenecks		
Monitor pedestrian cross walks; ensure signage is clearly visible		
Investigate, report, correct potential hazards		
Ensure completion of ICS operations forms as indicated		

Shift Change/Deactivation (event contained, response completed):

Action	Notes	Done
Obtain report from Security Unit staff		
Report to Safety Officer for debrief		
Ensure completion of any incident reports relating to injury or property loss/damage		
Ensure that all Safety reports/ICS forms are completed and turned in to the Safety Officer		
Turn in ID badge & vest. Sign Out.		

Notes Cont.

SECURITY UNIT

Job Action Sheet

Responsibility: Monitors traffic flow, line movement, security of POD supplies and medications as well as overall POD site security. Intervenes if necessary to protect staff and volunteers. Maintains a good working relationship with law enforcement.

Qualifications: Familiarity with standard safety practices; would prefer experience in traffic & crowd control. Training in conflict resolution.

Action	Notes	Done
Report to: Security Unit Leader		
Supervise: None		

Immediate: Initial actions to be done upon clinic activation/ new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet		
Report to Security Unit Leader for brief & briefing schedule		
Ensure appropriate ID; log assigned personal gear; report to assigned to stations		
Review facility survey, clinic flow chart, emergency evacuation plan and assembly points		
Review traffic flow patterns and routes into and out of parking area		
Ensure appropriate signage is visible to all vehicles entering/exiting area		
Ensure appropriate parking/traffic barriers are clearly visible		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Continue clinic area surveillance, monitor sanitation and safety conditions		
Coordinate monitoring activity with Safety Unit staff		
Monitor clinic flow for bottlenecks		
Investigate, report, correct potential hazards		

Shift Change/Deactivation (event contained, response completed):

Action	Notes	Done
Report to Security Unit Leader for debrief		

Ensure completion of any incident reports relating to injury or property loss/damage		
Turn in ID badge & vest. Sign Out.		

Notes Cont.

PUBLIC INFORMATION OFFICER

Job Action Sheet

Responsibility: Establish and maintain clear communication, public information link between Clinic Manager and local Emergency Operations Center/liaison /local media. Assist with clinic briefings and status reports.

Qualifications: Training in public relations and knowledge of event.

Action	Notes	Done
Report to: Clinic Manager		
Supervise: None		

Immediate: Initial actions to be done upon clinic activation/ new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet		
Report to Clinic Manager for brief		
Locate work station and communications equipment within clinic command post, verify equipment is in working order		
Review Clinic communication plan, operational medical evaluation and treatment protocol		
Review previous operational period's incident reports		
Locate status board, role relevant documentation forms		
Confirm Clinic Manager/section chief and unit leader briefing schedule		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Conduct clinic walk-thru to assess client flow and station activity		
Monitor communications within clinic		
Assess informational signage for accuracy, ease of reading, location		
Attend staff briefings, prepare reports for Clinic Manager		
Ensure completion of communication/information forms as indicated. Prepare information for EOC/media briefings		

Shift Change/Deactivation (event contained, response completed):

Action	Notes	Done
Participate shift debrief or event after action meetings as requested		
Ensure completion of any incident reports relating to injury or property loss/damage		

Ensure that all required communication reports/ICS forms are completed and turned in to the Clinic Manager		
Turn in ID badge & vest. Sign Out.		

Notes Cont.

VOLUNTEER UNIT LEADER

Job Action Sheet

Responsibility: Responsible for clinic volunteer contact, updates to volunteer list, oversees volunteer sign in/sign out, monitors volunteer rest area (beverages/snacks)

Qualifications: Management experience with strong organizational skills and attention to detail. Training in conflict resolution would be preferable.

Action	Notes	Done
Report to: Clinic Manager		
Supervise: Volunteers		

Immediate: Initial actions to be done upon clinic activation/ new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet		
Report to Clinic Manager for brief		
Review clinic floor plan and clinic flow plan		
Set up & stock volunteer check in area/volunteer rest area		
Meet with volunteer unit staff, assign to work station		
Verify volunteer credentials and identification		
Confirm briefing schedule		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Oversee volunteer sign in/sign out areas; Ensure completion of staffing log		
Confirm professional licensing/credentials where required		
Oversee issuance of ID badges, vests, JAS etc.		
Serve as point of contact for families to contact clinic volunteers		
Provide Clinic Manager with hourly updates as to numbers of staff onsite		
Communicate needs for staff support (beverages, snacks)		
Participate in shift briefings		

Shift Change/Deactivation (event contained, response completed):

Action	Notes	Done
Obtain report from unit staff		
Report to Clinic Manager for debrief or event after action meetings, identify any ongoing volunteer/staffing concerns		

Ensure completion of staff sign out logs, collection of staff ID badges, vests		
Complete appropriate ICS/clinic forms Clinic Manager		
Turn in ID badge & vest. Sign Out.		

Notes Cont.

VOLUNTEER UNIT STAFF

Job Action Sheet

Responsibility: Assist Volunteer Unit Leader with volunteer station, volunteer rest area set up and maintenance. Maintain sign in/sign out logs. Perform other duties as described.

Qualifications: Willingness to assist. Knowledge of event. Ability to follow directions.

Action	Notes	Done
Report to: Volunteer Unit Leader		
Supervise: None		

Immediate: Initial actions to be done upon clinic activation/ new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Report to Volunteer Unit Leader for brief		
Review Job Action Sheet		
Review Clinic floor plan, clinic flow plan, note common areas of interest (bathrooms, snack area)		
Locate volunteer supplies, set up work area		
Confirm unit volunteer unit briefing schedule		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Monitor flow of POD and report throughput issues.		
Direct individuals to appropriate areas; Assist clients if able		
Assist staff with logistics		
Monitor & re-supply rest area		

Shift Change/Deactivation (event contained, response completed):

Action	Notes	Done
Report to Volunteer Unit Leader for debrief		
Complete staffing logs, supply inventory documents turn in to Volunteer Unit Leader		
Turn in ID badge & vest. Sign Out.		

Notes Cont.

ADMINISTRATION UNIT LEADER

Job Action Sheet

Responsibility: Manages administrative unit volunteer staff support for registration, forms distribution and collection

Qualifications: Administrator with organizational management experience.

Action	Notes	Done
Report to: Clinic Manager		
Supervise: Registration/Forms Distribution and Forms Collection Units		

Immediate: Initial actions to be done upon clinic activation or new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Report to Clinic Manager for brief		
Review Job Action Sheet		
Review registration, vaccine/medication information sheets, clinic floor plan, client flow plan		
Review unit job action sheets, meet with unit staff and assign to work stations, schedule unit briefings		
Establish communication schedule with volunteer staff and work stations		
Confirm Clinic Manager briefing schedule		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Monitor & support staff at registration & forms collection stations		
Ensure that client registration forms are complete & legible		
Monitor clinic flow for bottlenecks		
Ensure that registration & forms collection stations are supplied as needed		
Ensure that hourly tabulation of client registration/treatment forms are maintained		
Maintain station briefing schedule		
Provide unit activity updates to Clinic Manager, participate in briefings		

Shift Change/Deactivation (event contained, response completed):

Action	Notes	Done
Obtain report from unit staff		
Report to Clinic Manager for debrief & event after action meetings; identify any ongoing operational concerns		
Ensure completion, collection & security of all forms		
Complete appropriate ICS/clinic forms and turn in to Clinic Manager		
Turn in ID badge & vest. Sign Out.		

Notes Cont.

REGISTRATION/FORMS DISTRIBUTION UNIT

Job Action Sheet

Responsibility: Distribute registration forms, vaccine/medication information forms and any other forms deemed necessary. Assist client in completing forms legibly and thoroughly.

Qualifications: Administrator or volunteer that is organized. Attention to detail.

Action	Notes	Done
Report to: Administration Unit Leader		
Supervise: None		

Immediate: Initial actions to be done upon clinic activation or new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet		
Report to Administration Unit Leader for brief		
Review clinic floor plan and client flow plan		
Review necessary forms and how to fill them out		
Walk through work stations, assist in set up or re-supply assigned station		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Distribute forms		
Assist clients in completing forms thoroughly and legibly		
Direct clients to translator assistance as needed		
Refer treatment questions to Administrative Unit leader for redirection		
Monitor clinic flow for bottlenecks		
Anticipate station supply needs request re-supply as needed		
Direct clients to next station		
Provide group/work station activity updates to Administrative Unit Leader		

Shift Change/Deactivation (event contained, response completed):

Action	Notes	Done
Participate in debrief, identify any ongoing operational concerns to Administrative Unit Leader		
Re-supply or secure registration, treatment information forms		
Turn in ID badge & vest. Sign Out.		

Notes Cont.

FORMS COLLECTION UNIT

Job Action Sheet

Responsibility: Collect, organize and secure client registration/treatment forms. Provide exiting clients with any post clinic information handouts.

Qualifications: Administrator or volunteer that is organized. Attention to detail.

Action	Notes	Done
Report to: Administration Unit Leader		
Supervise: None		

Immediate: Initial actions to be done upon clinic activation or new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet		
Report to Administration Unit Leader for brief		
Confirm unit briefing schedule		
Review clinic floor plan, client flow plan		
Review necessary forms and how to fill them out		
Walk through work stations; assist in set up or re-supply assigned station		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Check forms for legibility & completeness		
Note exit time on forms, separate forms. Client to retain treatment information section		
Refer post client questions to Administrative Unit Leader, or dedicated information staff		
Tabulate client numbers hourly, secure filed forms		
Report 'bottlenecks' in client flow to Administrative Unit Leader		
Identify any ongoing operational concerns to Administrative Unit Leader		

Shift Change/Deactivation (event contained, response completed):

Action	Notes	Done
Participate in debrief; identify any ongoing operational concerns to Administrative Unit Leader		
Ensure re-supply or safe storage station supplies		
Turn in ID badge & vest. Sign Out.		

CLINIC SUPPORT UNIT LEADER

Job Action Sheet

Responsibility: Supervise & coordinate clinic support unit activities (greeter, runner, flow monitor, translator groups)

Qualifications: Administrator or volunteer that is organized and has some management experience.

Action	Notes	Done
Report to: Clinic Manager		
Supervise: Greeters, Runners, Flow Monitors, Translators		

Immediate: Initial actions to be done upon clinic activation or new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet		
Report to Clinic Manager for brief		
Review clinic treatment protocol, registration forms, clinic floor plan, clinic flow plan		
Confirm location, inventory general clinic supplies		
Meet with greeter, runner, monitor, translator groups; make station assignments		
Establish unit briefing schedule, communications		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Monitor stations and clinic locations where volunteer staff are assigned		
Monitor & resolve congestion or bottlenecks through direction of flow		
Ensure accessibility of translators at screening, registration, review/triage, dispensing		
Ensure that runners are effectively, efficiently delivering messages, supplies		
Identify any operational concerns to Clinic Manager		

Shift Change/Deactivation (event contained, response completed):

Action	Notes	Done
Obtain report from unit staff		
Report to Clinic Manager for debrief		
Ensure re-supply or safe storage station supplies, clinic traffic flow supplies		
Turn in ID badge & vest. Sign Out.		

TRANSLATOR/INTERPRETER UNIT

Job Action Sheet

Responsibility: Assist clients and clinic staff with language needs.

Qualifications: Any available volunteer/staff that has interpretive experience. Able to use language line.

Action	Notes	Done
Report to: Clinic Support Unit Leader		
Supervise: None		

Immediate: Initial actions to be done upon clinic activation or new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet		
Report to Clinic Support Unit Leader for brief		
Review treatment information sheets, registration forms (English and non-English)		
Review clinic floor plan, client flow plan, station location and function		
Report to assigned work station, communication plan		
Confirm unit briefing schedule		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Assist non-English speaking clients to complete registration forms		
Provide non-English speaking clients with written vaccine/medication information		
Report 'bottlenecks' in client flow to Clinic Support Unit Leader		
Provide Clinic Support Unit Leader with update on client language, communication needs		
Identify any operational concerns to Clinic Support Unit Leader		

Shift Change/Deactivation (event contained, response completed):

Action	Notes	Done
Report to Clinic Support Unit Leader for end of shift, debrief		
Turn in ID badge & vest. Sign Out.		

Notes Cont.

GREETER UNIT

Job Action Sheet

Responsibility: Greet clients on entry to screening station, orient to clinic signage, operations, direct to next station.

Qualifications: Administrator or volunteer that is organized and friendly. Conflict resolution training.

Action	Notes	Done
Report to: Clinic Support Unit Leader		
Supervise: None		

Immediate: Initial actions to be done upon clinic activation or new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet		
Report to Clinic Support unit Leader for brief		
Review clinic floor plan, client flow plan, station locations and function		
Assist with set up or re-supply screening station		
Confirm unit leader briefing schedule, in house communications		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Welcome clients to clinic		
Direct clients to information; point out directional signage		
Answer client questions re: general clinic operations		
Monitor clinic flow for bottlenecks		
Request additional supplies screening stations as needed		
Provide screening station updates to Clinic Support Unit Leader		

Shift Change/Deactivation (event contained, response completed):

Action	Notes	Done
Report to Clinic Support Unit Leader for debrief		
Re-supply screening station or secure supplies		
Turn in ID badge & vest. Sign Out.		

RUNNER UNIT

Job Action Sheet

Responsibility: Transport supplies, messages between stations and Clinic Support Unit Leader or other Unit Leaders

Qualifications: Administrator or volunteer that is organized and able to ambulate and stand for lengthy times.

Action	Notes	Done
Report to: Clinic Support Unit Leader		
Supervise: None		

Immediate: Initial actions to be done upon clinic activation or new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet		
Report to Clinic Support Unit Leader for brief		
Review clinic floor plan, client flow plan, station locations and function		
Review message forms, communication procedures		
Locate clinic supply area, review station re-supply procedures		
Confirm briefing schedule		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Monitor station activity, transmit supply and message requests		
Transport supplies to stations		
Monitor clinic flow for bottlenecks and report to Unit Leader		
Alert Unit Leader to needs for translation or other special services		
Provide activity updates to Unit Leader		

Shift Change/Deactivation (event contained, response completed):

Action	Notes	Done
Report to Clinic Support Unit Leader for debrief		
Complete requests for station re-supply		
Turn in ID badge & vest. Sign Out.		

Notes Cont.

CLINIC FLOW UNIT

Job Action Sheet

Responsibility: Direct and assist client movement between stations, provide clinic monitor for traffic flow bottlenecks

Qualifications: Administrator or volunteer that is organized.

Action	Notes	Done
Report to: Clinic Support Unit Leader		
Supervise: None		

Immediate: Initial actions to be done upon clinic activation or new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet		
Report to Clinic Support Unit Leader for brief		
Review clinic floor plan, client flow plan, station locations and function		
Review message forms, communication procedures		
Locate clinic supply area, review station re-supply procedures		
Confirm briefing schedule		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Assess placement and use of signage (directional, informational) for effectiveness		
Monitor entry area, station areas flow for bottlenecks		
Escort clients as needed		
Notify Unit Leader of client concerns requiring translation, medical evaluation assist		
Provide unit activity updates to Unit Leader as needed		

Shift Change/Deactivation (event contained, response completed):

Action	Notes	Done
Report to Clinic Support Unit Leader for debrief		
Turn in ID badge & vest. Sign Out.		

SCREENING/TRIAGE UNIT LEADER

Job Action Sheet

Responsibility: Supervise and coordinate screening/triage, forms review and information briefing activities at Screening and Review/Briefing stations

Qualifications: Registered Nurse or other trained professional in screening and triage. Organizational/management experience.

Action	Notes	Done
Report to: Clinic Manager		
Supervise: Screening/Triage Unit		

Immediate: Initial actions to be done upon clinic activation or new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet		
Report to Clinic Manager for brief		
Locate and review protocol sheets relevant to screening, triage, medical evaluation and treatment		
Review drug information sheets		
Meet, brief & assign volunteers to screening and review/brief stations		
Ensure that screening and review/briefing areas are set up with adequate supplies and copies of medical screening and treatment protocol		
Confirm briefing schedule		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Ensure compliance with, screening, forms review and briefing protocol		
Ensure referral of ill clients to medical treatment, special needs clients to medical and behavioral health		
Assess placement and use of signage (directional, informational) for effectiveness		
Monitor clinic flow for bottlenecks		
Ensure that Screening and Review/Briefing stations are supplied as needed		
Provide unit briefings to Clinic Manager		

Shift Change/Deactivation (event contained, response completed):

Action	Notes	Done
Obtain report from unit; Report to Clinic Manager for debrief		
Ensure re-supply & safe storage station supplies, clinic traffic flow supplies		
Turn in ID badge & vest. Sign Out.		

Notes Cont.

SCREENING/TRIAGE UNIT

Job Action Sheet

Responsibility: Following screening/treatment protocol, verify eligibility to receive medication/vaccination. Identifies clients with illness symptoms, contraindications and refers to appropriate station.

Qualifications: Registered Nurse or other trained professional in screening and triage.

Action	Notes	Done
Report to: Screening/Triage Unit Leader		
Supervise: None		

Immediate: Initial actions to be done upon clinic activation or new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet		
Report to Screening/Triage Unit Leader for brief		
Review clinic floor plan, client flow plan, station locations and function		
Review screening/treatment protocol information, registration forms		
Review drug information sheets		
Check placement of informational and directional signage		
Confirm briefing schedule		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Follow triage algorithm for medication/vaccination		
Screen vaccination records if applicable		
Review medication allergies & contraindications		
Refer client to Medical Evaluators if indicated		
Answer client questions or refer to Unit Leader		
Monitor clinic flow for bottlenecks and report to Unit Leader		
Provide unit activity updates to Unit Leader as needed		

Shift Change/Deactivation (event contained, response completed):

Action	Notes	Done
Report to Clinic Support Unit Leader for debrief		
Complete requests for station re-supply		
Turn in ID badge & vest. Sign Out.		

Notes Cont.

MEDICAL EVALUAITON UNIT

Job Action Sheet

Responsibility: Assess 'special needs' client health issues & contraindications to treatment. Evaluate referrals from screening and briefing station.

Qualifications: EMT, Registered Nurse or other trained professional in medical evaluation. CPR certified.

Action	Notes	Done
Report to: Screening/Triage Unit Leader		
Supervise: None		

Immediate: Initial actions to be done upon clinic activation or new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet		
Report to Screening/Triage Unit Leader for brief		
Review clinic floor plan, client flow plan, station locations and function		
Locate first aid supplies/AED		
Locate & review screening, consent & vaccination information forms		
Locate & review adverse event reporting documents		
Set up stations; check supply levels		
Confirm clinic plan for transport of medical emergencies to appropriate facility		
Confirm briefing schedule with Unit Leader		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Confirm client eligibility for medication/vaccine-refer to dispensing, answer client questions		
Monitor entry area flow for bottlenecks, report any operational safety concerns		
Assist with any emergency health assessments		
Perform lifesaving/emergency treatment if necessary		
Report to EMS/Hospital if transporting a patient		
Maintain any required documentation logs		
Provide unit activity updates to Unit Leader as needed		

Shift Change/Deactivation (event contained, response completed):

Action	Notes	Done
Re-supply station		

Report to Screening/Triage Unit Leader for debrief		
Complete & turn in any ICS/unit logs or forms to Unit Leader		
Turn in ID badge & vest. Sign Out.		

Notes Cont.

BEHAVIORAL HEALTH UNIT

Job Action Sheet

Responsibility: Provide intervention & counseling referrals to clients/staff exhibiting anxiety or other stress reactions.

Qualifications: Registered Nurse or other trained professional in behavioral health evaluation. Training in conflict resolution.

Action	Notes	Done
Report to: Screening/Triage Unit Leader		
Supervise: None		

Immediate: Initial actions to be done upon clinic activation or new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet		
Report to Screening/Triage Unit Leader for brief		
Review clinic floor plan, client flow plan, station locations and function		
Review referral resources		
Locate & review screening, consent & vaccination information forms		
Locate & review adverse event reporting documents		
Set up stations; check supply levels		
Confirm clinic plan for transport of medical emergencies to appropriate facility		
Confirm briefing schedule with Unit Leader		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Following behavioral health protocol; assess behavioral health referrals; intervene; counsel or refer to outside agency as appropriate		
Monitor entry area flow for bottlenecks		
Conduct clinic walk through; monitor client flow, station activity		
Maintain any required documentation logs		
Provide updates to Unit Leader		

Shift Change/Deactivation (event contained, response completed):

Action	Notes	Done
Re-supply station		
Report to Screening/Triage Unit Leader for debrief		
Complete & turn in any ICS/unit logs or forms to Unit Leader		
Turn in ID badge & vest. Sign Out.		

DISPENSING/VACCINATING UNIT LEADER

Job Action Sheet

Responsibility: Supervise and manage activities associated with dispensing medication or administering vaccine to ensure compliance with treatment protocol and supply security.

Qualifications: EMT, Registered Nurse or other licensed professional in MCM dispensing.

Action	Notes	Done
Report to: Clinic Manager		
Supervise: Dispensing/Vaccinating Unit		

Immediate: Initial actions to be done upon clinic activation or new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet		
Report to Screening/Triage Unit Leader for brief		
Review clinic floor plan, client flow plan, station locations and function		
Meet with Dispensing/Vaccinating Unit; review treatment protocol, emergency treatment & documentation		
Set up stations; check supply levels		
Review emergency treatment plan for vaccine reactions		
Confirm clinic plan for transport of medical emergencies to appropriate facility		
Confirm briefing schedule with Unit Leader		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Monitor dispensing stations for safety & supply needs		
Monitor pharmaceutical supply, cold chain for vaccines		
Ensure compliance with universal precautions and 'best practices' vaccination practices		
Maintain any required documentation logs		
Provide unit activity updates to Clinic Manager		
Order additional supplies		

Shift Change/Deactivation (event contained, response completed):

Action	Notes	Done
Obtain reports from unit staff		
Report to Clinic Manager for debrief		
Document pharmaceutical supply levels & security status		

Complete & turn in any ICS/unit logs or forms to Unit Leader		
Turn in ID badge & vest. Sign Out.		

Notes Cont.

DISPENSING/VACCINATING UNIT

Job Action Sheet

Responsibility: Provide medication or administer vaccine in compliance with treatment protocol. Maintain supply security and standard universal precautions.

Qualifications: EMT, Registered Nurse or other licensed professional in MCM dispensing.

Action	Notes	Done
Report to: Dispensing/Vaccinating Unit Leader		
Supervise: None		

Immediate: Initial actions to be done upon clinic activation or new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet		
Report to Dispensing/Vaccinating Unit Leader for brief		
Review clinic floor plan, client flow plan, station locations and function		
Review treatment protocol, emergency treatment & documentation		
Set up stations; check supply levels		
Review emergency treatment plan for vaccine reactions		
Confirm clinic plan for transport of medical emergencies to appropriate facility		
Confirm briefing schedule with Unit Leader		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Label medication bottles with name of client & date; place pre-printed labels (if available) on bottles		
Draw up diluents; mix with vaccine without contaminating needles.		
Monitor time from drawn up to administration by vaccinator(30 minutes)		
Comply with standard universal precautions		
Ask Pharmacy supply for more vaccine as needed(keep at least 10 doses at station)		
Maintain “cold chain” of vaccine at station		
Document dispensing/vaccinating action per clinic protocol(circle lot number on client sheet)		

Provide unit activity updates to Unit Leader		
Request station supplies as needed		
Shift Change/Deactivation (event contained, response completed):		
Action	Notes	Done
Re-supply station		
Report to Dispensing/Vaccinating Unit Leader for debrief		
Complete & turn in any ICS/unit logs or forms to Unit Leader		
Turn in ID badge & vest. Sign Out.		

Notes Cont.

PHARMACY SUPPLY UNIT

Job Action Sheet

Responsibility: Monitor pharmaceutical security, 'cold chain' as indicated. Assists with inventory and receipt of local pharmaceutical or SNS supplies. Assist clinic support unit with re-supply to dispensing stations.

Qualifications: EMT, Registered Nurse or other licensed professional in MCM dispensing.

Action	Notes	Done
Report to: Dispensing/Vaccinating Unit Leader		
Supervise: None		

Immediate: Initial actions to be done upon clinic activation or new operational period

Action	Notes	Done
Sign Personnel Log-In Sheet; secure ID Badge & vest		
Review Job Action Sheet		
Report to Dispensing/Vaccinating Unit Leader for brief		
Review clinic floor plan, client flow plan, station locations and function		
Inventory pharmaceutical supply		
Check 'cold chain' security for vaccine storage		
Review emergency treatment plan for vaccine reactions		
Confirm clinic plan for ordering, receiving additional supplies		
Confirm briefing schedule with Unit Leader		

Ongoing: Responsibilities and actions to Ensure effective mass clinic operations

Action	Notes	Done
Monitor pharmaceutical supply & refrigerator temps (cold chain) for vaccines		
Assist with re-supply to dispensing stations		
Maintain any required documentation/inventory logs		
Provide unit activity updates to Dispensing/Vaccinating Unit Leader		
Order additional supplies as needed		

Shift Change/Deactivation (event contained, response completed):

Action	Notes	Done
Document pharmaceutical inventory & temperatures in refrigerated storage		
Report to Unit Leader for debrief		

Document pharmaceutical supply levels & security status		
Complete & turn in any ICS/unit logs or forms to Unit Leader		
Turn in ID badge & vest. Sign Out.		

Notes Cont.

EMERGENCY TREATMENT FOR ANAPHYLAXIS

Anaphylaxis is a serious allergic reaction that typically comes on quickly. It requires immediate medical treatment. If not treated properly, it can be fatal. All antibiotics and vaccines have the potential to cause adverse reactions. In order to safely administer antibiotics and vaccines and reduce the risk of adverse reactions, screen all clients for previous allergic reactions and contraindications before administering vaccines or antibiotics. Adolescents and adults should be seated or lying down during vaccination. Clients should wait in the clinic for at least 15 minutes following vaccination. The list below describes symptoms of anaphylaxis and appropriate management.

ANAPHYLAXIS

Symptoms may include:

- Generalized itching, flushing, erythema (redness)
 - Urticaria (hives)
 - Angioedema (swelling of the lips, face, or throat)
 - Severe bronchospasm (wheezing)
 - Shortness of breath
 - Shock (rapid, shallow breathing; cold, clammy skin; weakness, dizziness)
 - Abdominal cramping
 - Cardiovascular collapse
 - Anxiety, feeling of impending doom, headache
-
- ❖ Prompt administration of epinephrine is essential for treatment of anaphylaxis (Chipps, 2013; Simon, et al., 2013).
 - ❖ There is risk of time delays and dosages errors when drawing up epinephrine (Sicherer, Simons, and the Section on Allergy and Immunology, 2007).

Epinephrine dosages: See table in medical directive

KEY STEPS

- I. Assess circulation, airway, breathing, mental status, skin and body weight.
- II. Promptly and simultaneously:
 - a. Call for help (by a second person if possible)
 - b. Administer epinephrine
 - c. Position client on back with lower extremities elevated
- III. Perform CPR if indicated, following the current American Heart Association guidelines
- IV. Monitor vital signs

If additional staff is available, assign roles. In one nurse or two nurse stations, administrative staff could assist with recording events for the PHN or performing CPR, if certified. **See details in the medical directive below.**

Medical Directive:

In the event of anaphylaxis (symptoms listed above):

- I. Assess circulation, airway, breathing, mental status, skin and body weight.

Note: PHNs routinely obtain the client's weight with *Healthy Lifestyle* screenings. This puts the PHN in an ideal position to pre-identify the client's epinephrine dosage prior to an anaphylaxis event.
- II. Promptly and simultaneously:
 - a. Call for help (by a second person if possible; if working alone, prioritize steps so the client promptly receives a first dose of epinephrine)
 - b. Administer epinephrine intramuscularly **(IM) in the anterolateral thigh**

Weight in Pounds & Ounces	Epinephrine Auto-Injection Devices		Vial or Ampule of Epinephrine 1:1000 (1 mg/mL) Draw up & administer:
Infant/Child * 9-19 lbs.	N/A		0.05 mg (0.05mL)
Infant/Child* 20-32 lbs.	N/A		0.1mg (0.1mL)
Child 33-65 lbs.	Administer (Dose is 0.15 mg)	OR	0.3mg (0.3mL)
Child 66 lbs. or greater	Administer (Dose is 0.3 mg)	OR	0.5mg (0.5mL)
Adolescent/ Adult 66 lbs. or greater	Administer (Dose is 0.3 mg)	OR	0.5mg (0.5mL)

*<http://www.immunize.org/catg.d/p3082a.pdf> -- Reference for "Infant/Child" doses only.

Medical Directive continued on next page:

Medical Directive continued:

- II. c. Position client on back with lower extremities elevated
- This slows the progression of hemodynamic compromise/preserves fluid in the circulation
 - Maintain this position as fatality may occur if the client suddenly stands or sits (due to empty vena cava/empty ventricle syndrome)
 - If the client has respiratory distress +/- vomiting, place in a position of comfort with lower extremities elevated

If emergency medical support has not arrived & symptoms are still present:

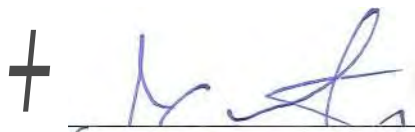
- ./ Repeat dose of epinephrine **every 5 - 15 minutes for up to 3 doses**, depending on client's symptoms & blood pressure (1 or 2 doses are usually sufficient)
- ./ Epinephrine may be given at intervals shorter than 5 minutes if necessary

III. Perform CPR if indicated, following current American Heart Association guidelines

IV. Monitor the client's vital signs closely (every 5 minutes) until Emergency Medical Support arrives

- ./ Record all vital signs, medications administered to the patient, including the time, dosage, response, and the name of the medical personnel who administered the medication, and other relevant clinical information.
- ./ Do not release client until care is turned over to the Emergency Medical Response team.
 - o Turn primary authority for care over to the EMT/CHA as soon as they arrive at the scene.
 - o Support the EMT/CHA until the EMT/CHA acknowledges that PHN support is no longer needed.

Assure that emergency responders have full information about the drug causing the reaction, including the name of the drug, dosage, site of injection, and time of administration.



Jay . tier, M.D.

Chief Medical Officer Department of Health and Social Services
Director, Division of Public Health

Dec 28 , 2016

Date

Other considerations:

- Protect epinephrine from light and freezing (store between 59° and 77° F)
- Store epinephrine vial in box until ready for use
- Inspect solution – do not use if pinkish or brown in color, darker than slightly yellow, or if precipitate is present
- Record the following dates on the vial of epinephrine:
 - Date opened
 - Discontinue use date (28 days later)
 - If using an opened vial
 - ✓ Check dates to make sure it is still within the date range to use the vial
 - ✓ Check appearance of epinephrine (do not use if discolored or if precipitate is present)
 - Start a new vial by the 28th day
- Maintain supplies needed to respond in an emergency

Supplies:

A tackle box is best for keeping emergency supplies.

- The tackle box should be:
 - Boldly labeled as an emergency kit
 - Have the expiration date of all medications posted boldly on the outside surface
 - Routinely checked to assure that all necessary contents are contained and that no items have expired
 - Checked and replenished after each use

Contents of the emergency kit include:

- At least 2 vials of aqueous epinephrine 1:1,000 dilution (1 mg/mL)
 - This is so you will have enough back up epinephrine to administer once the first vial is opened, or if it shows signs of oxidation (discolored, precipitate)
 - Once a vial of epinephrine is opened, write the opened date on the vial and 28th day expiration date
 - Replace an open vial of epinephrine within 28 days, providing there are no signs of oxidation (discolored, precipitate)
- At least (5) 1-1/2 inch retractable needles or safety needles (needles should be long enough to reach the muscle of anterolateral thigh)
- At least 5 tuberculin syringes
 - Do not use tuberculin syringes with attached needle; the needles are designed for Tuberculin Skin Testing. These needles are not long enough for I.M. administration of medication.
- CPR pocket masks
- Blood pressure cuff and stethoscope
- Alcohol wipes
- At least 3 pair of gloves

- Pen and paper log to record events:
 - Name of the medications/vaccines, route, and site(s) administered prior to the adverse reaction
 - Time and type of initial reaction
 - Time and initial response/care of client from PHN
 - Additional PHN care provided, including vital signs, observations, medical management, epinephrine given
 - Discharge of client, including time, status of client and to whom client was discharged
 - Keep a copy to document for the chart and send a copy of the documentation with emergency personnel

Reporting to VAERS:

Report all adverse vaccine events to your immediate supervisor using the Vaccine Adverse Events Reporting System (VAERS) report and report the anaphylaxis event to the national VAERS program. (See Section VIII of the Immunization Manual.)

References:

American Academy of Allergy Asthma & Immunology. (2015). Ask the experts. Retrieved from <http://www.aaaai.org/home.aspx>

American Academy of Pediatrics (2015). In: Pickering LK, Baker CH, Kimberlin DW, Long SS, eds. *Red Book: 2015 Report of the Committee on Infectious Diseases*. Elk Grove Village, IL: American Academy of Pediatrics.

Centers for Disease Control and Prevention. (2011). General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR*, 60 (2), 1-62. Retrieved from http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6002a1.htm?s_cid=rr6002a1_e

Chippis, B.E. (2013). Update in pediatric anaphylaxis: A systematic review. *Clinical Pediatrics*, 52 (5), 451-461. DOI: 10.1177/0009922812474683

Dinaker, C. (2012, July 20). Anaphylaxis in children: Current understanding and key issues in diagnosis and treatment. *Current allergy and asthma reports*. Published online at <http://www.springerlink.com/content/y169618w4710pl56/fulltext.pdf>

Immunization Action Coalition. (2016, July Updated). Medical Management of Vaccine Reactions in Children and Teens. Item #P3082a. Retrieved from <http://www.immunize.org/catg.d/p3082a.pdf>

Immunization Action Coalition. (2016, July Updated). Medical Management of Vaccine Reactions in Adults. Item #P3082. Retrieved from <http://www.immunize.org/catg.d/p3082.pdf>

Lieberman, P., Nicklas, R., Oppenheimer, J., & Randolph, C. (2015, November). Anaphylaxis-a practice parameter update 2015. *Annals of Allergy, Asthma & Immunology*, Volume 115:5, 1081-1206. Retrieved from: <http://www.sciencedirect.com/science/article/pii/S1081120615005153> or <https://www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Practice%20and%20Parameters/2015-Anaphylaxis-PP-Update.pdf>

Linzer, J.F., Bechtel, K.A., Windle, M.L. (2016, September 15 updated) Pediatric Anaphylaxis. Medscape <http://emedicine.medscape.com/article/799744-overview#a1>

Rudders, S.A. & Banerji, A. (2013). An update on self-injectable epinephrine. *Current Opinion Allergy and Clinical Immunology*, 13 (4), 432 – 437. DOI: 10.1097/ACI.0b013e328362b8aa

Sicherer, S.H., Simons, F.E.R., and the Section on Allergy and Immunology. (2007). Self-injection for first-aid management of anaphylaxis. *Pediatrics*, 119 (3), 638-646. DOI: 10.1542/peds.2006-3689 Retrieved from: <http://pediatrics.aappublications.org/content/pediatrics/119/3/638.full.pdf>

Simons, F.E.R. & Sheikh, A. (2013, February). Clinical review. Anaphylaxis: the acute episode and beyond. *BMJ*, 346:f602. DOI: 10.1136/bmj.f602 Retrieved from: <http://www.bmj.com/content/346/bmj.f602.long>

Simons, R.E.R., Arduoso, L.R.F., Bilo, M.B., Dimov, V., Ebisawa, M., El-Gamal, Y.M., Ledford, D.K., Lockey, R.F., Ring, J., Sanchez-Borges, M., Senna, G.E., Sheikh, A., Thong, B.Y., & Worm, M. for the World Allergy Organization. (2013). 2013 update: World Allergy Organization guidelines for the assessment and management of anaphylaxis. *Current Opinion in Allergy and Clinical Immunology*, <https://www.ncbi.nlm.nih.gov/pubmed/24008815/>

Tschudy, M.M. & Arcara, K.M. (2012). *Harriet Lane handbook (19th Ed.)*. Elsevier Mosby: Philadelphia, PA.

Travers, A.H., Rea, T.D., Bobrow, B.J., Edelson, D.P., Berg, R.A., Sayre, M.R., Berg, M.D., Swor, R.A., (2010). Part 4: CPR overview: 2010 American Heart Association guidelines for cardiopulmonary resuscitation and emergency cardiovascular care. *Circulation*. 122(suppl 3):S676-S684. Retrieved from http://circ.ahajournals.org/content/122/18_suppl_3/S676

2015 American Heart Association (AHA) Guidelines Update for Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC): An Update to the 2010 AHA Guidelines for CPR and ECC rather than a complete revision of the Guidelines. Retrieved from: <https://eccguidelines.heart.org/index.php/circulation/cpr-ecc-guidelines-2/>

Vallerand, A.H. & Sanoski, C.A. (Eds.) (2016). *Davis's Drug Guide for Nurses (15th Ed.)*. Philadelphia, PA: Davis Company.

**CITY OF HOMER
HOMER, ALASKA**

Smith

RESOLUTION 20-031

A RESOLUTION OF THE CITY COUNCIL OF HOMER, ALASKA,
ASSIGNING THE MANAGEMENT AND USE OF THE OLD HOMER
POLICE STATION TO THE HOMER VOLUNTEER FIRE DEPARTMENT
(HVFD) WITH OPERATING AND MAINTENANCE COSTS
ASSOCIATED WITH THE BUILDING FUNDED OUT OF THE HVFD
BUDGET.

WHEREAS, The Homer Police Department will be relocating to the new police station
this year; and

WHEREAS, Once the relocation occurs, the old police station will be vacant; and

WHEREAS, The sixty year old Homer Fire Station can no longer efficiently meet the
operational needs of the Homer Volunteer Fire Department (HVFD) and has many inadequacies
with regards to useable space of the facility; and

WHEREAS, HVFD has identified many uses for the old police station that are in the best
interest of public safety and community resiliency such as additional storage for supplies and
emergency response equipment, training and class room space, alternate temporary office
space, additional covered vehicle storage, parking for volunteers when responding to calls,
and an auxiliary dispatch station if an Emergency Operations Center is initiated; and

WHEREAS, The above listed uses would not trigger a change in occupancy and remodels
by the State Fire Marshal; and

WHEREAS, Alternate uses of the building that would require remodeling or a change in
use to the old police station would require architectural designs to be submitted and approved
by the State which would extend the timeline for occupancy and come at significant expense;
and

WHEREAS, The building cannot be used in a 24-hour capacity (sleeping quarters)
without the installation of a sprinkler system; and

WHEREAS, Given the limited usability of the old police station, and HVFD has an
imminent need for additional facility space, which the old police station could serve with
minimal improvements.

43 NOW, THEREFORE, BE IT RESOLVED that the City Council of Homer, Alaska, hereby
44 assigns the management and use of the old Homer police station to the Homer Volunteer Fire
45 Department and will follow up with a budget ordinance at mid-biennium for operating and
46 maintenance costs associated with the building funded out of the HVFD budget.

47
48 PASSED AND ADOPTED by the Homer City Council this 23rd day of March, 2020.

49
50 CITY OF HOMER

51
52
53
54 _____
55 KEN CASTNER, MAYOR

56 ATTEST:

57
58
59 _____
60 MELISSA JACOBSEN, MMC, CITY CLERK
61
62
63
64
65



Southern Kenai Peninsula Opioid Task Force

March 20, 2020

Homer City Council

Updates & COVID-19 Response

In response to the COVID-19 Outbreak, the Southern Kenai Peninsula Opioid Task Force has been proactive in aligning with all recommendations to ensure the health of our community.

- All Opioid Task Force meetings have been moved to videoconferencing, including the monthly task force meetings and all work group meetings
- Currently, work groups are working to bring our website live with the aim of launching publicly in May 2020
 - The website will offer the community the most up to date information about local treatment and recovery resources, prevention and disease of addiction education as well as house all task force related information
- The Task Force has been running a social media campaign that has been extremely successful in expanding reach within the community and providing evidence-based education and messaging, follow the task force at www.facebook.com/SKPOpioidTaskForce

Updates to local community addiction & behavioral health treatment services:

- Local treatment providers are open and currently providing services to patients while following all state and federal guidelines, and continue to serve current clients and address any necessary emergency responses in the community
- Division of Behavioral Health assures that behavioral health is considered a necessary medical service during this crisis and will continue to support services
- Relaxing regulations regarding paperwork and remote services allow local agencies to continue to provide necessary services via telephone or videoconferencing
- Many local community agencies have replaced all group sessions & activities with telephone or videoconferencing

The Exchange, Syringe Access Program

- Continues to provide necessary services to the community for Harm Reduction, however, have adapted their process to align with all recommendations and to mitigate the spread of the virus

The next Southern Kenai Peninsula Opioid Task Force Meeting will be:

Wednesday, March 25th 11:00am-12:30pm via Zoom Teleconferencing: <https://zoom.us/j/873789663>

For additional information please email SKPOpioidTaskForce@gmail.com

The SKP Opioid Task Force is supported & made possible by MAPP of Southern Kenai Peninsula





Southern Kenai Peninsula Opioid Task Force

Additional Helpful Links:

Alcoholics Anonymous Online Intergroup: For information for virtual 12 step meetings

https://aa-intergroup.org/directory_telephone.php

Narcotics Anonymous Online Meetings:

http://na-recovery.org/Narcotics_Anonymous_Online_Meeting_Schedule.html

Taking Care of Your Behavioral Health: Tips for Social Distancing, Quarantine, and Isolation during an Infectious Disease Outbreak

Brochure from the Substance Abuse and Mental Health Services Administration:

<https://store.samhsa.gov/system/files/sma14-4894.pdf>

Mental Health and Coping During COVID-19

Guidance from the Centers for Disease Control and Prevention on managing mental health stressors during this time

<https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html>

For people struggling, please continue to promote the National Suicide Prevention Lifeline at 1800-273-TALK (5233) and the Crisis Text Line (Text “START” to 741-741).

The SKP Opioid Task Force is supported & made possible by MAPP of Southern Kenai Peninsula



Drug & Alcohol Treatment Resources

Homer & Southern Kenai Peninsula

Local Treatment Services

Immediate Help: 911

CICADA, Cook Inlet Council on Alcohol and Drug Abuse, (907) 235-8001

Outpatient Treatment Services & Medication Assisted Treatment Referrals Available
1230 Ocean Drive Homer AK 99603 (907) 235-8001

Dr. Katie Ostrom, OB/GYN, (907) 435-0555

Medication Assisted Treatment for Pregnant Women
205 W Fairview Dr, Homer AK 99603

Homer Medical Center, (907) 235-8586

Medication Assisted Treatment & Additional Referrals Available
4136 Bartlett Street Homer AK 99603

Kachemak Medical Group, (907) 235-7000

Medication Assisted Treatment & Additional Referrals Available
4129 Bartlett Street Homer AK 99603

Ninilchik Traditional Council, (907) 567-3970

Medication Assisted Treatment and Behavioral Health & Peer Support Services Available
Homer & Ninilchik Appointments Available

Peer Support Services: Homer (907) 420-7268 Ninilchik (907) 741-2019 Homer & Veterans (907) 420-4713

Set Free Alaska, (907) 235-4732

Outpatient Treatment Services Available
1130 Ocean Drive Homer AK 99603

South Peninsula Behavioral Health Services "The Center", (907) 235-7701

Substance Abuse Counseling Available
3948 Ben Walters Lane Homer AK 99603

South Peninsula Hospital Emergency Department, (907) 235-8101

Emergency Department Open 24 Hours/Day for Emergency Services
4300 Bartlett Street Homer AK 99603

SVT Health & Wellness, (907) 226-2228

Brief Alcohol & Substance Use Screenings, Intervention, Counseling & Treatment Referrals
880 E East End Rd, Homer AK 99603
Homer, Anchor Point & Seldovia Clinics

The Exchange, Syringe Exchange & Disposal, HomerExchange@gmail.com

Additional Resources Available
Every 1st & 3rd Tuesdays, 5pm-7pm 203 W. Pioneer Ave Homer AK 99603

****Medication Assisted Treatment (MAT) is the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of alcohol and substance use disorders**

****Referrals for detox & other services can be made by contacting any of the resources listed above**





City of Homer

www.cityofhomer-ak.gov

Planning

491 East Pioneer Avenue
Homer, Alaska 99603

Planning@ci.homer.ak.us

(p) 907-235-3106

(f) 907-235-3118

TO: Mayor Castner and Homer City Council
THROUGH: Port and Harbor Advisory Commission
FROM: Julie Engebretsen, Deputy City Planner
DATE: March 18, 2020
SUBJECT: Overslope Recommendations

In Resolution 19-022 adopting the 2019 Land Allocation Plan, Council tasked the Commission with making recommendations to Council on five items related to overslope development around the harbor. The Commission has had several meetings on these topics and most recently, a work session in January. The topics were:

1. Evaluate Parking
2. Utility Access
3. Drainage
4. Leasing provisions
5. Zoning Code considerations

Parking

The Commission is aware of parking concerns! In the upcoming parking study (summer 2020), parking demand from future overslope development should be a consideration. New overslope development entails not just customer parking, but also deliveries, commercial loading and unloading, trash removal and potentially even tour bus or shuttle stops. There has to be enough physical space to accommodate the support services a new business will require. The Commission is actively working with Port staff on the scope of work for the parking study.

The Commission also felt that perhaps overslope on the Freight Dock road side of the harbor, was a better long term choice. If people and vehicles are too congested along Homer Spit Road, overslope opportunities may be best located on the Freight Dock Road side of the harbor. This idea can be further explored after the parking study is done, and during the upcoming Spit Comprehensive Plan update budgeted for 2021.

Utility Access

Utility access is driven mostly by what infrastructure is actually in the ground and its location. Engineering is required for every commercial connection, regardless of the location on a boardwalk or uplands. The City does have some rules for utility connections, but a new boardwalk would be a major undertaking with a lot of utility planning involved. Planning and Public Works regularly hold pre-application meetings with developers to address utilities,

drainage, site plans, etc. No special provisions for boardwalk development are needed; all commercial development city wide requires engineering and project planning.

Drainage

Drainage is not well addressed on the Spit, and that is true of most of Homer. There are two approaches possible: Big picture, or site specific. A drainage plan for the whole community is a top five project in the Capital Improvement Plan. If and when that plan is funded, it should address the Spit. On a site specific scale, the zoning code through 21.46.080 requires a plan for roof drainage and runoff, and the zoning permit process also reviews drainage for a development.

Leasing

Several lease issues were brought to light when the City issued an RFP for overslope development. Such issues include the length of the lease, and if the platform could be used to moor vessels. There was feedback that a 99 year lease would be desirable to recover the cost of the platform. If the City decides to issue another RFP in the future, length of lease and the ability to moor boats should be addressed in the RFP.

Zoning Code considerations

The Commission worked with staff to suggest some amendments to the zoning code. Recommendations are attached to this memo. Planning staff will continue to work on the ordinance with the Planning Commission.

Attachments

Resolution 19-022

Draft HCC 21.46

**CITY OF HOMER
HOMER, ALASKA**

Aderhold

RESOLUTION 19-022

**A RESOLUTION OF THE HOMER CITY COUNCIL APPROVING THE
CITY OF HOMER 2019 LAND ALLOCATION PLAN.**

WHEREAS, Chapter 19.08.020(c) requires the City to adopt a land allocation plan; and

WHEREAS, The Port and Harbor and Economic Development Advisory Commissions reviewed the draft Land Allocation Plan and provided their recommendations as outlined in a Memorandum dated March 18, 2019 by the Deputy City Planner; and

WHEREAS, the Port and Harbor Advisory Commission is interested in continued work on over slope development around the harbor; and

WHEREAS, The City Council discussed the Land Allocation Plan during a work session with members of the Port and Harbor and Economic Development Advisory Commissions on March 26, 2019; and

WHEREAS, Resolution 19-014 directed the administration to issue a Request for Proposal (RFP) to Manage, Lease, and Renovate the Homer Education and Recreation Complex (HERC 1).

NOW, THEREFORE, BE IT RESOLVED by the Homer City Council that the Port and Harbor Advisory Commission further advance their work on over slope development by evaluating parking, utility access, drainage, leasing provisions and zoning code considerations and forwarding recommendations to the City Council; and

BE IT FURTHER RESOLVED by the Homer City Council that the City of Homer 2019 Land Allocation Plan is hereby amended as follows:

1. Designate the HERC 1 building as available for lease with the terms guided by Resolution 19-014.

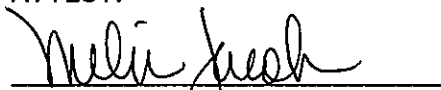
BE IT FURTHER RESOLVED by the Homer City Council that the City of Homer 2019 Land Allocation Plan is hereby approved as amended.

PASSED AND ADOPTED by the Homer City Council this 8th day of April, 2019.

CITY OF HOMER


KEN CASTNER, MAYOR

ATTEST:



MELISSA JACOBSEN, MMC, CITY CLERK

Fiscal Note: N/A



Chapter 21.46

SMALL BOAT HARBOR OVERLAY DISTRICT

Sections:

- 21.46.010 Purpose and intent.
- 21.46.020 Overlay district boundaries.
- 21.46.030 Applicability.
- 21.46.040 Conditional uses.
- 21.46.050 Overslope platform standards.
- 21.46.060 Architectural standards.
- 21.46.070 Signs.
- 21.46.080 Landscaping.
- 21.46.090 Architectural plans.

21.46.010 Purpose and intent.

The purpose of the Small Boat Harbor Overlay District is to establish additional development regulations specifically designed for the unique nature and needs of water- and tourism-oriented uses on platforms over the small boat harbor. These regulations will delineate special performance and design standards, encourage mixed use developments which contribute to the stabilization of water-dependent and water-related uses, encourage the link between the marine business and general business sectors of the community, and encourage safe and enjoyable access along the harbor's edge. [Ord. 09-44(S) § 3, 2009].

21.46.020 Overlay district boundaries.

The Small Boat Harbor Overlay District applies to the property described as Lot G-8 and Small Boat Harbor, Homer Spit Subdivision No. Two, T6S, R13W, Sections 35 and 36, and T7S, R 13W, Sections 1 and 2, Seward Meridian, as shown on Plat No. 92-50. [Ord. 09-44(S) § 3, 2009].

21.46.030 Applicability.

Unless otherwise noted, the requirements of the Small Boat Harbor Overlay District apply to all development and are in addition to the requirements of the underlying zoning district. Where a requirement of the underlying district conflicts with a requirement of the overlay district, the overlay district requirement shall govern. [Ord. 09-44(S) § 3, 2009].

STAFF NOTE: There is some vagueness in the code that staff will address in the next draft. Docks, like the fish dock, should not be regulated by this overslope development code. Industrial working docks moving fish or fuel are not places that are desirable for general public access. Overslope regulations were intended to address general commercial activities such as retail, restaurants, etc places where the public would normally be present.

21.46.040 Conditional uses.

The following uses may be permitted in the Small Boat Harbor Overlay District when authorized by conditional use permit issued in accordance with Chapter 21.71 HCC:

- a. Overslope development. [Ord. 09-44(S) § 3, 2009].

21.46.050 Overslope platform standards.

An overslope platform shall comply with the following standards:

- ~~a. An overslope platform shall be 40 feet deep, and shall be not less than 40 feet nor more than 240 feet wide.~~

b. There shall be a minimum 20-foot setback separating an overslope platform from a dedicated right-of-way. Except as provided in the preceding sentence, there are no setback requirements for overslope platforms, and an overslope platform may be constructed to the lot line.

c. An overslope platform that is used for the docking of boats shall be designed to bear the loads associated with that use, and include suitable rail access, gates, stairs and fenders.

d. The bottom of the lowest structural member of the lowest floor of an overslope platform (excluding pilings and columns) shall be at least one foot above the base flood elevation.

e. The area of an overslope platform that at the time of its construction is within ~~15-10~~ feet of the edge of a ramp shall be used as a public access area, within which no sales or commercial activity may occur. Such a public access area ~~shall not~~ may be counted to meet open space or landscaping requirements.

f. Direct access from an overslope platform to the ramp shall be limited to avoid user conflicts. Gates or other moveable barriers that facilitate loading and unloading may be used to control access. [Ord. 09-44(S) § 3, 2009].

21.46.060 Architectural standards.

Overslope development shall conform to the following architectural standards:

a. All buildings on the same overslope platform shall receive a common architectural treatment. The main color of the exterior walls of all buildings on an overslope platform shall be one or more earth or seascape tones.

b. Not less than five percent of the area of an overslope platform area shall be outdoor public open space.

c. Overslope development shall include pedestrian walkways that provide direct access between common areas in the overslope development and public rights-of-way.

d. Opaque walls, fences or planter boxes, or any combination of them, shall be used to screen mechanical equipment and trash containers from view in adjacent public areas.

e. The design of structures and outdoor pedestrian areas shall take into consideration environmental factors such as prevailing wind, salt spray, solar exposure, snow and heavy rains.

f. Along the length of a building, the roofline shall not be continuous for more than 60 feet. Roofs shall be gabled.

g. The maximum height of a building measured from the overslope platform or the adjacent grade to the highest roof peak shall not exceed 25 feet.

~~h. A public access not less than eight feet wide to an area overlooking the harbor shall be provided at each end of an overslope platform and at intervals not greater than 150 feet on the overslope platform.~~

i. A continuous pedestrian corridor at least eight feet wide must extend the length of the overslope development, on either the harbor or the uplands side, or some combination thereof. The corridor must be clear of obstructions, but may be covered by an awning or roof overhang. The minimum eight-foot width of the corridor may not be counted to meet landscaping or public open space requirements. [Ord. 09-44(S) § 3, 2009].

21.46.070—Signs.

~~Signs are subject to the requirements in Chapter 21.60 HCC that apply in the underlying zoning district; provided, that the maximum combined total area for all signs under Table 2 in HCC 21.60.060(c) is~~

~~calculated on a per-building basis instead of on a per-lot basis. No sign bearing a commercial message, as defined in HCC 21.60.040, may be placed in an outdoor public open space. [Ord. 09-44(S) § 3, 2009].~~

21.46.080 Landscaping.

- a. Five percent of the area of an overslope platform must be landscaped.
- b. In addition to the types of plantings listed in the definition of landscaping in HCC 21.03.040, landscaping on an overslope platform may include planter boxes and hanging basket plantings.
- c. The Commission may permit the substitution of durable outdoor art, or amenities for public use such as bike racks, benches, trash receptacles and information kiosks, for part of the required landscaping on an overslope platform. [Ord. 09-44(S) § 3, 2009].

21.46.090 Architectural plans.

An application for an overslope development conditional use shall include the following detailed plans and specifications showing compliance with the requirements of this chapter:

~~a. Floor plans at a scale of one-eighth inch equals one foot.~~

b. Architectural elevations.

c. Site elevation showing the relationship to the platform of the base flood elevation and mean high tide line, and the elevation of the land where the platform adjoins the shore.

~~d. Exterior finish schedule.~~

e. Roof plan showing direction of drainage and where runoff will go.

f. Drawings must show design oversight by an architect or engineer registered under the laws of the State of Alaska. [Ord. 09-44(S) § 3, 2009].

ORDINANCE REFERENCE SHEET
2020 ORDINANCE
ORDINANCE 20-14

An Ordinance of the City Council of Homer, Alaska Amending Homer City Code Chapter 5.42 Single-Use Plastic Carryout Bags Section 5.42.040 Exceptions, to Change the Deadline for Providing Single-Use Plastic Carryout Bags From February 14, 2020 to September 15, 2020.

Sponsor: Smith

1. City Council Regular Meeting March 23, 2020 Introduction

**CITY OF HOMER
HOMER, ALASKA**

Smith

ORDINANCE 20-14

AN ORDINANCE OF THE CITY COUNCIL OF HOMER, ALASKA
AMENDING HOMER CITY CODE CHAPTER 5.42 SINGLE-USE
PLASTIC CARRYOUT BAGS SECTION 5.42.040 EXCEPTIONS TO
CHANGE THE DEADLINE FOR PROVIDING SINGLE-USE PLASTIC
CARRYOUT BAGS FROM FEBRUARY 14, 2020 TO SEPTEMBER 15,
2020.

WHEREAS, The voters on October 1, 2019 approved the ban of single-use plastic bags;
and

WHEREAS, The enactment of new laws should not create undue burden on those it
governs; and

WHEREAS, The municipality's role is to insure a smooth transition through responsible
implementation of new laws; and

WHEREAS, Many municipalities provide an effective date that reasonably allows for
proper transition of newly enacted laws; and

WHEREAS, The effective date of the bag ban did not allow for seasonal businesses to
transition out of their bag stock purchased prior to the effective date of January 1, 2020; and

WHEREAS, Many businesses buy bags in bulk to reduce costs and improve their bottom
line; and

WHEREAS, The election results and extension request deadline occurred during a time
when many of our seasonal business owners are not present or in operation.

NOW THEREFORE, THE CITY OF HOMER ORDAINS:

Section 1: Homer City Code 5.42.040 Exceptions is amended as follows:

5.42.040 Exceptions.

Inventories of single-use plastic carryout bags purchased before January 1, 2020, may continue
to be used by sellers and provided to customers after January 1, 2020, until all such inventories
of single-use plastic carryout bags are completely used in the course of regular business

operations, or ~~February 14~~ **September 15**, 2020, whichever comes first. Sellers providing single-use plastic carryout bags under this exception between January 1, 2020, and ~~February 14~~ **September 15**, 2020, must be willing and able to provide documentation that such bags were purchased on or before December 9, 2019.

Section 2: This ordinance is of a permanent and general character and shall be included in the Homer City Code.

ENACTED BY THE CITY COUNCIL OF HOMER, ALASKA, this ____ day of _____, 2020.

CITY OF HOMER

KEN CASTNER, MAYOR

ATTEST:

MELISSA JACOBSEN, MMC, CITY CLERK

YES:

NO:

ABSTAIN:

ABSENT:

First Reading:

Public Hearing:

Second Reading:

Effective Date:

Reviewed and approved as to form.

City Manager

Michael Gatti, City Attorney

Date: _____

Date: _____

ORDINANCE REFERENCE SHEET
2020 ORDINANCE
EMERGENCY ORDINANCE 20-15

Emergency Ordinance 20-15, An Emergency Ordinance of the City Council of Homer, Alaska, Suspending the Proceedings of the City of Homer Advisory Commissions, Board and Committees for 60 Days or Until the COVID-19 Emergency Declaration is Lifted, with the exception of Planning Commission business Related to Quasi-Judicial and Other Time Sensitive Actions Legally Required in Homer City Code, Statute, Order or Regulation, and Review of City Leases on the Homer Spit by the Port and Harbor Advisory Commission.

Sponsor: City Manager

1. City Council Regular Meeting March 23, 2020 Introduction & Public Hearing

review of city leases on the Homer Spit by the Port and Harbor Advisory Commission, which will be held by electronic means, including but not limited to teleconference or video meetings.

Section 2. The suspension is in place for 60 days or until the COVID-19 Emergency Declaration is lifted.

Section 3. This is an emergency ordinance of general character and will be effective for 60 days, in accordance with HCC 1.08.040.

ENACTED BY THE CITY COUNCIL OF HOMER, ALASKA, this 23RD day of March, 2020.

CITY OF HOMER

KEN CASTNER, MAYOR

ATTEST:

MELISSA JACOBSEN, MMC, CITY CLERK

YES:

NO:

ABSTAIN:

ABSENT:

Reviewed and approved as to form.

Katie Koester, City Manager

Michael Gatti, City Attorney

Date: _____

Date: _____

ORDINANCE REFERENCE SHEET
2020 ORDINANCE
EMERGENCY ORDINANCE 20-16

Emergency Ordinance 20-16, An Emergency Ordinance of the City Council of Homer, Alaska, Amending the 2020 Budget by Appropriating Funds in the Amount of \$50,000 from the General Fund Fund Balance for the Purpose of COVID-19 Preparation and Response.

Sponsor: City Manager

1. City Council Regular Meeting March 23, 2020 Introduction & Public Hearing

**CITY OF HOMER
HOMER, ALASKA**

City Manager

EMERGENCY ORDINANCE 20-16

AN EMERGENCY ORDINANCE OF THE CITY COUNCIL OF HOMER,
ALASKA, AMENDING THE 2020 BUDGET BY APPROPRIATING
FUNDS IN THE AMOUNT OF \$50,000 FROM THE GENERAL FUND
FUND BALANCE FOR THE PURPOSE OF COVID-19 PREPARATION
AND RESPONSE.

WHEREAS, On Friday, March 13, 2020, the President of The United States of America
declared a national emergency due to COVID-19; and

WHEREAS, On March 11, 2020, the Governor of the State of Alaska issued a Public Health
Disaster Emergency Declaration for COVID-19; and

WHEREAS, On March 18, 2020, the Mayor of the City of Homer declared a Local Health
Emergency due to COVID-19; and

WHEREAS, Preparing for COVID-19 and implementing CDC recommendations on social
distancing and closures of public facilities will require emergency expenditures; and

WHEREAS, Many of the expenditures will be related to securing internet capability and
physical devices for City employees to be able to telework; and

WHEREAS, The expenditures may be eligible for Federal Emergency Manager
Association (FEMA) reimbursement; and

WHEREAS, Creating separate spending authority unique to COVID-19 will assist in the
tracking and documentation for response and reimbursement.

NOW, THEREFORE, The City of Homer Ordains:

Section 1: The FY 2020 budget is hereby amended by appropriating funds in the amount
of \$50,000 from the General Fund Fund Balance for the purpose of COVID-19 preparation and
response:

Account No.	Description:	Amount:
100-0100	COVID-19 Response	\$50,000

Section 2: The Finance Department is directed to establish a project account for COVID-19 Response to track all project related expenses.

Section 3: This is a budget amendment ordinance, is not permanent in nature, and shall not be codified.

ENACTED BY THE CITY COUNCIL OF HOMER, ALASKA, this 23rd day of March, 2020.

CITY OF HOMER

KEN CASTNER, MAYOR

ATTEST:

MELISSA JACOBSEN, MMC, CITY CLERK

YES:

NO:

ABSTAIN:

ABSENT:

First Reading:

Public Hearing:

Second Reading:

Effective Date:

Reviewed and approved as to form.

Katie Koester, City Manager

Michel Gatti, City Attorney

Date:_____

Date:_____

ORDINANCE REFERENCE SHEET
2020 ORDINANCE
EMERGENCY ORDINANCE 20-17

An Emergency Ordinance of the City Council of Homer, Alaska To Allow for Telephonic Meetings of Homer City Council to Mitigate Spread of Novel COVID -19.

Sponsor: City Manager

1. City Council Regular Meeting March 23, 2020 Introduction & Public Hearing

City Manager

KEN CASTNER, MAYOR

43 ATTEST:

44

45 _____

46 MELISSA JACOBSEN, MMC, CITY CLERK

47

48 YES:

49 NO:

50 ABSTAIN:

51 ABSENT:

52

53

54 Reviewed and approved as to form.

55

56 _____

57 Katie Koester, City Manager

58

59 Date: _____

Michael Gatti, City Attorney

Date: _____



City of Homer

www.cityofhomer-ak.gov

Office of the City Manager

491 East Pioneer Avenue
Homer, Alaska 99603

citymanager@cityofhomer-ak.gov

(p) 907-235-8121 x2222

(f) 907-235-3148

Memorandum

TO: Mayor Castner and Homer City Council
FROM: Katie Koester, City Manager
DATE: March 17, 2020
SUBJECT: City Manager Report

COVID-19 Response

With the rapidly changing nature of COVID-19 response and preparedness, I do not have a written briefing for you but am trying to send you daily email briefings and will have a verbal update to report under the City Manager's report at the meeting on Monday. As you are aware, the City of Homer stood up the Emergency Operations Center on Monday March 16th, and Mayor Castner issued a disaster declaration on Wednesday, March 18th. I have attached the latest press release from the City for updated information of closures of public facilities.

Postponements Due to COVID-19 Response Activates

Due to COVID-19 response activities, the following administrative activities have been postponed:

- Way Finding and Street Scape request for proposals is still in first draft form
- Request for Proposal for a Lobbyist is in draft form
- Preparations for Seawall worksession scheduled for March 31 have been suspended (will likely be cancelled)
- Procuring owners representative for Large Vessel Harbor project

Homer's Raw Water Transmission Main Replacement Funding Request

We are happy to announce that the State Hazard Mitigation Advisory Committee (SHMAC) has ranked Homer's Raw Water Transmission Main Replacement project fifth among 51 complete and eligible projects totaling over \$54 million dollars under FEMA's Hazard Mitigation Grant Program. Federal disaster recovery funds were made available for hazard mitigation projects after the 2018 Cook Inlet Alaska Earthquake. While our selection does not authorize funding to begin construction, it is a big step forward in the long FEMA/State funding process and a step closer to protecting our raw water supply infrastructure from seismic damage. The grant award amount is \$2,000,000, requires no local match and would replace the cast iron water main that delivers water from the water treatment plant into town, which is currently vulnerable to failure.

Summer Programing for Youth

Community Recreation is hopeful that by this summer services will be able to return as usual. When it does, there will be a great demand for social activities for kids. Community Recreation Manager Illg will be working to offer additional programs and opportunities for local youth during the summer months. He

believes within the existing budget Community Recreation can cover the hourly costs of a temporary youth recreation programmer for 20 hours a week for ten weeks (June, July and two weeks in August) Monday through Thursday, 10am-3pm. The total cost for this employee \$3,448, and Community Recreation expects revenue to exceed \$4,000. The program would offer indoor/outdoor sports related opportunities such as basketball, pickleball, soccer, youth fitness, etc. for youth participants. Community Recreation would be utilizing the Homer High School facilities and sports equipment. The initial age groups for new program would be 12-17 with the potential to expand for younger age children depending upon interest and space availability.

City Manager Transition

I will be working with City Staff and the Interim manager to transfer all duties and responsibilities of City Manager and Incident Command by Friday, April 3rd. As you recall, the original schedule detailed called for an April 3rd end date under the interim hire scenario. The changing nature of how we provide City services, including suspending some public services, has changed significantly the priorities for transitioning. I will be prioritizing ensuring the safety of employees and the ability to continue essential City services with the Interim Manager. Incident Command duties will shift to Chief Kirko, who has experience in this regard and has been serving as Emergency Management Director and Operations Section Chief during this response.

Refinancing Harbor Revenue Bonds

I have been notified by the Alaska Municipal Bond Bank the City has a decent taxable advance refinancing prospect in the 2013 harbor revenue bonds. There is the ability to restructure \$1.9 million and generate savings of \$188K. I have directed the Finance Director to work with Bond Counsel on exploring this possible savings for the Enterprise.

Enc:

March 18, 2018 Press Release

DR-4413 HMGP SHMAC Homer Raw Water Transmission Replacement Project

Hillcorp Terrasond Site Survey Study



City of Homer

www.cityofhomer-ak.gov

Administration

491 East Pioneer Avenue
Homer, Alaska 99603

(p) 907-235-8121 x2222

(f) 907-235-3148

NEWS RELEASE

Mayor Castner Declares Local Emergency

For immediate release March 18, 2020.

COH-COVID-19-003

At 2:30 pm today, Homer Mayor Ken Castner officially declared a Local Emergency in response to the confirmation of new cases of COVID-19 in Alaska and in support of COVID-9 prevention measures being implemented throughout the Borough and the State. Mayor Castner's declaration is effective for seven days and will go into effect until further notice only after City Council consideration and ratification at their regularly scheduled March 23rd meeting. Accommodations are being made at the Council meeting for proper social distancing and legislation in place to allow telephonic participation.

"The declaration elevates Homer's Emergency Operations Center (EOC) to Level 3 status. Under this status, our EOC will continue response coordination under a unified command structure with South Peninsula Hospital, the local Division of Public Health, and other partners. It also activates the continuity of operations plans (COOP) for all City departments, which adds further precautions to prevent the spread of the coronavirus (COVID19) among the public and employees and helps ensure the continuation of essential City services," City Manager Katie Koester said.

Effective Wednesday, March 18, 2020 at 5:00 pm, all City facilities will be closed to the public until further notice. City staff will still be available during regular business hours by telephone and email. Contact information can be found under each department listing on the City website: www.cityofhomer-ak.gov.

Police and fire and emergency medical services will continue to be provided in accordance with Center for Disease Control and Prevention (CDC) guidance, state recommendations and area healthcare providers' protocols. Non-emergency concerns can be addressed by email or by calling Homer Police Department at 907-235-3150 or Homer Fire Department at 235-3155. Call 9-1-1 in case of an emergency.

"Though we're limiting our face-to-face interactions for now, please know that the City is making every effort to maintain essential government services to the public: street maintenance, public safety, water/sewer utilities, and critical administrative and legislative functions," said City Manager Koester.

"As Alaskans, we are resilient in times of adversity. The conditions we are facing are the same as every other population in the United States. Please exercise some patience and respect. Those that are providing the goods, services and care we need must remain healthy. That includes those working at our pharmacies and grocery stores. Protect yourselves: Be serious about the CDC guidance on hand washing and social distancing. Protect others: After travel outside of Alaska, please go directly home and enter a 14-day self-quarantine. Following these measures will do much to slow the possible spread of the infection on the Kenai Peninsula. Many lives will depend on it. Working together we'll get through this. For the best information go to coronavirus.alaska.gov or the City's website," Mayor Ken Castner.

Contact:

Jenny Carroll, Public Information Officer
907-435-3101 (office); 907-299-6645 (cell)
jcarroll@ci.homer.ak.us

Posted:

www.cityofhomer-ak.gov
Outside City Clerks Office at City Hall,
Homer Public Library & Harbormaster Office



City of Homer

www.cityofhomer-ak.gov

Office of the Mayor

491 East Pioneer Avenue
Homer, Alaska 99603

mayor@ci.homer.ak.us

(p) 907-235-3130

(f) 907-235-3143

Declaration of a Local Emergency

March 18, 2020

WHEREAS, The World Health Organization has characterized a newly discovered Coronavirus, named COVID-19, as posing is significant threat to the world's population; and

WHEREAS, The particular traits and communicability of the virus are enough to predict a global pandemic; and

WHEREAS, The President of the United States has declared the pandemic to be a national emergency; and

WHEREAS, As the emergency response unfolds, measures have been taken that have disrupted the lives of many Americans and will cast lasting effects upon our communities' prosperity, physical health and mental health, as normalcy is supplanted by isolation and work stoppages; and

WHEREAS, The Kenai Peninsula Borough, acting under the statutory authority of AS 26.23,140, has declared a disaster emergency; and

WHEREAS, Homer City Manager, Katie Koester, acting in accordance with the City of Homer's Emergency Operations Plan, has requested I make this declaration;

NOW THEREFORE, I find that there exists a wide-spread financial and public health emergency that will require unexpected expenditures of public funds that should be separately accounted, to perhaps be eligible for Emergency Disaster Relief; and

FURTHERMORE, I request the Homer City Clerk disseminate this Declaration to the general public and the parties identified in the City of Homer's Emergency Operations Plan.

Ken Castner
Mayor, City of Homer, Alaska

ATTEST:

MELISSA JACOBSEN, MMC, CITY CLERK



March 9, 2020

State of Alaska
Division of Homeland Security & Emergency Management
PO Box 5750
JBER, AK 99505

RE: DR-4413 HMGP SHMAC Ranking and Applicant Selection Notification

Dear Applicant,

Thank You for your project submissions under the Federal Emergency Management Agency (FEMA) Hazard Mitigation Grant Program (HMGP) for the DR-4413, 2018 Cook Inlet Alaska Earthquake funding cycle.

We are happy to announce the State Hazard Mitigation Advisory Committee (SHMAC) has ranked and prioritized 51 complete and eligible projects totaling over \$54 million dollars. The DR-4413-AK Final Ranking Sheet is attached.

SHMAC members' recommendations were reviewed by the DHS&EM leadership, State Hazard Mitigation Officer and the Governor's Authorized Representative (GAR). The below listed project has been identified for submission to FEMA. This selection **does not authorize** you to start ordering materials or begin construction. If you have any questions please contact us.

Raw Water Transmission Main (RWTM) Replacement Project

Part of the FEMA/State process may entail further Requests for Information (RFI). Responding to these requests in a timely manner will help prevent delays in funding or the start of your project.

If you submitted projects that were not selected for funding this round and remain eligible, we will reach out to you for second round DR-4413 funding submission or other future funding opportunities.

I want to thank you all of the many long hours of work you contributed in identifying, developing and making these projects a reality. Should you have any questions or need assistance during this project please contact us.

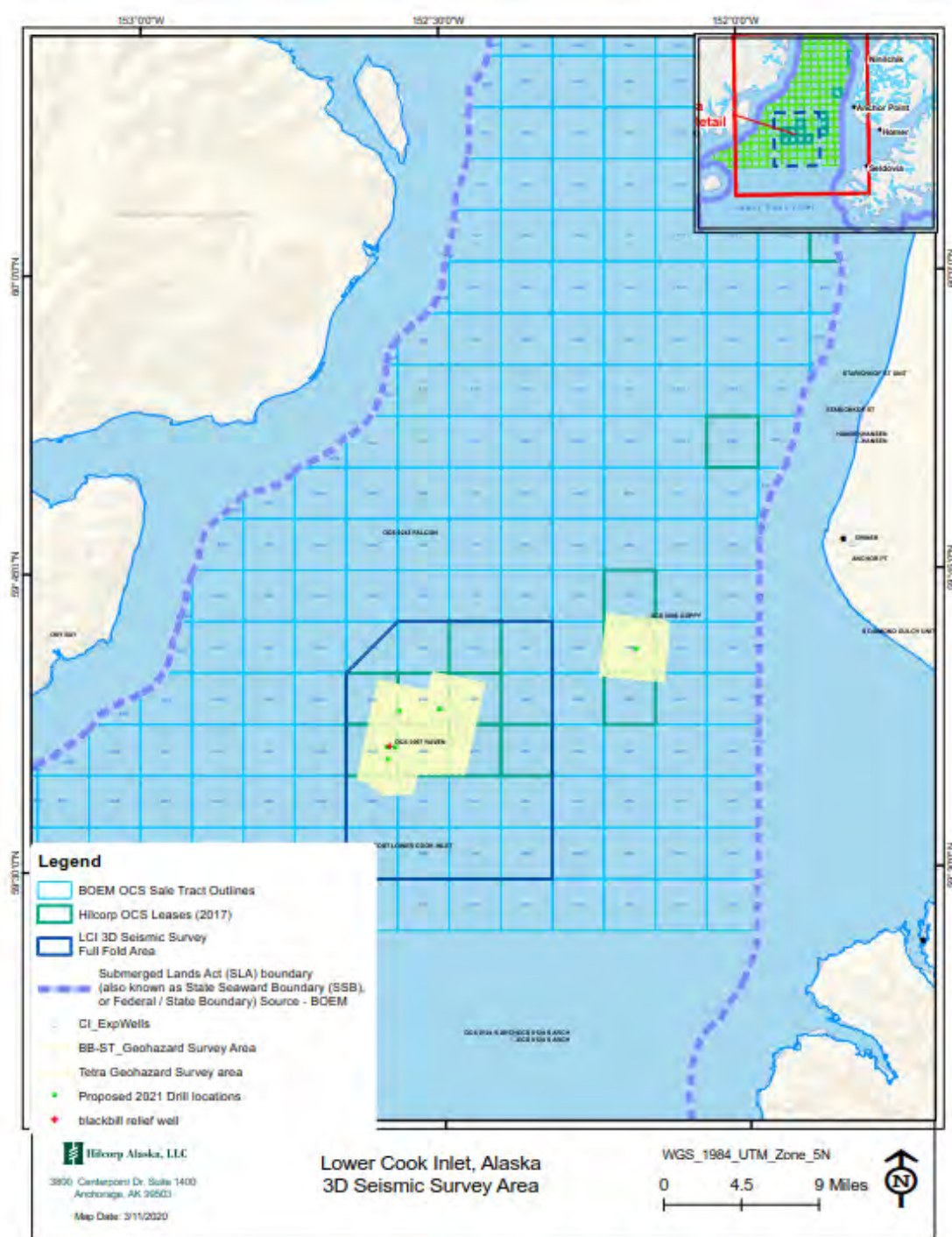
Respectfully yours,

Sage McReynolds
HMGP Specialist
Department of Veteran & Military Affairs
Division of Emergency Management and Homeland Security
PO Box 5750
JBER, AK 99505-5750
Phone: (601) 218-4038



Terrasond Site Survey Study

- **Purpose**
 - In preparation for a 2021 drilling program in the Lower Cook Inlet
 - These studies will allow us to identify surface locations that will be safe for the temporary location of a jackup rig within the Hilcorp-held OCS leases
 - One to four wells with two sidetracks are planned for this 2021 program
- **Timing:**
 - April 10 through April 22
 - Seabed and shallow subsurface imaging
 - April 22 through May 5
 - Shallow core sampling and surface grab sampling
- **Environmental mitigation**
 - This area in the central part of the Lower Cook Inlet has a variety of marine mammal species present, as logged in the 2019 PSO reports completed during the Hilcorp 2019 3D survey
 - Three PSOs will be onboard the survey vessel and will be on duty when acoustic emissions in the marine mammals' sensor range are being used. Mitigation procedures similar to those used in 2019 are in place.
 - During the geotechnical coring and sampling period at least one PSO will be on board the survey vessel.
- **Description:**
 - Two parts to the survey:
 - Imaging the seabed and shallow subsurface (Geohazard)
 - Sampling and shallow core sampling for geotechnical analysis (Geotechnical)
 - **Objective:**
 - Identify surface locations for the safe, temporary placement of a jackup drill rig
 - **Ensure no impingement on existing archaeological or unique subsurface habitats**



Alaskan Vessels: Norseman II or Q 105



All offshore work is planned to be completed prior to sport-fishing and tourist season.



Equipment & Survey Activities for Geohazard Evaluation

- Multi Beam for seafloor imaging
- Side Scan Sonar for seafloor and water column imaging
- Chirper for high resolution imaging of upper 50 feet of seabed sediment
- Sparker (2 joule) high resolution imaging for depths down to 500 feet
 - There is a small, low energy, acoustic signature with the sparker that falls within one marine mammal acoustic ranges.
 - PSO's will be on duty when this tool is in use.
 - The sparker will be the main tool used to identify shallow faults, channels, dunes, and other features that are relevant to locating a jackup rig
- Magnetometer to help resolve any seabed images that might be related to shipwrecks or lost cargo
- ADCIRC to evaluate tidal and storm currents in the region



Equipment & Survey Activities for Geotechnical Evaluation

- Cone Penetrometer measurements:
 - This tool will measure the sediment integrity and shear strength of the near surface sediments
- Vibra-coring
 - This tool is designed to penetrate 25 feet into the seabed, and will be used to recover cores for lab analysis.
 - The core samples will be analyzed in the lab for sediment integrity, and for geochemical analysis
- Box core
 - May be used should additional seabed samples be required



Hilcorp Alaska

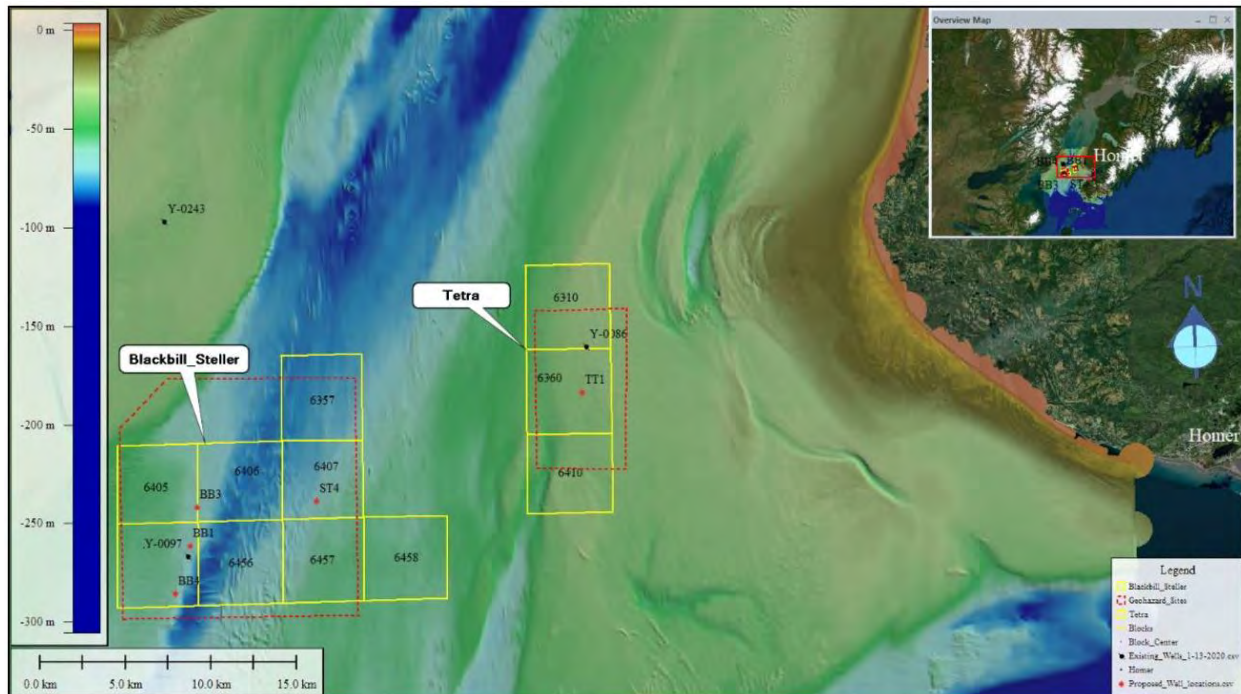
Post Office Box 244027, Anchorage, AK 99524-4027
3800 Centerpoint Drive, Suite 1400, Anchorage, AK 99503
Phone: 907/777-8300 Fax: 907/777.-8301

SHALLOW HAZARD SURVEY PLANNED FOR APRIL 2020

Hilcorp has hired TerraSond to perform geohazard and geotechnical survey work in Lower Cook Inlet this spring. Otherwise referred to as a shallow hazard survey, this effort will enable us to precisely assess shallow geohazards in the area by delineating the seafloor, shallow subsurface, and any synthetic geohazards. The data collected will assist our team in making more informed decisions as we advance our field exploration program in Lower Cook Inlet.

TerraSond has extensive experience working in Alaska and draws on resources around the globe. Their team paired with trained, local wildlife experts will be working to ensure this survey is conducted safely and with the most minimum level of disturbance possible. You can learn more about TerraSond, their people and their experience online at www.terra sond.com.

The survey activity will take place approximately 40 to 60 kilometers west of Homer. They will be assessing two specific areas referred to on the map below as Blackbill Steller and Tetra.



The complete survey is expected to take approximately 30 days. The total duration of the survey may vary due to weather and other local conditions, but our goal is to complete the survey as safely and efficiently as possible with minimal disturbance to the area. Activity offshore will include water and seabed sampling as well as core sampling approximately 25 feet below the subsurface.

The vessel utilized for this project will be the Qualifier 105 (Q105) based in Homer, Alaska. The Q105 has unique qualifications and has proven itself as a very capable survey, research and housing vessel.

Hilcorp and Terrasond have the required permits to conduct this work from:

- Bureau of Ocean Energy Management (BOEM)
- United States Fish & Wildlife Service (USFWS)
- National Marine Fisheries Service (NMFS)

Protected Species Observers (PSOs) will be placed on project vessels to monitor wildlife, collect information on marine mammals in the area and work with the crew to initiate shutdown activities when marine mammals are observed within specified distances to our activity.

At Hilcorp we strive to improve each and every day in all aspects of our business – safety, environmental protection and production. To convey any concerns you may have about this project, activity or to request a community meeting with Hilcorp and/or Terrasond specialists, please contact me directly.

Sincerely,

Lori Nelson

Lori Nelson
Manager, Public Affairs
Hilcorp Alaska, LLC
907-777-8300
lnelson@hilcorp.com

Aderhold/Venuti

- Purchase of materials for inclusion in the library's collection
- Purchase or upgrading of library equipment
- Improvements or repairs to library facilities and services.

BE IT FURTHER RESOLVED that the Library Advisory Board will report annually to City Council and the Homer Foundation on what revenue from the Library Endowment Fund is spent on.

PASSED AND ADOPTED by the Homer City Council this ____ day of _____, 2020.

CITY OF HOMER

KEN CASTNER, MAYOR

ATTEST:

MELISSA JACOBSEN, MMC, CITY CLERK

Fiscal note: N/A

Please Indicate the Name of your Fund

e.g. Smith Family Fund, Kachemak Bay Fund, etc.

What purpose or aspect of community life will your field of interest fund support?

e.g. health and human services, education, sports and recreation, environmental protection, etc.

Founding Donor 1

Name

Title or Salutation

Organization (if applicable)

Mailing Address

City

State

ZIP

Phone

E-mail address

Founding Donor 2 (optional)

Name

Title or Salutation

Organization (if applicable)

Mailing Address

City

State

ZIP

Phone

E-mail address

Fund Recognition

The Foundation will use the Fund name for grants and in Foundation materials and publications

Gifts to Establish Fund**Total amount**

Check payable to the Homer Foundation

Marketable securities

Mutual funds

Real Estate

IRA/retirement plan/insurance policy

Will/bequest/trust

Other (Please describe)

Any description of gifts (optional)

This Fund is an Endowed Fund, meaning the fund will be permanent; it will be invested to provide an annual amount that will be spent to carry out the fund's charitable purpose in perpetuity.

Please see our Investment and Spending policy for more information.

I have included a gift to the Fund at the Homer Foundation in my estate plan.

Consider a Gift to Support the Homer Foundation

The Foundation's operating expenses are covered through our own operating fund . We invite you to consider a contribution to the ***Aquila Fund***, the Homer Foundation Operating Endowment Fund, to support the Foundation's operations. Your gift will ensure that the Foundation will continue to be responsive to community needs and work toward expanding philanthropy in our region. If you would like to support the ***Aquila Fund***, please select one of these two options

_____ % or \$ _____ annually

One time gift of \$ _____

Please tell us how you learned about the Homer Foundation

My professional advisor _____

Current fundholder _____

Foundation Board/Former Board _____

Foundation Staff/Visibility _____

Website _____

Mailing _____

Other _____

Special Instructions

Please provide any additional or instructions pertaining to your Fund.

TERMS AND CONDITIONS

Tax Status of Contribution

Funds established at the Homer Foundation ("Foundation") are component funds of the Foundation, a Section 501(c)(3) public benefit corporation. All contributions to the Foundation's funds are treated as gifts to a Section 501(c)(3) public charity and are tax-deductible, to the extent allowed by law, subject to individual and corporate limitations. Acceptance of all gifts is subject to the provisions of the Foundation's Gift Acceptance Policy. Any assets contributed to funds at the Foundation, once accepted by the Board of Trustees of the Foundation, represent unconditional and irrevocable gifts and are not refundable. Legal control and responsibility for the funds rest with the Foundation.

Variance Power

All funds established at the Foundation are subject to the Foundations "variance power," as set forth in its Bylaws. Variance power grants the Foundation's Board of Trustees the power to modify any condition or restriction on the distribution of funds for any specified charitable purpose or purposes, or to a specified organization or organizations if, in its sole judgement (without the necessity of the approval of any other party), such restriction or condition becomes, in effect, unnecessary, incapable of fulfillment, or inconsistent with the charitable needs of the community or area served by the Foundation.

Investment of Assets

All assets contributed to funds established at the Foundation are invested in the Foundation's investment pools and are managed in accordance with the Foundation's Investment and Spending Policy (ISP). A copy of the Foundation's current Investment and Spending Policy Statement is available upon request.

For the purposes of investments, the Foundation does not segregate the assets of any single fund from the assets of the Foundation's other component funds, but will keep a separate account of the fund's assets, and the fund's proportionate share of all investment gains or losses applied to the fund. In establishing a fund, the donor acknowledges that the investments in the fund are subject to market and interest rate fluctuations. All investment returns are reported net of all investment fees. Fund holders shall receive quarterly Fund Activity Reports.

Fund Minima

The minimum funding amount is \$10,000. "Acorn" Funds may be established with less than the required minimum provided that the minimum is met within two years' of the fund's establishment; grants may not be made from funds until the required minimum is achieved. An Acorn Fund that fails to meet the minimum balance within the twenty-four month timeframe will be folded into the Homer Foundation's designated endowment fund, the Aquila Fund, at the discretion of the Board of Trustees.

Spending Rules

The spending policy for endowed funds, contained in the Investment and Spending Policy (ISP), utilizes a formula to determine the amount available to grant from a fund each year. It is designed to maintain a level of current spending while preserving the endowment in order to support future spending. The Foundation shall appropriate for expenditure, for the purposes for which the Fund is established, so much of the Fund as the Foundation deems prudent, in accordance with the Uniform Prudent Management of Institutional Funds Act (UPMIFA) (as amended from time to time) and the Spending Policy adopted by the Foundation (as amended from time to time).

Grant Disbursements

Grants may be made to any 501(c)(3) organization or verified charitable entity (e.g., schools, colleges and universities, religious institutions, town and municipal governments, police departments, etc.) located in the United States. The Foundation may also provide expenditure responsibility for grants to non 501(c)(3) entities providing the project is consistent with the Foundation's charitable purposes. Grant recipients receive their check and award letter from the the Foundation recognizing the Fund from which the award is made.

Restrictions on Grants

In compliance with the Internal Revenue Code, grants are not permitted for non-charitable purposes; for political contributions or to support political campaign activities; or for any purpose that would provide benefits, goods or services to a Donor to the Fund or other related parties.

Fund-raising

Additional gifts may be made directly to a fund at any time. Fund-raising for a Fund held by the Foundation must be approved and adhere to the Foundation's guidelines for donor initiated fund-raising.

Advisors and Representatives

The Founding Donor (s) of a Field of Interest Fund may serve as a Fund Representative to access information on the Fund and receive financial statements. A Founding Donor may serve on the grant review selection committee and/or recommend other individuals to serve, but the Donor may not control the committee; the total representation by the Donor and individuals serving at the recommendation of the Donor must be less than 50% of the total committee. The committee structure for grants to individuals and other annual grants programs will be reviewed and approved by the Foundation in advance of each grant cycle.

Policies

The undersigned have received and agree to the foregoing terms and conditions and to Foundation policies referred to herein.

Indemnity

In consideration of the Foundation's creating a Fund at the request of the undersigned individual(s) or entity and for other good and valuable consideration, the undersigned hereby agree to indemnify and hold harmless the Foundation against any liability, cost, or expense which the Foundation may incur by reason of its acting upon instructions or recommendations given to the Foundation by any of the undersigned or by persons authorized to make recommendations with regard to the Fund.

Donor Acknowledgement and Signatures

I acknowledge that I have read the Homer Foundation Terms and Conditions and agree to the fees, terms, and conditions described therein. I understand that any contribution, once accepted by the Foundation's Board of Trustees, represents an irrevocable gift to the Homer Foundation. The Foundation's Board of Trustees have variance power under IRS regulations, and this gift is not refundable to me.

I hereby certify, to the best of my knowledge, all information presented in connection with this form is accurate, and I will notify the Homer Foundation promptly of any changes.

Founding Donor 1

Signature

Date**Founding Donor 2**

Signature

Date**Homer Foundation Acceptance**

Accepted this _____ day of _____ 2020

Authorized Signature

Title

Print Name

Date

Connecting generosity to community need

Physical Address
3733 Ben Walters, suite 4
Homer, AK 99603
907.235.0541
www.homerfoundation.org
info@homerfoundation.org

Aderhold/Smith

- Purchase of materials for inclusion in the library's collection
- Purchase or upgrading of library equipment
- Improvements or repairs to library facilities and services

BE IT FURTHER RESOLVED, Library Endowment funds are supplemental to the Library budget approved by the Homer City Council. Funds will be appropriated based on the ability of the endowment to pay for the expenditure and the cost to maintain its purpose above the current adopted budget parameters.

~~BE IT FURTHER RESOLVED that the Library Advisory Board will report annually to City Council and the Homer Foundation on what revenue from the Library Endowment Fund is spent on.~~

PASSED AND ADOPTED by the Homer City Council this 23rd day of March, 2020.

CITY OF HOMER

KEN CASTNER, MAYOR

ATTEST:

MELISSA JACOBSEN, MMC, CITY CLERK

Fiscal note: N/A



City of Homer

www.cityofhomer-ak.gov

Homer City Council

491 East Pioneer Avenue
Homer, Alaska 99603

(p) 907-235-3130

(f) 907-235-3143

Memorandum 20-040

TO: Mayor Castner and Homer City Council

FROM: Councilmember Joey Evensen

DATE: March 17, 2020

SUBJECT: Revisiting City Manager Candidates

The purpose of this memo is to formally request that the Homer City Council discuss revisiting the finalist candidates for City Manager, Adam Hammatt and Michael Bork and consider offering one of them the position of City Manager in lieu of advertising. Items to discuss include:

- where we are at
- potential next steps/actions
- cost- and time-savings for selection of candidate from existing shortlist
- manager role (and candidate selection) in tandem with probable lobbyist position(s)
- support for each candidate, respectively, and potential job offer
- contingencies for acceptance/rejection scenarios

Recommendation: Discuss the above topics and consider authorizing the City Manager to enter into negotiations with a candidate for the position of Homer City Manager.

Attachments:

- Application: Michael Bork
- Application: Adam Hammatt



Homer

Departments

Government



[Documents](#)

[Jobs Opening](#)

[Helpful Links](#)

Employment Application | Submitted: 29-Jan-2020

AAA

Adam Hammatt

☎ (406) 885-2576

✉ adamhammatt@yahoo.com

📍 186 E Blanchard Lake Rd
Whitefish, MT 59937
United States

City Manager

Job Location - Homer, AK

Department - Administration

Source - Other - ICMA

Employment History

Please list your previous employers starting with your current, or most recent employer.

City of Whitefish

Job Title: City Manager

Dates Employed From: Feb/2017

Dates Employed To: Jan/2020

Employment Length: 2 years, 11 months

Duties: Oversee all of the day to day duties of the city.

Reason For Leaving: Officially, I resigned for personal reasons. However, I had significant concerns with the organization and chose to resign. I am happy to discuss this decision during the interview process.

Supervisor Name:

Whitefish City Council

Address: Whitefish, MT, UNITED STATES

Phone: (406) 863-2400

Ending Rate of Pay: \$141,000+

May We Contact? Yes

Village of Kimberly

Job Title: Village Administrator

Dates Employed From: Apr/2012

Dates Employed To: Feb/2017

Employment Length: 4 years, 10 months

Duties: Oversee all of the day to day functions of the village.

Reason For Leaving: Took job in Whitefish, MT.

Supervisor Name:

Kimberly Village Board

Address: Kimberly, WI, UNITED STATES

Phone: (920) 788-7500

Ending Rate of Pay: \$104,000+

May We Contact? Yes

Village of Suamico, WI

Job Title: Village Administrator

Dates Employed From: May/2010

Dates Employed To: Jan/2012

Employment Length: 1 year, 8 months

Duties: Oversee all of the day to day functions of the village.

Reason For Leaving: I was being asked to do illegal and unethical things and I resigned to remove myself from that situation.

Supervisor Name:

Suamico Village Board

Address: Suamico, WI, UNITED STATES

Phone: (920) 434-2212

Ending Rate of Pay: \$90,000

May We Contact? Yes

City of Elroy

Job Title: City Administrator

Dates Employed From: Jan/2008

Dates Employed To: May/2010

Employment Length: 2 years, 4 months

Duties: Oversee all of the day to day functions of the city.

Reason For Leaving: Took position in Suamico.

Supervisor Name: Elroy City Council

Address: Elroy, WI, UNITED STATES

Phone: (608) 462-2400

Ending Rate of Pay: \$80,000

May We Contact? Yes

St. Patrick Hospital

Job Title: Emergency Medical Technician/Safety Officer

Dates Employed From: Jun/2005

Dates Employed To: Dec/2007

Employment Length: 2 years, 6 months

Duties: Responded to and assisted with hospital emergencies and proactively worked to develop safety and security strategies. - Ensured a safe and secure environment for patients, staff, and visitors.

Reason For Leaving: Took position in Elroy.

Supervisor Name: Ron Bedwell

Address: Missoula, MT, UNITED STATES

Phone: (406) 543-7271

Ending Rate of Pay: \$32,000

May We Contact? Yes

Great Falls Fire Rescue

Job Title: Firefighter/Paramedic**Dates Employed From:** Dec/1997**Dates Employed To:** Nov/2003**Employment Length:** 5 years, 11 months

Duties: Fought fire to protect life and property, drove and operated fire apparatus, provided advanced life support to the sick and injured, and taught EMS and fire safety classes. Coordinated all EMS training as our Emergency Medical Services Training Coordinator Designed and implemented all EMS training schedules. Managed a 3-person engine company and coordinated all daily activity as needed.

Reason For Leaving: Injured in a fire and I went back to school to become a city manager.

Supervisor Name: Jeff Jackson**Address:** Great Falls, MT, UNITED STATES**Phone:** (406) 727-8070**Ending Rate of Pay:** \$44,000**May We Contact?** Yes**Education**

List below your educational background, including high school, all colleges, trade and military service schools.

Please enter N/A if the field is not applicable.

Charles M. Russell High School | High School or Equivalent**Degree:****Graduated?** Yes**Major:****Montana State University | Technical School****Degree:** Paramedic**Graduated?** Yes**Major:** Emergency Medicine**Montana State University | College or University****Degree:** BA**Graduated?** Yes**Major:** Political Science**University of Montana | College or University****Degree:** Master's Degree - MPA**Graduated?** Yes**Major:** Public Administration**University of Montana | College or University****Degree:** Juris Doctor - JD**Graduated?** Yes**Major:** Law**University of Montana | College or University**

Graduated? Yes

Graduated? Yes

Graduated? Yes

You can provide us with your resume here. You may either upload a file containing a formatted version, or cut & paste a text version in the space provided.

File Name

Link

Q Preview Download

Q Preview Download

Adam M. Hammatt

186 E Blanchard Lake Rd
Whitefish, MT 59937

Bachelor of Arts (B.A.) - Political Science, December 2004

Montana State University - Bozeman, MT

Master of Public Administration (MPA) - May 2007

University of Montana - Missoula, MT

Juris Doctor (JD) - December 2007

University of Montana School of Law - Missoula, MT

Advanced Certificate in Mediation and Negotiation - December 2007

University of Montana School of Law - Missoula, MT

Certified Public Manager (CPM) - December 2009

University of Wisconsin - Madison, WI

ICMA : Credentialed Manager - April 2016

International City/County Management Association

City of Whitefish, MT	Whitefish, MT
City Manager	2017 - 2019

Chief Executive Officer over all City functions and services for a community of 7 ,000 year-round residents; 1 ,100 businesses, and 1.2

million annual visitors, all with 106 FTE's/dozens of PT and seasonal employees.

Supervise, support, and assist 8 Department Heads : Police, Fire, Public Works, Parks and Recreation, Finance, Human Resources, Planning and Building, and City Clerk.

Manage a \$50+ million-dollar budget with over 29 dedicated, self-balancing funds.

Research and make policy recommendations to City Council.

City representative to state legislature and several local organizations.

Accomplishments

Completed \$17 million City Hall and 212 space Parking Structure Project on time and on budget.

Managed change and transition of departmental structure to maximize efficiencies and oversight.

Restructured finances to avoid debt, better fund capital projects, and increase investments and fund balance.

Created affordable housing plan and implemented several key initiatives.

Created Inclusionary Zoning and Zoning for Affordability plans and policies.

Lobbied for and received \$6.75 million in affordable housing tax credits for a 38-unit low-income housing apartment project (just had groundbreaking ceremony) .

Reduced utility water loss from over 40% to under 20% in just over two years.

Created and implemented Short-term Rental Compliance Plan improving compliance from 25% to 90%.

Created quarterly newsletter for dissemination of information to over 8 ,700 businesses and homes.

Created an Emergency Operations Plan, Crisis Communications Plan, and held emergency planning training and tabletop exercises with key city, county, state, and federal agencies.

Created training days for all staff (not happening previously) .

Trainings held thus far : Run, Hide, Fight; Employee Assistance Program; Hate Crime Training, Awareness, and Prosecution; Civil Unrest; and Emergency Operations Tabletop Exercises.

Established key relationships with Rutgers University : Miller Center for Community Protection and Resilience and the Department of Homeland Security for assistance with hate crimes and civil unrest.

Established important relationships with key community, state, business, and local non-profit leaders.

Started Coffee with the City Manager for monthly face-to-face informal meetings with the public.

Created culture of citizen engagement through increased public outreach, multiple open houses, and an annual State of the City address.

Lobbied on behalf of local interests at the Montana State Legislature.

Village of Kimberly, WI

Kimberly, WI

Village Administrator

2012 - 2017

Chief Administrative Officer over all village functions and services.

Supervise department heads : Police, Fire, Street, Water, Park/Rec, Finance, and Facility Maintenance
 Prepare and administrate over village budgets.
 Research and make policy recommendations to village board.
 Human resources director over compensation, union negotiations, hiring, firing, and discipline.
 Village representative to state legislature and several local organizations.

Accomplishments

Created Master Plan for development of 90 acres along Fox River. (\$150 million in projected tax base)
 Instrumental in Fox Cities area initiative to construct a \$31 million Exhibition Center involving 10 municipalities. (Fox Cities is a fast-growing urban center with over 400 ,000 population)
 Restructured finances to increase return on investments and paid off all debt (except TID debt) .
 Amended and created TIF Districts to further development efforts.
 Created and successfully implemented a Pay for Performance Plan.
 Created facility maintenance strategic plan to remodel and maintain facilities long into the future.
 Reduced labor costs, while maintaining service levels.
 Lobbied on behalf of local interests at the Wisconsin State Legislature.

Village of Suamico, WI	Suamico, WI
Village Administrator	2010 - 2012

Similar to Village of Kimberly above.

Accomplishments

Oversaw construction of 4 municipal buildings totaling \$6 million (on schedule and under budget) .
 Reduced labor costs while maintaining service levels and worked with staff to handle increased workload.
 Restructured debt saving the Village over \$300 ,000.
 Worked with local developers to add millions in new tax base.
 Worked with State Legislators as Chairman of a Legislative Affairs Subcommittee to draft Multijurisdictional Tax Incremental Financing legislation. I believe the first of its kind in the nation.

City of Elroy, WI	Elroy, WI
City Administrator	2008 - 2010

Similar to other administrator positions contained herein.
 General Manager of Elroy Electric, Water and Wastewater Utilities.
 Emergency Government Director.
 Regional Municipal Court Commission Chairman.

Accomplishments

Initiated budget cuts and improved efficiency in all departments resulting in significant savings, improved services, and a balanced budget for the first time in years.

Administrated over the worst flood in Elroy history, worked with state and federal agencies on flood recovery efforts to reconstruct flood and storm damaged property.

Developed a facilities maintenance program to better care for and maintain city property.

Worked to lower debt and pay for projects with cash, resulting in less overall debt, an improved financial outlook, debt free in 5 years, and a much-improved capital improvement budget.

Developed a community improvement plan to improve the park and overall city aesthetics.

Established relationships with school and local civic groups to further city goals and objectives.

St. Patrick Hospital Missoula, MT

Emergency Medical Technician/Safety Officer 2005 - 2007

- Conducted investigations and reported on drug diversions, vandalism, theft, unauthorized access, hazardous materials, and fire incidents.
- Responded to and assisted with hospital emergencies and proactively worked to develop safety and security strategies.
- Ensured a safe and secure environment for patients, staff, and visitors.

Great Falls Fire Rescue Great Falls, MT

Firefighter/Paramedic 1997 - 2003

Fought fire to protect life and property, drove and operated fire apparatus, provided advanced life support to the sick and injured, and taught EMS and fire safety classes.

Coordinated all EMS training as our Emergency Medical Services Training Coordinator.

Designed and implemented all EMS training schedules.

Managed a 3-person engine company and coordinated all daily activity as needed.

Volunteer Work :

Coached softball and soccer.

Participated in the Boy Scout Program as a Scout Master.

Organized and created various church service projects and activities.

Volunteered with Heart of the Valley Prevention Partnership (HOVPP) to educate youth and parents about the dangers of drugs, alcohol, and other risky behaviors.

Volunteered as a board member of the Abbie Shelter in the Flathead Valley area to assist victims of domestic and sexual violence.

Honors and Awards (Civic and Professional) :

Certificate of Valor from the mayor and city commission of Great Falls, MT for the life-saving actions taken in the face of a life-threatening injury.

Certificate of Commendation from the mayor and city commission of Great Falls, MT for the life-saving actions performed at a structure fire.

Heroes of Today award from the American Red Cross for an act of bravery in the fire service.

2004-2005 Goetz Award for outstanding senior in Political Science Dept. at Montana State University.
June, 2019 Guest Speaker at a Building Resilience Summit held at the Stockton University Campus in Atlantic City, New Jersey on Targeted Violence Against People of Faith

Certifications/Training

Advanced Certification in Mediation and Negotiation - December 2007
Univ. of MT School of Law - Missoula, MT
Certified Public Manager (CPM) - December 2009
University of Wisconsin - Madison, WI
IEMC : All Hazards Preparation and Response - October 2009
Emergency Management Institute, MD
IEMC : All Hazards Recovery and Mitigation - October 2009
Emergency Management Institute, MD
Emergency Management Certifications
ICS 100 , 200 , 300 , and 400
ICMA : Credentialed Manager - April 2016
International City/County Management Association

Admin Uploaded Files

There are no admin uploaded files for this applicant.

References

Please fill out the information below regarding references.

John Olson

Relationship: Colleague
Years Known: 12

Phone: (262) 728-3471

Bill Dial

Relationship: Whitefish Police Chief
Years Known: 3

Phone: (406) 863-2420

Paul Goldenberg

Relationship: Crisis Management Consultant for Whitefish
Years Known: 2

Phone: (848) 459-4051

Job Questions

Clty Manager 2019 |

Question	Answer	Disqualifier?
<p>What do you think are the most important elements of the City Manager position? *** (Please limit each question response to 250 words or less. You can submit question responses as a separate attachment as you would your resume or cover letter) *</p>	<p>The most important elements of the City Management position are relationships and communication. The city manager must have great working relationships with the city council, staff, and the general public. The city manager must also be able to effectively communicate to all efficiently, consistently, and honestly. Any attempt to bypass or minimize these efforts will have a negative impact on the position. These are things I do well.</p>	
<p>Describe a professional accomplishment that you feel best demonstrates your ability to be the City Manager of Homer. *** (Please limit each question response to 250 words or less. You can submit question responses as a separate attachment as you would your resume or cover letter) *</p>	<p>I believe my best professional accomplishment to be establishing an affordable housing program in Whitefish, MT. This program tested my commitment to and ability to establish relationships and provide honest communication to all stakeholders. I felt my outreach, information dissemination, and relationship efforts were timely, honest, and inclusive. The city, community, and businesses came together in a way I have not seen before to make this program become a reality.</p>	
<p>A new policy, is introduced at a council meeting. You do not agree with it. How do you proceed? *** (Please limit each question response to 250 words or less. You can submit question responses as a separate attachment as you would your resume or cover letter) *</p>	<p>If there is consensus across the council to move forward with the policy, then I take it on as my own. If I feel there are legal, ethical, or morale issues, I can make those know away from the council meeting. I do not like to run contrary to the council in a public setting.</p>	
<p>What is your leadership philosophy? *** (Please limit each question response to 250 words or less. You can submit question responses as a separate attachment as you would your resume or cover letter) *</p>	<p>My leadership philosophy has always been more akin to macromanagement. However, this does not mean that I do not manage or that I manage from afar. I work on a daily basis with department directors to assist and support them in goal setting and accomplishing efforts, but I do not micromanage them. Some directors may need more assistance than others and I am adaptable to their needs.</p>	
<p>In reviewing the job description, please highlight areas you bring particular experience. *** (Please limit each question response to 250 words or less. You can submit question responses as a separate</p>	<p>I am very adept at establishing and cultivating relationships; communicating with the council, staff, and general public; economic development; emergency services and crisis management; finances; budgets; affordable housing; open an inclusive governance; public</p>	

attachment as you would your resume or cover letter) *

speaking; municipal law; caring for the whole individual, not just the employee; and building an open and honest work environment.

Additional Questions

Employment |

Question	Answer	Disqualifier?
Have you previously filed an application? *	No	
If yes, Please give dates applied	This question was not answered.	
Have you ever been employed with the City? *	No	
If yes, Please give dates:	This question was not answered.	
Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? (Proof of citizenship or immigration status will be required upon employment) *	No	
On what date would you be available for work? *	April 1st, 2020	
Can you travel if the job requires it? *	No	
Have you been convicted of a felony within the last 7 years? (Conviction will not necessarily disqualify an applicant from employment) *	No	
If yes, Please explain	This question was not answered.	
Are you 18 years of age or older? *	Yes	

Education |

Question	Answer	Disqualifier?
Describe any specialized training, apprenticeship, skills and extra-curricular activities. *	Advanced Certification on Mediation and Negotiations Certified Public Manager ICMA Credentialed Manager Emergency Management coursework taken at the Emergency Management Institute	

Describe any job-related training received in the United States military. *

N/A

List any professional, trade, business or civic activities and offices held.

(You may exclude membership that would reveal gender, race, national origin, age, ancestry, disability or other protected status. *

Board member of various boards including board chair.

Additional Information |

Please enter N/A if the field is not applicable.

Question	Answer	Disqualifier?
Knowledge and Specialized Skills: *	12 years city management experience BA, MPA, and JD	
What type of computers and software have you used? *	Microsoft	
Other qualifications specific to this position? *	All requisite qualifications.	
List any certifications you have received: *	Mediation and Negotiation Certified Public Manager	
List any family members employed by the City, family members means the spouse of the employee; a life partner or person cohabitating with the employee; a child, including stepchild and/or an adopted child of the employee; a parent, step-parent, sibling, or grandparent of the employee or a parent or sibling of the employees' spouse. *	N/A	
State any additional information you feel may be helpful to us in considering your application *	All requisite information is contained in my cover letter, resume, and this application.	
Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE READ THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.		
Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities described in the job description for which you have	Yes	

applied? *

Applicant Statement

I certify the information provided in my application and resume (if attached) is true and complete to the best of my knowledge.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the City of Homer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

This application for employment shall be considered active for a period of time not to exceed one year. If the applicant is not selected for this position they must submit a new application for consideration for other positions that may be advertised.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and the federal immigration laws require me to complete an I-9 Form in this regard.

The City of Homer does not tolerate unlawful discrimination in its employment practices. No questions on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. The City of Homer likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The city of Homer takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

In the event of employment, I understand that false or misleading information given in my application, resume (if attached) or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of Homer.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT. I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement. Please type your name below to confirm that you have read and accept this Applicant Statement.

☒ I agree to the above.

Signature: Adam M. Hammatt
Date: 2020-01-29 12:23:23pm
IP Address: 50.52.5.91

Signature

Date

Adam M. Hammatt

186 E Blanchard Lake Rd
Whitefish, MT 59937

adamhammatt@yahoo.com
(406) 885-2576

Education/Credentialing:

Bachelor of Arts (B.A.) – Political Science, December 2004

Montana State University – Bozeman, MT

Master of Public Administration (MPA) – May 2007

University of Montana – Missoula, MT

Juris Doctor (JD) – December 2007

University of Montana School of Law – Missoula, MT

Advanced Certificate in Mediation and Negotiation – December 2007

University of Montana School of Law – Missoula, MT

Certified Public Manager (CPM) – December 2009

University of Wisconsin – Madison, WI

ICMA: Credentialed Manager – April 2016

International City/County Management Association

Work Experience:

City of Whitefish, MT

Whitefish, MT

City Manager

2017 – 2019

- Chief Executive Officer over all City functions and services for a community of 7,000 year-round residents; 1,100 businesses, and 1.2 million annual visitors, all with 106 FTE's/dozens of PT & seasonal employees.
- Supervise, support, and assist 8 Department Heads: Police, Fire, Public Works, Parks and Recreation, Finance, Human Resources, Planning and Building, and City Clerk.
- Manage a \$50+ million-dollar budget with over 29 dedicated, self-balancing funds.
- Research and make policy recommendations to City Council.
- City representative to state legislature and several local organizations.

Accomplishments

- Completed \$17 million City Hall and 212 space Parking Structure Project on time and on budget.
- Managed change and transition of departmental structure to maximize efficiencies and oversight.
- Restructured finances to avoid debt, better fund capital projects, and increase investments and fund balance.
- Created affordable housing plan and implemented several key initiatives.
- Created Inclusionary Zoning and Zoning for Affordability plans and policies.
- Lobbied for and received \$6.75 million in affordable housing tax credits for a 38-unit low-income housing apartment project (just had groundbreaking ceremony).
- Reduced utility water loss from over 40% to under 20% in just over two years.
- Created and implemented Short-term Rental Compliance Plan improving compliance from 25% to 90%.
- Created quarterly newsletter for dissemination of information to over 8,700 businesses and homes.
- Created an Emergency Operations Plan, Crisis Communications Plan, and held emergency planning training and tabletop exercises with key city, county, state, and federal agencies.
- Created training days for all staff (not happening previously). Trainings held thus far: Run, Hide, Fight; Employee Assistance Program; Hate Crime Training, Awareness, and Prosecution; Civil Unrest; and Emergency Operations Tabletop Exercises.
- Established key relationships with Rutgers University: Miller Center for Community Protection and Resilience and the Department of Homeland Security for assistance with hate crimes and civil unrest.
- Established important relationships with key community, state, business, and local non-profit leaders.
- Started "Coffee with the City Manager" for monthly face-to-face informal meetings with the public.
- Created culture of citizen engagement through increased public outreach, multiple open houses, and an annual State of the City address.
- Lobbied on behalf of local interests at the Montana State Legislature.

Village of Kimberly, WI***Village Administrator*****Kimberly, WI****2012 – 2017**

- Chief Administrative Officer over all village functions and services.
- Supervise department heads: Police, Fire, Street, Water, Park/Rec, Finance, and Facility Maintenance
- Prepare and administrate over village budgets.
- Research and make policy recommendations to village board.
- Human resources director over compensation, union negotiations, hiring, firing, and discipline.
- Village representative to state legislature and several local organizations.

Accomplishments

- Created Master Plan for development of 90 acres along Fox River. (\$150 million in projected tax base)
- Instrumental in Fox Cities area initiative to construct a \$31 million Exhibition Center involving 10 municipalities. (Fox Cities is a fast-growing urban center with over 400,000 population)
- Restructured finances to increase return on investments and paid off all debt (except TID debt).
- Amended and created TIF Districts to further development efforts.
- Created and successfully implemented a Pay for Performance Plan.
- Created facility maintenance strategic plan to remodel and maintain facilities long into the future.
- Reduced labor costs, while maintaining service levels.
- Lobbied on behalf of local interests at the Wisconsin State Legislature.

Village of Suamico, WI***Village Administrator*****Suamico, WI****2010 – 2012**

- Similar to Village of Kimberly above.

Accomplishments

- Oversaw construction of 4 municipal buildings totaling \$6 million (on schedule and under budget).
- Reduced labor costs while maintaining service levels & worked with staff to handle increased workload.
- Restructured debt saving the Village over \$300,000.
- Worked with local developers to add millions in new tax base.
- Worked with State Legislators as Chairman of a Legislative Affairs Subcommittee to draft Multijurisdictional Tax Incremental Financing legislation. I believe the first of its kind in the nation.

City of Elroy, WI***City Administrator*****Elroy, WI****2008 – 2010**

- Similar to other administrator positions contained herein.
- General Manager of Elroy Electric, Water and Wastewater Utilities.
- Emergency Government Director.
- Regional Municipal Court Commission Chairman.

Accomplishments

- Initiated budget cuts and improved efficiency in all departments resulting in significant savings, improved services, and a balanced budget for the first time in years.
- Administrated over the worst flood in Elroy history, worked with state and federal agencies on flood recovery efforts to reconstruct flood and storm damaged property.
- Developed a facilities maintenance program to better care for and maintain city property.
- Worked to lower debt and pay for projects with cash, resulting in less overall debt, an improved financial outlook, debt free in 5 years, and a much-improved capital improvement budget.
- Developed a community improvement plan to improve the park and overall city aesthetics.
- Established relationships with school and local civic groups to further city goals and objectives.

St. Patrick Hospital**Emergency Medical Technician/Safety Officer****Missoula, MT****2005 – 2007**

- Conducted investigations and reported on drug diversions, vandalism, theft, unauthorized access, hazardous materials, and fire incidents.
- Responded to and assisted with hospital emergencies and proactively worked to develop safety and security strategies.
- Ensured a safe and secure environment for patients, staff, and visitors.

Great Falls Fire Rescue**Firefighter/Paramedic****Great Falls, MT****1997 – 2003**

- Fought fire to protect life and property, drove and operated fire apparatus, provided advanced life support to the sick and injured, and taught EMS and fire safety classes.
- Coordinated all EMS training as our Emergency Medical Services Training Coordinator.
- Designed and implemented all EMS training schedules.
- Managed a 3-person engine company and coordinated all daily activity as needed.

Volunteer Work:

- Coached softball and soccer.
- Participated in the Boy Scout Program as a Scout Master.
- Organized and created various church service projects and activities.
- Volunteered with Heart of the Valley Prevention Partnership (HOVPP) to educate youth and parents about the dangers of drugs, alcohol, and other risky behaviors.
- Volunteered as a board member of the Abbie Shelter in the Flathead Valley area to assist victims of domestic and sexual violence.

Honors and Awards (Civic and Professional):

- **Certificate of Valor** from the mayor and city commission of Great Falls, MT for the life-saving actions taken in the face of a life-threatening injury.
- **Certificate of Commendation** from the mayor and city commission of Great Falls, MT for the life-saving actions performed at a structure fire.
- **Heroes of Today** award from the American Red Cross for an act of bravery in the fire service.
- **2004-2005 Goetz Award** for outstanding senior in Political Science Dept. at Montana State University.
- **June, 2019 Guest Speaker** at a Building Resilience Summit held at the Stockton University Campus in Atlantic City, New Jersey on Targeted Violence Against People of Faith

Certifications/Training**Advanced Certification in Mediation and Negotiation – December 2007**

Univ. of MT School of Law – Missoula, MT

Certified Public Manager (CPM) – December 2009

University of Wisconsin – Madison, WI

IEMC: All Hazards Preparation and Response – October 2009

Emergency Management Institute, MD

IEMC: All Hazards Recovery and Mitigation – October 2009

Emergency Management Institute, MD

Emergency Management Certifications

ICS 100, 200, 300, and 400

ICMA: Credentialed Manager – April 2016

International City/County Management Association

Adam M. Hammatt

186 E Blanchard Lake Rd - Whitefish, MT 59937 - (406) 885-2576

January 29th, 2020

To whom it may concern,

Thank you for this opportunity to apply for the City of Homer, AK City Manager position. I believe that I possess the skills, abilities, and experiences necessary to be highly effective in this position. I have almost 18 years of local government experience beginning with the fire and emergency service and working my way up to my fourth City Management position. I have built an extensive background in municipal management including management of resort and tourism-based communities and organizations. I believe I am fully capable, experienced, and ready to take on my next challenge.

I have a rich educational background including a BA in Political Science, a Master's in Public Administration, and a Doctorate of Law, with advanced certifications in mediation and negotiation. I am also a Certified Public Manager through the University of Wisconsin, Madison and a Credentialed Manager through the International City/County Management Association. I feel that these degrees, certifications, and credentialing are a nice mix for a well-rounded municipal manager. Combine this education with my many varied experiences in municipal management and I feel that I would be a valued asset for Homer.

I have worked with planning and community development professionals bringing in hundreds of millions of dollars in new tax base. I have worked tirelessly to create and sustain public/private partnerships to develop and revitalize downtowns, urban cores, and affordable housing. I was on the board of directors (Board Chair for a time) of the Fox Cities Convention and Visitors Bureau. Here I learned much about area attraction, event solicitation, and working as a team to bring attention to the area. As a former public safety professional and in my roles as a City Manager I have helped to improve all aspects of public safety from police and fire to emergency management preparation, response, and mitigation. Having worked in a community with national press on white supremacist issues, I have worked to foster relationships with people from all walks of life in order to befriend, understand, and better protect their ways of life. I have been a part of constructing two new City Halls, DPW and Parks and Recreation facilities, and a 212-space parking structure. I can relate to and often visit with employees at all levels and have received much praise from employees for my efforts. I have created and used many public outreach efforts to improve communication between cities and their residents and businesses. These efforts include newsletters, "Coffee with the City Manager", open houses, public forums, and weekly emails to the media and general public, all of which have been positively received. I have created, maintained, or enhanced many "quality of life" initiatives from water quality and environmental concerns to urban forestry and bike/ped enhancements. I have worked through affordable housing planning and initiative implementation in an effort to increase affordable housing stock by 1,000 units. I have created, implemented, and improved numerous capital improvement programs. I have markedly improved the financial condition of every community I have managed. I have developed stakeholder relationships from local organizations to state

and federal agencies to improve the community's standing for future assistance, cooperation, and grant funding efforts. Many of these relationships enable me to bring these benefits to any city I manage.

I use "I" quite a bit, but I could not have accomplished the things I have without a wonderful family support system and the dedicated teams of professionals I have worked with over the years. I am sure the City of Homer has a similar dedicated team of professionals that I can learn and grow with as we accomplish great things together. I look forward to meeting with you for an interview to discuss these experiences and see if I would be a great fit for your management team.

Sincerely,

Adam M. Hammatt



Homer

Departments

Government



Documents

Jobs Openings

Helpful Links

Employment Application | Submitted: 03-Jan-2020

AAA

Michael Bork

City Manager

☎ (907) 750-7010

Job Location - Homer, AK

✉ mike@laughtership.net

Department - Administration

🏠 PO BOX 83461

Source - LinkedIn

FAIRBANKS, AK 99708

United States

Employment History

Please list your previous employers starting with your current, or most recent employer.

Fairbanks North Star Borough - Current Employer

Job Title: Parks and Recreation Director

Supervisor Name: Jim Williams, Chief of Staff

Dates Employed From: Nov/2011

Dates Employed To: Currently Employed

Employment Length: 8 years, 2 months

Address: Fairbanks, AK, UNITED STATES

Phone: (907) 459-1069

Duties: Direct the operations of a complex park and recreation department, serving 100,000 people. This included an \$8.4 million budget and over 100 full-time employees.

Ending Rate of Pay: \$122,500/year

Reason For Leaving: Currently Employed

May We Contact? No

City of Moberly

Job Title: Parks and Recreation Director

Dates Employed From: Sep/2009

Dates Employed To: Oct/2011

Employment Length: 2 years, 1 month

Duties: Direct operation of a medium-sized municipal park and recreation system, serving a population of 25,000

Reason For Leaving: Return to Alaska

Supervisor Name:

Andrew Morris

Address: Moberly, MO, UNITED STATES

Phone: 660-269-8705

Ending Rate of Pay: 89,000/yr

May We Contact? Yes

City of Monte Vista

Job Title: Parks and Recreation Director

Dates Employed From: Nov/2006

Dates Employed To: Sep/2009

Employment Length: 2 years, 10 months

Duties: Manage and direct operation of a small rural park and recreation department, serving a population of around 8,000 people.

Reason For Leaving: Move to Missouri

Supervisor Name: Don

Van Wormer

Address: Monte Vista, CO, UNITED STATES

Phone: 719-852-2692

Ending Rate of Pay: 75,000/yr

May We Contact? Yes

City of Valdez

Job Title: Director of Parks, Recreation, and Cultural Services

Dates Employed From: Feb/2003

Dates Employed To: Nov/2006

Employment Length: 3 years, 9 months

Duties: Manage and direct operations of the municipal parks and recreation department, civic center, and Carnegie Library.

Reason For Leaving: Move to lower 48

Supervisor Name: John

Hozey

Address: Valdez, AK, UNITED STATES

Phone: 907-835-4313

Ending Rate of Pay: 72,000/yr

May We Contact? Yes

Village of Lincolnshire

Job Title: Recreation Supervisor

Dates Employed From: Jan/2001

Dates Employed To: Nov/2003

Employment Length: 2 years, 10 months

Duties: Manage programs and parks for a small suburban community.

Reason For Leaving: Promotion, move to Alaska

Supervisor Name: Lydia

Scott

Address: Lincolnshire, IL, UNITED STATES

Phone: 847-883-8600

Ending Rate of Pay: 42,000/year

May We Contact? Yes

United States Marine Corps

Job Title: Air Support Operations Operator (MOS 7242)

Dates Employed From: Aug/1993

Dates Employed To: Nov/1995

Employment Length: 2 years, 3 months

Duties: Combat Air Traffic Control

Reason For Leaving: Honorable Discharge

Supervisor Name:
Captain Lawrence

Address: Camp Pendleton, CA,
UNITED STATES

Phone: (760) 725-3253

Ending Rate of Pay: E-3

May We Contact? Yes

Education

List below your educational background, including high school, all colleges, trade and military service schools.

Please enter N/A if the field is not applicable.

Western Illinois University | College or University

Degree: Bachelor of Science

Graduated? Yes

Major: Recreation, Park, & Tourism Administration

St. John's Military Academy | High School or Equivalent

Degree:

Graduated? Yes

Major:

Walden University | Graduate School

Degree: Master of Science

Graduated? Yes

Major: Industrial & Organizational Psychology

Resume

You can provide us with your resume here. You may either upload a file containing a formatted version, or cut & paste a text version in the space provided.

Click on the link to open the resume file if you wish to print the formatted resume.

File Name

Link

Bork Resume 11-19.docx

 Preview

Download

Text Only Resume

No Text Only Resume on File

Admin Uploaded Files

There are no admin uploaded files for this applicant.

References

Please fill out the information below regarding references.

Jason Avery

Relationship: Former Colleague/Subordinate
Years Known: 17

Phone: 907-590-9351

Matt Steffy

Relationship: Colleague/Former Employee
Years Known: 17

Phone: 907-750-6304

Donn Hayes

Relationship: Current Employee
Years Known: 7

Phone: 907-799-5004

Job Questions

City Manager 2019 |

Question	Answer	Disqualifier?
What do you think are the most important elements of the City Manager position? *** (Please limit each question response to 250 words or less. You can submit question responses as a separate attachment as you would your resume or cover letter) *	I believe that knowing how to consolidate information, and synthesizing that data into usable and relevant decision-making tools is one of the most important elements to a City Manager. A City Manager needs to be an authentic, collaborative, encouraging, and visionary leader who relies on the expertise and trust of all they work with and for the specific purpose of the improvement of those they serve.	
Describe a professional accomplishment that you feel best demonstrates your ability to be the City Manager of Homer. *** (Please limit each question response to 250 words or less. You can submit question responses as a separate attachment as you would your resume or cover letter) *	I have spent the past eight years as the Parks and Recreation Director for the Fairbanks North Star Borough, and in the time I have been at the helm, I am proud to say that employee morale is high, turnover is low, the public is wholeheartedly in support of what the department offers, and we consistently provide high-quality recreation programming. The FLiP (Fairbanks Loves its Parks) program is something I am particularly proud of in starting. It is an online branding and	

advocacy campaign that just surpassed 1,000 members in just 2 years. The campaign is centered around area-specific "Did You Know?" facts that become a central part of all of the messaging we do. These free-to-join members not only get regular email newsletters and program information, but access to VIP events and other members-only benefits. Additionally, this easy-to-implement system has created a powerful advocacy group that is informed and passionate about their issues. The FLiP program has gotten the community engaging in meaningful and fact-based dialogue; not just about WHAT we do, but WHY we do it, and what the community and personal BENEFITS are of the programs. As we train our staff when developing our "Did You Know?" facts, we want to answer the "What?" and the "So What?" I believe that, while not perfectly suited for everything, this model is an effective public engagement, education, and advocacy process that could be applied to the residents of the City of Homer, with equally amazing, engaging results.

If a new policy is passed by the City Council, I will assume that it has gone through the public meeting process, allowing for competing viewpoints, arguments, and support. So long as it is a lawful and properly vetted policy, my job as the Chief Administrator of the municipality is to put the policy into effect, to the best of the City's abilities. There will be many times that my opinion is different than the City Council's, the same as it will be with the employees who work for the City, or even my spouse of 20 years. Disagreements are healthy, so long as they are handled in a constructive, positive manner; and so long as due diligence in decision-making has been done to ensure the best data is used to make the decision. I am not averse to plainly making my opinion known, and advocating for that position passionately; but I will also strive to do so in a respectful, "active listening" framework. I will always try to clearly communicate the factors I considered in my opinion, but at the end of the day, the

A new policy, is introduced at a council meeting. You do not agree with it. How do you proceed? ***
(Please limit each question response to 250 words or less. You can submit question responses as a separate attachment as you would your resume or cover letter) *

power to promulgate policy is the City Council's authority, and my job is to carry it out; with no feet dragging, grumbling, or undermining. My overall goal, though, would be to create a respectful, positive, and authentic relationship with the Mayor, City Council, and others, which would go a long way to preventing a lot of future conflicts.

Basketball Coach John Wooden said:

"Whatever you do in life, surround yourself with smart people who'll argue with you." So I have always tried to do just that. I am an authentic leader that uses elements of applied positive psychology. In fact, I teach professionals around the world about how to use Authentic Leadership in the workplace. Authentic leaders, as defined by Harvard Business School's Bill George, share five key traits: -Authentic Leaders do not ascribe to a particular leadership style; instead, they have the ability to change styles as needed. -Authentic Leaders compassionately lead with both their head and their hearts. -Authentic Leaders create connected relationships & networks. -Authentic Leaders ensure that their values align with their actions. -Authentic Leaders are aware of and admit to, their faults. I believe in authentic leadership because it works; especially when combined with an Applied Positive and Organizational Psychology framework. I am a consistent and dependable leader who knows how to hire, retain, motivate, and inspire staff. I am also a visionary leader, always looking to the horizon and the potential of individuals and organizations. Finally, I am an approachable leader, who can create strong relationships with nearly anyone. My overall leadership goal is to help those that I work with be the best version of who they can be; which makes the organization the absolute best it can be.

**What is your leadership philosophy?
*** (Please limit each question
response to 250 words or less. You
can submit question responses as a
separate attachment as you would
your resume or cover letter) ***

**In reviewing the job description,
please highlight areas you bring
particular experience. *** (Please
limit each question response to 250
words or less. You can submit
question responses as a separate
attachment as you would your**

I bring a well-rounded set of municipal skills and experience, gained over the last 20 years, all over the country. I have enjoyed working in communities of very similar size to Homer; but as a department head, working for a City Manager. My current position as the Parks and Recreation Director for the

resume or cover letter) *

Fairbanks North Star Borough is similar in size to Homer. I oversee over 100 full-time benefited employees and manage an \$8.4 million Operating Budget. Specifically, I bring knowledge and at least some experience in all of the typical duties listed. My particular strengths include employee management, municipal budget planning, professional communications, human resources, strategic planning, capital planning, and organizational behavior. Because I believe in surrounding myself with people smarter than me, I am not intimidated or ashamed to admit when I do not know something, and I am a lifelong learner. There is not one particular skill or bit of knowledge that makes me your best candidate. It is my dedication to public service, my passion to positively lead and change organizations, and the justified confidence I have gained through over twenty years of managing municipal systems that make me an excellent fit to be your City Manager.

Additional Questions

Employment |

Question	Answer	Disqualifier?
Have you previously filed an application? *	No	
If yes, Please give dates applied	This question was not answered.	
Have you ever been employed with the City? *	No	
If yes, Please give dates:	This question was not answered.	
Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? (Proof of citizenship or immigration status will be required upon employment) *	No	
On what date would you be available for work? *	Negotiable, After April 1, 2020	
Can you travel if the job requires it? *	Yes	

Have you been convicted of a felony within the last 7 years? (Conviction will not necessarily disqualify an applicant from employment) *

No

If yes, Please explain

This question was not answered.

Are you 18 years of age or older? *

Yes

Education |

Question	Answer	Disqualifier?
Describe any specialized training, apprenticeship, skills and extra-curricular activities. *	International public speaker Adjunct faculty for School of Management at UAF Leadership and Organizational Consulting and Coaching	
Describe any job-related training received in the United States military. *	Leadership, communication	
List any professional, trade, business or civic activities and offices held. (You may exclude membership that would reveal gender, race, national origin, age, ancestry, disability or other protected status. *	President, Alaska Recreation and Park Association Commandant, Marine Corps League	

Additional Information |

Please enter N/A if the field is not applicable.

Question	Answer	Disqualifier?
Knowledge and Specialized Skills: *	Expert in organizational behavior and industrial psychology, skilled communicator, arbitrator, collaborator, and educator.	
What type of computers and software have you used? *	All PC desktop systems. Office 365, Windows 10, OneSolution, NovaTime, MyRec, NeoGov	
Other qualifications specific to this position? *	I am dedicated to Alaska and creating happy people!	
List any certifications you have received: *	Certified Parks and Recreation Professional Certified Laughter Yoga Teacher Certified MentorCoach	
List any family members employed by the City, family members means the spouse of the employee; a life partner or person cohabitating with the employee; a child, including stepchild and/or an adopted child of	n/a	

the employee; a parent, step-parent, sibling, or grandparent of the employee or a parent or sibling of the employees' spouse. *

State any additional information you feel may be helpful to us in considering your application * n/a

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE READ THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities described in the job description for which you have applied? * Yes

Applicant Statement

I certify the information provided in my application and resume (if attached) is true and complete to the best of my knowledge.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the City of Homer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

This application for employment shall be considered active for a period of time not to exceed one year. If the applicant is not selected for this position they must submit a new application for consideration for other positions that may be advertised.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and the federal immigration laws require me to complete an I-9 Form in this regard.

The City of Homer does not tolerate unlawful discrimination in its employment practices. No questions on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. The City of Homer likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other

protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The city of Homer takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

In the event of employment, I understand that false or misleading information given in my application, resume (if attached) or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of Homer.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT. I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement. Please type your name below to confirm that you have read and accept this Applicant Statement.

☒ I agree to the above.

Signature: Michael A. Bork

Date: 2020-01-03 02:40:11pm

IP Address: 216.115.120.4

Signature

Date

Michael A. Bork, MS, CPRP

mike@laughtership.net

PO Box 83461

Fairbanks, AK 99708

(907) 750-7010

Professional Experience

Parks & Recreation Director, Fairbanks North Star Borough, Alaska 2011-Present

- Direct the operations of a \$10 million dollar operating budget, \$25 million dollars in annual capital projects, 75 full-time equivalencies, and five divisions.
- Manage over \$250 million dollars in park and facility assets, including three indoor swimming pools, two ice arenas, 25 parks & playgrounds, over 5,000 acres of developed property, a 44-acre historic-themed park, a 6,000-seat event center, cross-country ski facility, multi-use recreation areas, and over 800 miles of trails.
- Provide strategic planning and leadership for the department and borough, serving a community of 100,000, in multiple communities in the Alaskan interior.

CEO, Laughtership LLC

2016-Present

- Organizational Leadership Development Consulting
- International Keynote Speaker, Authentic Leadership Educator, and Coach

Parks and Recreation Director, City of Moberly, Missouri

2009-2011

- Managed a workforce of over 50 employees, 30 park properties and facilities, and an operational budget of more than \$7 million dollars. This position served a community of 35,000 residents.

Parks and Recreation Director, Monte Vista, Colorado

2006-2009

- Directed the operations of 5 full-time employees, 17 park properties and three recreation facilities, which served a population of 14,000 people.

Director of Parks, Recreation & Cultural Services, Valdez, Alaska

2003-2006

- Served a community of 5,000 people, directing the operation of the recreation and park department, which included the Valdez Carnegie Library and cultural arts functions of a small coastal Alaskan cities.

Recreation Supervisor, Lincolnshire, Illinois

2001-2002

- Entry-level special event and program supervisor

United States Marine Corps, Air Support Operations

1993-1995

- Combat Air Traffic Control

Education

Walden University, Minneapolis, MN

2016

Master of Science, Industrial & Organizational Psychology

Western Illinois University, Macomb, IL

2000

Bachelor of Science, Recreation, Park and Tourism Administration

St. John's Northwestern Military Academy, Delafield, WI

1993

College Preparatory

Continued...

Michael A. Bork, MS, CPRP

mike@laughtership.net

PO Box 83461

Fairbanks, AK 99708

(907) 750-7010

Memberships/Leadership/Awards

- **National Recreation and Park Association**
 - Annual presenter (Speaker score 6.9/7.0) for last five years
 - Graduate of NRPA Director's School
 - Member of the Public Policy Committee
- **Alaska Recreation and Park Association**
 - Current At-Large Board member, Past President
 - Conference Committee Chair 2014, 2018, 2019
 - Bob Robertson Service Award, 2017
 - Professional Award, 2015
 - New Professional Award, 2006
- **Laughter Yoga International University**
 - Awarded title of global "Laughter Ambassador"
- **National Speakers Association (NSA)**
 - Professional Member

Certifications

- Certified Parks and Recreation Professional (CPRP)
- Level 1 Coach Certification - MentorCoach
- Certified Laughter Yoga Teacher (CLYT) 2017 – Laughter Yoga University
- Certified Laughter Yoga Leader (CLYL) 2015 – Laughter Yoga University
- Competent Communicator (CC) 2016 – Toastmasters International
- Advanced Leader Silver (ALS) – 2016 – Toastmaster's International

Recent Presentations

- *"Set Sail" Aboard the SS Laughtership!*
 - CHATCOLAB - Northwest Leadership Laboratory - Rathdrum, ID
- *Lead With Laughter!*
 - Play Craft Professional Development Training - Medford, OR
- *Laughing for the HELP of it!*
 - National Recreation & Park Association Annual Conference - Baltimore, MD
- *Applied Laughter & Purposeful HAppiness (ALPHA) Training*
 - Full Lives Disability Access Conference - Anchorage, AK
- *Health, Happiness, & World Peace through Laughter*
 - TEDx Talk – Fairbanks, AK
- *If You're Happy & THEY Know It, Happy Staff!*
 - National Recreation & Park Association Conference – Indianapolis, IN

**CITY OF HOMER
HOMER, ALASKA**

City Manager/
Personnel Director

RESOLUTION 20-028

A RESOLUTION OF THE CITY COUNCIL OF HOMER, ALASKA, AMENDING CITY OF HOMER PERSONNEL REGULATIONS, CHAPTER 1, ADDING SECTION 1.8 EMERGENCY OR DISASTER DECLARATION; CHAPTER 3, AMENDING SECTION 3.9 EMERGENCY APPOINTMENTS; AND CHAPTER 5, AMENDING SECTION 5.9.3 EXEMPT EMPLOYEES.

WHEREAS, Pursuant to Regulation 1.6, Revisions and Amendments, the City Manager may recommend revisions to the Personnel Regulations at any time with the revisions effective upon the approval of the City Council; and

WHEREAS, The City Manager recommends amending Chapter 1, adding Section 1.8 Emergency or Disaster Declaration; grants authority to City Manager to direct City employees to follow Centers for Disease Control and Prevention (CDC) and Alaska Department of Health and Social Services (DHS), or other Federal/State guidelines, in event guidelines recommend quarantine or other safety measures by the City are in place that require an employee to be out of office or unable to perform duties, allows City Manager to authorize payment of wages for employees on a case by case basis, allows City Manager to authorize remote work or temporarily place employees in new job classifications in support of essential City services or other duties as assigned; and

WHEREAS, The City Manager recommends amending Chapter 3, Section 3.9 Emergency Appointments; removes limit of 30 days in the event of an Emergency or Disaster Declaration; and

WHEREAS, The City Manager recommends amending Chapter 5, Section 5.9.3, Exempt Employees; to allow exempt employees to receive overtime pay if an event occurs that involves life safety.

NOW, THEREFORE, BE IT RESOLVED that the Homer City Council hereby amends the City of Homer Personnel Regulations, Chapter 1, Adding Section 1.8 Emergency or Disaster Declaration; Amending Chapter 3, Section 3.9, Emergency Appointments; Amending Chapter 5, Section 5.9.3 Exempt Employees as outlined above.

PASSED AND ADOPTED by the Homer City Council this 23rd day of March, 2020.

42
43
44
45
46
47
48
49
50
51
52
53
54

CITY OF HOMER

KEN CASTNER, MAYOR

ATTEST:

MELISSA JACOBSEN, MMC, CITY CLERK



City of Homer

www.cityofhomer-ak.gov

Human Resources

491 East Pioneer Avenue
Homer, Alaska 99603

personnel@cityofhomer-ak.gov
(p) 907-235-8121 x2225
(f) 907-235-3148

MEMORANDUM 20-043

TO: City Council
THRU: Katie Koester, City Manager
FROM: Andrea Browning, HR Director
DATE: March 17, 2020
RE: Personnel Regulation Revisions

The Personnel Regs are periodically reviewed in order to determine if revision and/or clarifications are necessary. However, due to the COVID-19 pandemic and Federal Emergency Declaration, some immediate changes are necessary. These changes provide the City of Homer the best chance of eligibility for federal reimbursement funds available through the Federal Emergency Management Agency (FEMA).

Suggestions were compiled by HR Director Browning and Chief Kirko, after consulting with Chief Robert Purcell and Finance Director Walton on FEMA guideline for tracking and reimbursement. Consideration is given to best practices and fiscal impacts. The City Manager recommends the following revisions.

Recommended Revision #1

The current Personnel Regulations do not have a section that deals directly with a Disaster or Emergency Declaration, much less a National Pandemic such as COVID-19. The FEMA guidelines recommend having this in order to be able to submit for reimbursement of lost wages, wages paid to employees who are unable to work due to an emergency or disaster, overtime related to incident, etc. Additionally, this provision allows the City Manager to review employees' situations on a case by case basis and best determine how that employee can, if possible, work remotely and assist with the continuation of services. The City would like to ensure that we can follow the CDC guidelines and DHS recommendations for quarantining employees upon returning from travel or upon showing symptoms/ being tested for COVID-19, as well as pay these affected employees. The City only had six employees (five full-time and one part-time) out-of-state/ country as of 03/14/20. Of those five full-time employees, three can work remotely from home for 14-days upon return. This remote work allows the continuation of work, while still protecting our workforce's health and safety.

Chapter 1

Add:

1.8 Emergency or Disaster Declaration. In the event that an Emergency or Disaster Declaration is declared by the City of Homer, the City Manager can direct city employees to follow the Centers for Disease Control and Prevention (CDC), the Alaska Department of Health and Social Services (DHS), or other Federal/ State guidelines to assure the health and safety of City of Homer employees and volunteers. In the event that these guidelines recommend quarantine or other safety measures that require an employee to be out of the office or unable to perform their duties, the City Manager has the authority to authorize payment of regular wages on a case by case basis. If the employee is eligible for Workers' Compensation, those hours will be paid in accordance with standard policy. If the City Manager determines that the affected employee can work remotely, either in their current job classification or by being temporarily placed in another, the employee can be required to work remotely. If City shuts down all non-essential City services, the City Manager can direct Department Heads to send staff home, and when possible for employees to work remotely. Employees can work in their current job classification or by being temporarily placed in another. The employee can be required to work remotely in support of essential City services, or other duties as assigned.

Recommended Revision #2

The current regulations allow a Department Director to hire additional emergency staff, with City Manager approval, to meet the emergency. However, this is limited to 30 days. With the current COVID-19 pandemic, additional Police or EMS staff could be needed to ensure continuation of emergency services. For example, if a Fire Dept. employee tested positive for COVID-19 and other members of department had to be quarantined and placed under observation.

Chapter 3

Current Personnel Regs read:

3.9 Emergency Appointments. In an emergency that threatens life or property, the Department Director with City Manager approval may, without complying with the provisions of the Personnel Regulations concerning appointments, employ, for not more than thirty (30) calendar days, such persons as are necessary to meet the emergency.

Change: *Modify to allow additional personnel in the event of an Emergency/ Disaster Declaration.*

Amended 3.9 will read:

3.9 Emergency Appointments. In an emergency that threatens life or property, the Department Director with City Manager approval may, without complying with the provisions of the Personnel Regulations concerning appointments, employ, for not more than thirty (30) calendar days, such persons as are necessary to meet the emergency. In the event of an Emergency/ Disaster Declaration, the Department Director with City Manager approval may hire persons as are necessary to meet the emergency with no limit of 30 days.

Recommended Revision #3

Expand allowance for Exempt employees to work overtime for work directly relating to an Emergency/ Disaster incident that involves life safety. The City has a precedent of allowing exempt employees to work overtime in disaster situations, if hours are directly related to the disaster (such as the Exxon Valdez oil spill in 1989). The Fair Labor Standards Act (FLSA) does allow employers to pay exempt employees overtime without jeopardizing their exempt status. In order for the City to submit for reimbursement of these labor costs tied to the Emergency Declaration, the City must pay these hours. The FEMA guidelines recommend having this in order to be able to submit for reimbursement of overtime hours.

Chapter 5

Current Personnel Regs read:

5.9.3 Exempt Employees. Exempt employees are not eligible to receive overtime pay unless overtime hours worked are to fill in for an absent non-exempt subordinate and approved in advance by the Department Director or City Manager. Employees should check their job description to determine whether their positions are considered exempt from overtime payment.

Change: Modify to allow Exempt employees to work overtime hours directly related to an event that triggers an Emergency or Disaster Declaration.

Amended 5.9.3 will read:

5.9.3 Exempt Employees. Exempt employees are eligible to receive overtime pay if an event occurs that triggers the City of Homer to make an Emergency or Disaster Declaration. Additionally, an exempt employee can work overtime if the hours worked are to fill in for an absent non-exempt subordinate and approved in advance by the Department Director or City Manager.

CITY OF HOMER



PERSONNEL REGULATIONS

Revised: March 17, 2020
Resolution 20-

CITY OF HOMER

TABLE OF CONTENTS

CHAPTER ONE: GENERAL PROVISIONS	PAGE
1.1 Authority	1
1.2 Purpose	1
1.3 Scope	1
1.4 Personnel Office	1
1.5 Personnel Records	1-2
1.6 Revision and Amendments	2
1.7 Variances	2
1.8 Emergency or Disaster Declaration	2
 CHAPTER TWO: ORGANIZATION AND DELEGATION OF AUTHORITY	
2.1 Purpose	3
2.2 Department, Department Director, Divisions and Units	3
2.3 Management Responsibility and Authority	4-5
2.4 Employee Responsibility	5-6
 CHAPTER THREE: RECRUITMENT, APPLICATION, SELECTION, APPOINTMENTS	
3.1 Job Announcements and Publicity	7
3.2 Application for Employment	7
3.3 Child Labor	7
3.4 Selection Devices	7
3.5 Position Appointments	7
3.6 Intradepartmental Promotions	7-8
3.7 Intradepartmental Transfers	8
3.8 Interdepartmental Transfers or Promotions	8
3.9 Emergency Appointments	8
3.10 Temporary Appointments	8
3.11 Casual Appointments	8
3.12 Casual Jail Officer Appointments	8
3.13 Part-Time Appointments	9
3.14 Employment of Relatives	9
 CHAPTER FOUR: POSITION CLASSIFICATION	
4.1 Definition	10
4.2 Position Classification System/Parity	10
4.3 Job Description/Specifications	11
4.4 New Positions	11
4.5 Position Reclassification-Upgrade	11
4.6 Position Reclassification-Downgrade	12
4.7 Position Change	12
4.8 Reassignment Pay	12

CHAPTER FIVE: SALARY ADMINISTRATION	PAGE
5.1 Schedule Revisions	13
5.2 Appointee Pay	13
5.3 Pay Increases	13-14
5.4 Anniversary Date	14
5.5 Pay Day	14
5.6 Timesheets	14
5.7 Workday and Workweek	15
5.8 Shift Pay	16
5.9 Overtime Policies	16
5.10 Overtime Pay	17
5.11 Compensatory Time	17-18
5.12 Work Call Back	18
5.13 Two Hour Minimum Call Out	18
5.14 On Call Pay	18
5.15 Temporary Assignment Pay	18
5.16 Training and Travel Time	18-20

CHAPTER SIX: EMPLOYEE BENEFITS	
6.1 Recognized Holidays	21-22
6.2 Leave with Pay	22
6.3 Leave Donation	23
6.4 Leave Cap	23
6.5 Annual Mandatory Leave Requirement	23
6.6 Annual Leave Cash Out	23
6.7 Final Leave Cash Out	23
6.8 Sick Leave	23-24
6.9 Birthday Leave	24
6.10 Christmas and New Years Eve Leave	24
6.11 Bereavement Leave	24
6.12 Witness Leave	25
6.13 Jury Duty Leave	25
6.14 Voting Leave	25
6.15 20 and 30 Year Anniversary Leave	25
6.16 Short-Term Military Leave with Pay	25
6.17 Extended Military Leave Without Pay	25-26
6.18 Military Family Leave (MFL)	26
6.19 Family and Medical Leave of Absence (FMLA)	26-28
6.20 Personal Leave of Absence without Pay	28
6.21 Sabbatical	28
6.22 Change of Anniversary Date Because of Unpaid Leave of Absence	29
6.23 Retirement, Deferred Comp., Life Insurance, and Medical Benefits	29

6.24	Occupational Death Benefit	29
------	----------------------------	----

CHAPTER SEVEN: PERFORMANCE EVALUATIONS	PAGE
7.1 Purpose	30
7.2 Periods of Evaluation	30-31
7.3 Evaluation Form	31
7.4 Review of the Performance Evaluation	31
7.5 Unsatisfactory Evaluation	31
7.6 Appeal Procedure	31

CHAPTER EIGHT: GENERAL CONDUCT	
8.1 Attendance	32
8.2 Breaks	32
8.3 Appearance	32
8.4 Uniforms and Uniform Maintenance	32
8.5 Outside Employment	32-33
8.6 Residency Requirements	33
8.7 Ethics and Conflict of Interest	33-34
8.8 Ethics Complaint Procedure	34
8.9 Political Activity	34-35
8.10 Oath of Office	35
8.11 Legal Liability	35
8.12 Use of City-Owned Equipment	35
8.13 Office Technology Policy	35-36
8.14 City Vehicles	37
8.15 Cost Consciousness	37
8.16 Safety	37
8.17 Work Accidents/Injuries	37-38
8.18 Solicitations	38
8.19 Personal Business	38
8.20 Personal Items/Equipment	38
8.21 Drug Free Workplace	38-39
8.22 Commercial Driver License (CDL) Drug/Alcohol Testing Policy	39
8.23 Smoking Prohibited	39

CHAPTER NINE: DISCRIMINATION AND HARASSMENT COMPLAINTS	
9.1 Equal Opportunity Policy	40
9.2 Anti-discrimination and Anti-harassment Policy	40
9.3 Definitions	40-41
9.4 Harassment Definition	41
9.5 Sexual Harassment Definition	41
9.6 Sexual Harassment Examples	41-42

9.7	Responsibilities	42
9.8	Procedure for Informal Complaints	42-43
9.9	Procedure for Formal Complaints	43
9.10	Retaliation	43

CHAPTER TEN: DISCIPLINE – CAUSES AND ACTIONS

10.1	Discipline Policy	44
10.2	Oral Warning	44
10.3	Written Warning or Disciplinary Work Plan	44
10.4	Employee Response to Warning or Disciplinary Work Plan	44
10.5	Suspension without Pay, Demotion, Dismissal	44-45
10.6	Pre-Deprivation Hearing	46
10.7	Administrative Leave with Pay	46
10.8	Appeal of Disciplinary Action	47

CHAPTER ELEVEN: COMMUNICATION, GRIEVANCE AND APPEAL PROCEDURE

11.1	Purpose and Policy	48
11.2	Employee Communications	48
11.3	Definition of Grievance	48
11.4	Grievance Procedure Steps	49-50
11.5	Arbitration Procedures	50-51
11.6	Enforcement of Arbitrator's Decision	51
11.7	Standard of Review	51

CHAPTER TWELVE: SEPARATION FROM EMPLOYMENT

12.1	Resignations	52
12.2	Exit Interview	52
12.3	Lay Offs	52-53
12.4	Dismissal	53
12.5	Severance Pay	53

CHAPTER ONE

GENERAL PROVISIONS

1.1 Authority. These Personnel Regulations are adopted pursuant to Section 1.38.010 of the Homer City Code and shall be effective upon adoption by the City Council via resolution and administered by the City Manager.

1.2 Purpose. It is the general purpose of these regulations to establish uniform policies and procedures to guide and improve the quality of personnel administration. These Personnel Regulations are subject to change.

1.3 Scope. These regulations shall apply to all non-elected employees of the City except where these regulations contradict specific provisions of a negotiated contract or with state, local or federal law.

1.4 Personnel Office. The personnel office shall be supervised by the City Manager or if appointed, a Personnel Director. Central files pertaining to personnel matters including benefits, forms and records shall be maintained in the personnel office. The City Manager may delegate to a Personnel Director any personnel functions required of the City Manager except those prescribed in Chapter Eleven (Communication, Grievances and Appeal Procedure) of these regulations.

1.5 Personnel Records. For each City employee, a single personnel file shall be maintained in the Personnel Office. The file may include such documents as the employee's application, reports of employment investigations, work performance, progress and disciplinary actions, records of personnel actions, job descriptions and specifications and current and past salary status changes. Personnel files are considered confidential and open only to the City Manager, Personnel Director, the hiring supervisor, the Department Director, and the employee. Records in the personnel file are subject to disclosure to others only pursuant to federal or state law or city code or ordinance. Nothing contained in this section shall prohibit access to and use of the personnel file in any grievance, arbitration or lawsuit involving the employee and the City relating to City employment. Employees may receive copies of all materials to be placed in their personnel file when they are received by the Personnel Director or from payroll when a salary change is made. Employees are encouraged to review their entire personnel file periodically by contacting the Personnel Director. Medical information concerning employees will be maintained in a separate employee medical file.

1.5.1 Department Personnel File. A Department Director may establish and maintain a management file, for individual employees for use in providing direction and supervision to the employee. The file shall be open to the employee at all times for their review. The file may contain such things as copies of time cards, leave requests, training and certification records and memos between the employee and Supervisor/Department Director.

1.5.2 Personnel Records Retention. Personnel files will be maintained for ten years following employee termination. After ten years, terminated employees' names, social security numbers, dates of employment, rates of pay and title as well as any leave without pay time will be listed in an employee data base and the contents of the file destroyed.

1.6 Revision and Amendments. The City Manager may recommend revisions to these regulations at any time. Revisions shall become effective upon their approval by the City Council.

1.7 Variances. Except where prohibited by state, local or federal law the City Manager shall have the power to vary or modify the strict application of these regulations in any specific case when such application would result in undue hardship to the employee(s). Whenever the City Manager shall authorize such a variance, record of such variance and the reasons for it shall be made in writing and retained in an appropriate file.

1.8 Emergency or Disaster Declaration. In the event that an Emergency or Disaster Declaration is declared by the City of Homer, the City Manager can direct city employees to follow the Centers for Disease Control and Prevention (CDC), the Alaska Department of Health and Social Services (DHS), or other Federal/ State guidelines to assure the health and safety of City of Homer employees and volunteers. In the event that these guidelines recommend quarantine or other safety measures that require an employee to be out of the office or unable to perform their duties, the City Manager has the authority to authorize payment of regular wages on a case by case basis. If the employee is eligible for Workers' Compensation, those hours will be paid in accordance with standard policy. If the City Manager determines that the affected employee can work remotely, either in their current job classification or by being temporarily placed in another, the employee can be required to work remotely. If City shuts down all non-essential City services, the City Manager can direct Department Heads to send staff home, and when possible for employees to work remotely. Employees can work in their current job classification or by being temporarily placed in another. The employee can be required to work remotely in support of essential City services, or other duties as assigned.

CHAPTER TWO

ORGANIZATION AND DELEGATION OF AUTHORITY

2.1 Purpose. Proper organization and delegation of authority are essential to effective City government administration and management. The responsibilities and authorities described in this chapter are intended to establish a clear understanding of the role each segment of City government must play in order to create and administer a sound personnel management program.

2.2 Department, Department Director, Divisions and Units.

2.2.1 Department: A principal subdivision of the City government established by Chapter 2.32 of the City Code. These departments currently include: (1) Administration; (2) Finance; (3) Police; (4) Fire; (5) Port and Harbor; (6) Public Works. Each department is headed by a Department Director or the City Manager.

2.2.2 Department Director: The chief administrative, executive officer or employee in each department of the City or the person appointed by the Department Director to act as the Director's designee or representative.

2.2.3 Division: A subdivision of a department whose chief supervisor has a direct reporting relationship to a Department Director. Divisions are found in the Police, Fire, Port, Public Works, Administration and Finance Departments. Divisions include, but are not limited to, the fish dock and harbormaster divisions of the Port and Harbor Department; operation & maintenance, and water & sewer treatment divisions of Public Works Department. Divisions may also be established by the City Manager, when, due to insufficient employees or other reasons department status is unwarranted but division status is warranted due to the responsibilities assigned. The supervisors of such administrative divisions may report directly to the City Manager. Such divisions include, but are not limited to, the Library, Planning and Zoning, City Clerk's, Personnel and Community Recreation.

2.2.4 Units: A subdivision of a department division. The supervisor of a unit may report directly to the division supervisor. Current units include, but are not limited to, patrol, dispatch services, and investigations unit of the Police Department, motor pool, parks, building maintenance, streets and maintenance unit of the Public Works Department and maintenance and administrative units of the Port and Harbor Department.

2.3 Management Responsibility and Authority

2.3.1 City Council. The City Council shall have responsibility and authority to among other things:

2.3.1.1 Approve the City's budget including requests for personnel management funds.

2.3.1.2 Approve Personnel Regulations developed by the City Manager.

2.3.1.3 Appoint the City Manager and other officers as specified in the Homer Municipal Code.

2.3.2 City Manager. The City Manager shall have responsibility and authority to among other things:

2.3.2.1 Administer the Personnel Regulations adopted by the City Council.

2.3.2.2 Develop and implement use of such forms, reports and procedures as may be necessary to carry out the City's personnel program.

2.3.2.3 Appoint Directors of Departments.

2.3.3 Department Directors. Department Directors shall have the responsibility and authority to among other things:

2.3.3.1 Enforce personnel policies and administer the merit system of their department.

2.3.3.2 Keep employees in their department informed of current personnel policies and procedures.

2.3.3.3 Participate in the grievance procedures as specified in Chapter Eleven.

2.3.3.4 Appoint and dismiss all employees under the Department Directors jurisdiction as delegated by the City Manager, subject to the provisions of these Personnel Regulations.

2.3.3.5 Inform the City Manager of any problems, complaints, or other irregularities which are felt to be a detriment to the efficient management of the City.

2.3.3.6 Inform the City Manager when any situation arises which is not

covered by the Personnel Regulations or other policies or procedures of the City.

2.3.3.7 Recognize that the City is a service organization and exists due to a public need. As such, providing service to the general public is the foremost concern for each department director.

2.3.3.8 Responsible for creating an atmosphere free of discrimination and harassment within their department.

2.3.4 Supervisory Personnel. Supervisory personnel shall have responsibility and authority to among other things:

2.3.4.1 Enforce personnel policies, rules and regulations in the units under their supervision.

2.3.4.2 Take corrective action concerning employees under their supervision and make recommendations as to hiring, firing, other disciplinary actions, transfers, promotions, and personnel evaluations subject to review and approval of Department Director.

2.3.4.3 Evaluate employee performance.

2.3.4.4 Participate in the grievance procedures as specified in these regulations.

2.3.4.5 Inform their Department Director when any situation arises which is not covered by the Personnel Regulations or other policies or procedures of the City.

2.3.4.6 Recognize that the City is a service organization and exists due to a public need. As such, providing service to the general public is the foremost concern for each supervisor.

2.4 Employee Responsibility. All employees of the City must:

2.4.1 Read and abide by the Personnel Regulations and other relevant City policies and regulations and ask supervisors to explain the regulations if questions arise.

2.4.2 Understand the function of the department to which they are assigned and how that function relates to the total mission of the City and all of its departments.

2.4.3 Discuss with the immediate supervisor any questions relating to the interpretation or application of these rules, either informally or formally through the grievance

procedure.

2.4.4 Be prompt, courteous, efficient and diligent in carrying out assigned duties and responsibilities within the bounds of established rules, regulations, procedures and ordinances.

2.4.5 Be familiar with their job description and perform the job to the best of their ability.

2.4.6 Recognize that the City is a service organization and exists due to a public need. As such, providing service to the general public is the foremost concern for each employee.

2.4.7 Carry out, to the best of their ability, policies adopted by the Homer City Council in a competent and fair manner, irrespective of personal feelings or disagreements.

2.4.8 Inform their supervisors of any problems, complaints, or other irregularities which they feel are a detriment to the efficient management of their department.

2.4.9 Be good citizens, do their job ethically, conscientiously, fairly and honestly, be amenable to supervision, respect the rights of all individuals and cooperate with co-workers and associates.

2.4.10 Inform their supervisors when any situation arises which is not covered by the Personnel Regulations or other policies or procedures of the City.

CHAPTER THREE

RECRUITMENT, APPLICATION, SELECTION, APPOINTMENTS

3.1 Job Announcements and Publicity. The Personnel Director shall post public notice of all vacancies for full and part-time positions online and on bulletin boards within City departments and shall post the notice twice in a newspaper of general circulation in the community. The notice requirement may be waived if the same or a similar position was vacant no more than one year prior to the current vacancy. Announcements for temporary or casual positions may be publicized in whatever manner deemed appropriate by the Personnel Director. Job announcements shall state position title, description of position, list of skills, knowledge and ability required for position, application deadline, how to file application, salary range, whether the position is exempt from overtime pay and the city's status as an equal opportunity employer. The notice shall also identify any testing required for the posted position. Application deadlines will close five working days after the second advertisement date in a newspaper of general circulation in the community. In the interest of personnel management the City Manager has the right to transfer employees to departments with open positions without advertising the position.

3.2 Application for Employment. The Personnel Office will only accept applications for open positions where recruitment is ongoing to fill the position. The City of Homer does not accept unsolicited applications and/or resumes. The application form by which a person applies for a position with the City shall be provided by and filed with the Personnel Office.

3.3 Child Labor. The minimum age and permitted hours for City employment shall be in accordance with federal and state law. Persons under eighteen years old may not be employed in hazardous positions.

3.4 Selection Devices. Various selection devices may be used to obtain qualified candidates for a position, including, but not limited to work samples, performance tests, written tests, oral board reviews, background and reference inquiries, and evaluation of training and experience. Prior to offering employment supervisors are required to obtain references and complete background checks as necessary for the position. All references and background information should be attached to the employee's application and submitted to the Personnel Office.

3.5 Position Appointments. Appointments are made by the Department Director in consultation with the immediate supervisor and subject to final approval by the City Manager.

3.6 Intradepartmental Promotions. Employees may be promoted within their respective department upon recommendation of the Department Director provided the employee possesses the qualifications of the position to which they are being promoted. The external advertising requirements of Section 3.1 may be waived for any open position which is filled by an intradepartmental promotion. The promotional probationary period may be waived on full-time employees and all benefits will continue to accrue at previous rates. Generally, the employee will begin at a minimum of Step B, defined in Chapter 5 of these Regulations, of the new pay range,

but may be compensated at a higher level depending on experience and training. In no case shall an employee be paid less than the amount equivalent to one step above their previous salary step.

3.7 Intradepartmental Transfers. Employees may be transferred within their respective departments upon recommendation of the Department Director provided the employee possesses the qualifications of the position to which they are being transferred. The transfer probationary period may be waived at the discretion of the Department Director and all benefits will continue to accrue.

3.8 Interdepartmental Transfers or Promotions. Employees may be transferred or promoted to a different department within the City by applying for consideration when a position is announced. The transfer shall be considered a new appointment within the pay range assigned to the position and probationary period may be waived at the discretion of the Department Director. No loss of employee benefits based on longevity will occur.

3.9 Emergency Appointments. In an emergency that threatens life or property, the Department Director with City Manager approval may, without complying with the provisions of the Personnel Regulations concerning appointments, employ, for not more than thirty (30) calendar days, such persons as are necessary to meet the emergency. In the event of an Emergency/ Disaster Declaration, the Department Director with City Manager approval may hire persons as are necessary to meet the emergency with no limit of 30 days.

3.10 Temporary Appointments. In cases of special projects, seasonal activities or other situations necessitating employment for six months or less, the Department Director with Personnel Director approval may make a temporary appointment. Upon Personnel Director approval temporary appointed employees returning to employment after two consecutive seasons with at least 1040 hours in the same or like position with the City may be given a step increase within the particular pay range established for the position. Temporary appointed employees shall not receive leave accrual, shift differential or other benefits. No temporary appointed employee shall remain on temporary status for a period of longer than six consecutive months without approval of the City Manager. Temporary appointed employees are at will employees.

3.11 Casual Appointments. Casual appointments are made when the need for an employee's services is on an intermittent as needed basis over a longer period of time. Employees who have been casually appointed are at will. These casual appointed employees shall not receive leave accrual, shift differential or other benefits.

3.12 Casual Jail Officer Appointments. Casual Jail Officer appointments are made when the need for an employee's services is on a regular basis, but hours are not on a regular and continuing schedule of 20, 24 or 28 hours per work week. A Casual Jail Officer can work more than 30 hours in one week to cover the standard jail schedule shifts, but will not work more than 60 hours in any two-week period.

3.13 Part-Time Appointments. Part-time appointed employees are hired to work on a regular and continuing schedule of 20, 24 or 28 hours per work week. When a part-time employee is made a full-time employee without a break in service, credit shall be given for the service. For purposes of calculating benefits;

PERS: The part-time appointed employee's date of hire date will be the day the employee accepted a full-time position.

Annual Leave: Past service hours will be given credit to place newly appointed full-time employee at appropriate leave accrual rate.

3.14 Employment of Relatives.

3.14.1 For purposes of this chapter, "family member" means the spouse of the employee; a life partner or person cohabitating with the employee; a child, including a stepchild and/or an adopted child of the employee; a parent, step-parent, sibling, or grandparent, or grandchild of the employee or a parent or sibling of the employees' spouse.

3.14.2 The City will not hire or promote a full or part-time employee into a position where the employee will report to, be supervised by, audited by, or work in the same department with a family member.

3.14.3 If two employees working in the same department or in a supervisory/subordinate capacity become family members the City may permit one of the employees to transfer to another department where neither employee supervises, reports to or audits the other employee and the employees do not report directly to the same supervisor if a position is available. This provision permits the City Manager to supervise family members who report directly to the City Manager; provided the employees are in different departments. If a transfer cannot be accomplished the City must terminate the employment of one of the employees. The City Manager shall determine which employee to terminate based upon the needs of the City.

3.14.4 Temporary employees may be employed within the same department as a family member so long as neither employee reports to, is supervised or audited by the other and the employees do not report directly to the same supervisor.

CHAPTER FOUR

POSITION CLASSIFICATION

4.1 Definition. All full and part-time positions in the City are evaluated based on the nature of the position, assigned a total points value based on the evaluation, and assigned a salary range based on the points value. This valuation system is the City's Position Classification System. The purpose of classifying positions is to provide an effective tool for personnel management such as:

- 4.1.1** Staffing levels and budgeting
- 4.1.2** Establishing fair and equitable pay
- 4.1.3** Establishing job performance standards

4.2 Position Classification System.

4.2.1 Internal Parity. In order to assure internal parity within the Position Classification System, the following procedure may be completed at a minimum of once a year for each full-time position or every 2080 hours for each part-time position:

4.2.1.1 The employee and their immediate supervisor compare the employee's job description with the actual duties performed by the employee. Differences between assigned duties and description shall be reported to the Department Director.

4.2.1.2 The Department Director evaluates reports and either changes employee assigned duties to conform to the job as described or amends the job description to reflect employee's assigned duties. All amended job descriptions shall be reviewed by the Personnel Director. If the job description has significant changes, the Personnel Director and two Department Directors will review the position and reclassify it, if necessary.

4.2.1.3 An amended job description must be reviewed and approved by the City Manager who may require such backup materials as needed to justify the change.

4.2.2 External Parity. It is the policy of the City to pay salaries and wages competitive with salaries and wages for comparable work and responsibilities in and outside municipal government. External wage parity will only be used as an overall guide for pay purposes and will not be the basis for determining individual salaries or cost of living increases on a yearly basis. The Personnel Director shall review the Position Classification System no less than every five years. A report of findings shall be submitted to the City Manager for review. The City Manager shall provide a report and recommendations to the City Council.

4.3 Job Description/Specifications. Common qualifications such as the responsibilities listed in Section 2.4 of these Regulations shall be required for each position even though such traits may not be specifically mentioned in the specifications. The listing of major job functions or activities will not be considered all inclusive. Employees may be assigned specific duties in addition to or in place of those duties listed on their job description. Each position shall have a job description/specification which includes:

4.3.1 An appropriate title

4.3.2 A general statement of functions

4.3.3 A listing of major job functions/activities

4.3.4 Required skills, knowledge, and abilities

4.3.5 A statement as to whether the position has supervisory authority

4.3.6 External visibility/contact

4.3.7 Working conditions

4.3.8 A statement as to whether the position is exempt from the payment of overtime pay

4.3.9 A statement as to whether the position is full-time. Full-time positions are hired to work a predetermined schedule of 40 hours or more per workweek

4.3.10 A statement as to whether the position is part-time. Part-time positions are hired to work a predetermined schedule of 20, 24 or 28 hours per workweek.

4.4 New Positions. Requests for new positions are directed to the City Manager during the budget process with accompanying verification of need, recommended job description and specifications. The City Manager may authorize the filling of a new position subject to budgetary appropriations by the City Council.

4.5 Position Reclassification - Upgrade. A position may be reclassified when additional duties and responsibilities have been assumed by the incumbent or additional duties and responsibilities are assigned to the position. Position reclassification requests are directed to the Personnel Director for review and refactoring. If the additional duties and responsibilities are substantially different from those currently performed, the Department Director may authorize advertising the position. Any reclassification is dependent upon sufficient department budget for approval. In no case shall an employee be paid less than the amount equivalent to one step above their previous salary step.

4.6 Position Reclassification - Downgrade. A position may be reclassified to a lower range if the responsibilities of the job are determined to be less than originally indicated, or if certain responsibilities are removed from the job. The Department Director may fill the reclassified position in a manner deemed appropriate. If an incumbent employee fills the job which has been downgraded they shall not be paid less than their present salary, but their salary will not be increased until the salary at the new level has met or exceeded their present salary. Downgrade reclassification shall not be considered a demotion.

4.7 Position Change. A position may be changed when, in the opinion of the Department Director, the responsibilities of a position change sufficiently to require a new job title, job description, or specifications. The Department Director may fill the new position in a manner deemed appropriate to the situation. If an incumbent in the old position is qualified and capable of performing the new job, the Department Director may allow the incumbent to remain in the changed position. Incumbents in the new position will not lose any benefits accrued but will be paid within the salary range of the new position.

4.8 Reassignment Pay. Pay for an employee who has been reclassified, transferred, promoted or in any other way had their position changed, shall be determined at the time of such reassignment with due consideration being given to the past service of the employee and the needs of the City.

CHAPTER FIVE

SALARY ADMINISTRATION

5.1 Schedule Revisions. Revisions and amendments to the salary schedule are recommended to the City Council by the City Manager and shall become effective by adoption of the budget by Council. The City Manager may:

5.1.1 Compare salary rates, compensation policies and personnel development of the City's positions and those of like positions of employers in the community and other municipal governments as per Section 4.2.2.

5.1.2 As budget allows, at least once a year determine the increase or decrease in the Anchorage Consumer Price Index and base a cost of living adjustment on some percentage of the officially published increase or decrease in that index.

5.1.3 Examine the salary schedule, including the salary ranges and salary steps within a range to ascertain if adjustments should be made.

5.1.4 Based upon the above, submit to the City Council recommendations for amendment of the salary schedule.

5.2 Appointee Pay. New employees shall receive the salary assigned a Step A in the range assigned to the position when the new employee possesses the minimum required skills, knowledge and abilities. When in the opinion of the Department Director, the new employee possesses more than the minimum skills, knowledge and abilities required for the position, the employee may be assigned to a pay step above Step A in the range assigned to that position. The starting pay step for any new employee shall not affect the length of the employee's initial probation period.

5.3 Pay Increases. Employees may receive pay increases based on merit. Such merit increases shall be recommended and approved by the Department Director and City Manager based on a written performance evaluation. Pay increases will be made at the beginning of the pay period. An employee is not eligible for a pay increase as the result of any interim evaluation during the probationary period. Evaluations are regularly performed once a year, at the end of the initial, transfer or promotional probationary period, or when deemed appropriate by the Department Director. Usual compensation advancement will apply as follows, assuming continuous service and satisfactory performance:

5.3.1 Step A - Entry level; Employees remain at a Step A or their initial starting Step salary for their probationary period except as otherwise provided in this section.

5.3.2 Step B – Employees advance to a Step B or receive a one step increase based upon satisfactory completion of their probationary period except as otherwise provided in this

section. Employees shall remain at this level one year. Police service employees are placed on a one year probationary period and are eligible for a step increase after the satisfactory completion of the employee's six and twelve month probationary period.

5.3.3 Steps C through O - Further advancement is generally dependent upon above satisfactory performance, with an overall rating of "Good." This indicates the employee more than fulfills essential requirements of the position, for at least one year from the anniversary date in the position at each salary step. An employee may be advanced an additional salary step if the Department Director and City Manager determine the employee's performance has been vastly superior and has exceeded the requirements for the position.

5.4 Anniversary Date. An employee's Anniversary Date is one year following satisfactory completion of the initial, promotional or transfer probationary period for the position currently assigned. A police service employee's Anniversary Date is one year following the satisfactory completion of the employee's six month probationary period.

5.5 Pay Day. Generally, employees shall be paid for a fourteen day work period every other Friday on the Friday following the end of the pay period. Pay checks will be available after 8:00 a.m. in the Finance Office. If the payday falls on a holiday, pay checks will be available in the Finance Office the day preceding the holiday.

5.5.1 Emergency Pay Check. Pay check dispersal by other than the above listed procedure may be permitted for hardship or emergency reasons if approved by the Department Director and the Finance Director.

5.5.2 Final Pay Check. Upon voluntary resignation, the final pay check will be available within three working days following the effective date of resignation. Final pay checks will be available within one working day when employment is involuntarily terminated. Check availability is dependent on prompt submission of time sheets to payroll.

5.5.3 Calendar Year. For payroll and benefit accrual purposes, the calendar year begins the first day of the pay period resulting in the first January dated paycheck and ends the last day of the pay period resulting in the last December-dated paycheck. Calendar year wages for the purposes of PERS reporting is based solely on the pay period ending date in accordance with Alaska Statute 39.35.

5.6 Time sheets. Time sheets are required from all employees. If timesheets are not received in a timely manner prior to the processing of payroll, the employee will be paid at their hourly rate of pay for estimated hours worked in the pay period. Adjustments, if any, will be made on the next pay period. Accuracy on time sheets is the responsibility of each employee and their supervisor. Timesheets are reviewed by payroll and in the event of an error a notation will be made on the timesheet and the employee/and or supervisor will be notified of the change and a copy of the corrected time sheet sent to the employee.

5.7 Workday and Workweek.

5.7.1 Workday. The standard workday commences at 12:00 a.m. and ends at 11:59:59 p.m. on the same day. The Department Director may establish a different work day for any or all employees in the department. An employee's workday schedule is defined at date of hire and may be changed at any time as a result of department need. The general workday schedules are as follows:

5.7.1.1 Standard Workday. The standard work day consists of eight or ten hours per day depending upon department needs.

5.7.1.2 Jail Officer Workday. The Jail Officers work day consists of eight or twelve hours per day depending upon department needs.

5.7.1.3 Emergency Services Workday. The Emergency Services personnel work day consists of 24 1/4 hours per day. Workday begins at 8:00 a.m. and ends at 8:15 a.m. the following day. Work days are 24 ¼ hours with 16 ¼ hours of work time and eight hours of unpaid sleep time. Sleep time is scheduled from 11:00 p.m. until 7:00 a.m. the following day. If an employee does not receive at least five continuous hours of uninterrupted sleep time within a workday all sleep time hours during the shift will be compensated.

5.7.2 Workweek. A workweek consists of seven consecutive 24 hour periods or a fixed and regularly reoccurring period of 168 hours beginning at 12:00 a.m. on Monday and ending at 11:59:59 pm. the following Sunday for all City employees, except authorized Fire and Jail personnel. Authorized Fire and Jail personnel workweek shall consist of two consecutive workweeks. The employee's workweek schedule is defined at date of hire and may be changed at any time as a result of department need. The general workweek schedules for employees are as follows:

5.7.2.1 Standard Workweek. Eight hours per day five days week, or ten hours per day four days per week, 2080 hours per year

5.7.2.2 Jail Officers. Fourteen day work period pursuant to section 207(k) of the Fair Labor Standards Act and 29 CFR Part 553. Schedule of seven days on with one eight hour day followed by six twelve hours days followed by seven days off.

5.7.2.3 Emergency Services. Fourteen day work period pursuant to section 207(k) of the Fair Labor Standards Act and 29 CFR Part 553. Schedule of 81 ¼ hours within a fourteen day work period with five days on and nine days off, 2,112 ½ hours annually.

5.8 Shift Pay. Additional pay is provided to employees that are assigned to work in a swing or graveyard shift. An employee must work at least half of their scheduled work day in a swing or graveyard shift to be entitled to shift pay. Any continuous shift with at least half of the hours in a higher shift rate shall have the entire shift paid at the appropriate higher shift rate. Shift differential shall be calculated as part of an employee's hourly rate of pay for overtime compensation purposes. All shifts should be scheduled so that each employee works 80 hours within each pay period. Shift differential shall not be paid for any non "working" hours. Fire Department Emergency Services personnel on a fourteen day work schedule will not receive shift differential.

5.8.1 Swing Shift. Employees assigned to work between the hours of 4:00 p.m. and midnight will receive two percent additional pay to their hourly rate of pay for hours worked during a swing shift.

5.8.2 Graveyard Shift. Employees assigned to work between the hours of midnight and 8:00 a.m. will receive four percent additional pay to their hourly rate of pay for hours worked during a graveyard shift.

5.9 Overtime Policies. Overtime is paid for hours an employee works over a scheduled workday or a 40 hour workweek with the exception of Jail Officers and Emergency Services personnel. Work hours are hours an employee actually works and also include compensatory hours. Hours that are not worked such as holiday pay or any type of leave hours are not counted as hours worked for overtime calculation purposes. If an employee is scheduled to work on a recognized holiday only the actual hours worked will be counted for the purposes of overtime calculation. The eight hours holiday pay received while working on the holiday will not be included in the overtime calculation. Overtime is approved through the budget process and reported through monthly reports to the City Manager from the Finance Department. Department Directors must inform the City Manager in advance of any projects requiring large amounts of overtime.

5.9.1 Jail Officers. Receive overtime for hours in excess of their scheduled work day or 80 hours in a fourteen day work period.

5.9.2 Emergency Services. Receive overtime for work in excess of 106 hours in a fourteen day work period. Employees may substitute for one another where the substitution is voluntary by both employees and approved by the supervisor. The hours worked by the substituting employee shall be excluded from any overtime calculation in accordance with 29 U.S.C. 207 (p) (3). The supervisor may suggest that an employee substitute for another, but the employee is free to refuse.

5.9.3 Exempt Employees. Exempt employees are eligible to receive overtime pay if an event occurs that triggers the City of Homer to make an Emergency or Disaster Declaration. Additionally, an exempt employee can work overtime if the hours worked are to fill in for an absent non-exempt subordinate and approved in advance by the Department Director or City Manager.

5.10 Overtime Pay. Overtime will be paid at 1 ½ times the nonexempt employee's hourly rate of pay. Overtime shall be kept at the minimum amount needed to maintain essential City services.

5.10.1 Regular Overtime. Overtime that occurs between the hours of 8:00 a.m. to 5:00 p.m. any day of the week or is a continuous part of the work day up to two hours. If more than two hours is worked after the end of the work day all overtime worked should be paid at the swing shift (OT2) overtime rate in Subsection 5.10.2 of these Regulations.

5.10.2 Swing Shift Overtime (OT2). Overtime worked during a swing shift 4:00 p.m. to midnight.

5.10.3 Graveyard Shift Overtime (OT3). Overtime worked during a graveyard shift midnight to 8:00 a.m.

5.10.4 Holiday Double Overtime. All unscheduled work performed on a holiday will be compensated at double the hourly rate of pay, including the appropriate shift pay. Unscheduled work is defined as any work that is not scheduled in advance. Employees should note on their timesheet if work is unscheduled. On-call personnel called in for unscheduled work on a holiday will be compensated at double the hourly rate of pay, including the appropriate shift pay.

5.11 Compensatory Time. Compensatory time may be given in lieu of overtime pay for non-exempt employees if an agreement or understanding has been arrived at with the employee prior to the performance of work. Each one hour of overtime is converted to 1½ hours of compensatory time and when used is paid at the employees hourly rate of pay excluding shift differential. Employees can accrue up to a maximum of 40 hours at any one time but cannot accrue more than 80 hours total per calendar year. An employee who has accrued the maximum number of compensatory hours shall be paid overtime compensation in cash for any additional overtime hours worked.

An employee shall be permitted to use accrued compensatory time within a reasonable period after it is requested as long as doing so will not unduly disrupt the employee's department. Requests for compensatory time off of more than one day require written advance approval from the employee's supervisor. Department Directors shall approve or deny requests within two working days. An employee who has accrued compensatory time off shall, upon termination of employment, be paid for the unused compensatory time at a rate of compensation not less than the average rate received by the employee during the last three years of employee's employment, or the final rate received by the employee, whichever is higher.

5.11.1 Emergency Services Personnel. Compensatory time may also be given in lieu of the hourly rate of pay for Emergency Services Personnel at the rate of one hour for each hour worked on the 207(k) schedule for hours worked up to 106 within a fourteen day work period. Hours worked over 106 in a fourteen day work period will be at the rate of 1½ for each hour worked if an agreement or understanding has been arrived at with the

employee prior to performance of work.

5.12 Work Call Back. Employees that have used leave or have not worked due to a holiday during their scheduled workday or workweek that are called in for unscheduled work will be paid overtime for the call back hours regardless of the amount of hours they have worked during the workday or workweek. Employees should note call back (CB) on their timesheet to be paid overtime. This regulation does not apply to employees that are scheduled to be On-Call as defined in section 5.14 of these Regulations or Fire Department Emergency Services personnel.

5.13 Two Hour Minimum Call Out. Employees called back for unscheduled work shall be paid a minimum of two hours overtime pay. This does not apply to overtime hours worked immediately prior to, or after, normal working hours or for employees scheduled to attend evening or weekend meetings.

5.14 On-Call Pay. All full-time employees that are required to be on call shall be compensated at the rate of \$3.00 per hour for all on-call hours outside of work hours. On-call compensation received shall be calculated as part of the employee's hourly rate of pay for overtime compensation purposes. On-call employees that are called back for unscheduled work after completing their work day shall be paid a minimum of two hours pay at their hourly overtime rate. On-call employees scheduled to work weekend hours outside their normal work week will be paid overtime regardless of the number of hours worked during the workweek. On-call employees should not be on leave or take leave during scheduled on-call periods and should not consume alcohol or drugs while on-call. The on-call duty definition does not pertain to Fire Department personnel when they are not required to be accessible for work assignment.

5.15 Temporary Assignment Pay. Employees temporarily assigned to a position with a higher pay range and where the employee will be assuming all of the job duties for that position, for a period of five consecutive days or more, shall be paid at the first step of the higher pay range or they shall be granted a two step pay increase, whichever is higher for the full period worked in the temporary assignment. It is the responsibility of the Department Director to notify the Personnel Director of the assignment dates. An employee who is assigned to a position with a lower pay range for any period shall not receive a reduction in pay unless the assignment is due to a demotion or in lieu of lay off. Non-exempt employees temporarily assigned to an exempt position shall be eligible for overtime compensation for overtime hours associated with their non-exempt duties.

5.16 Training and Travel Time. The Department Director may, as opportunities and budget allow, approve training programs for employees. Programs may include lecture courses, demonstrations, seminars, workshops and courses sponsored in the employee's field by outside organizations, and whatever is conducive to improved effectiveness and broader knowledge on the part of the employees of the City.

While attending training, work schedules shall be from 8:00 a.m. to 5:00 p.m. Monday through Friday. Exceptions may be made due to different types of training. Department Director's and

supervisors should adjust employee work schedules to accommodate training and to reduce the amount of overtime, if any, required for travel and training. Training and travel hours should be noted on the timesheet. Public Safety and other employees attending extended training or the police academy may have their hourly rate adjusted to accommodate longer training hours but in no case shall wages be less than the employee's weekly wage. Employees traveling out of town for training courses shall be paid at least eight hours per day for training time unless they will be traveling on a training day. If traveling on training day actual training hours and travel time should be designated on the timesheet.

5.16.1 Same Day Training. Full and part-time employees required to attend training programs during normal working hours shall be paid their hourly rate of pay for all hours of actual training plus travel expenses based on the City of Homer Procurement Policy and Procedures Manual. Shift differential will not be paid for training wages or travel time. An employee sent out of town for one day is not paid for time spent traveling from employee's residence (home, hotel, etc) to the airport or vice versa. The employee must be paid for all other travel time (except meal breaks ½ hour or longer). Travel and training over eight hours will be paid at the overtime rate. Travel time will be paid according to the following;

1. Compensable time:
 - a. Time spent traveling, as a driver or passenger.
 - b. Flight delay
 - c. If an employee is unable to return on the same day due to circumstances beyond their control (i.e. weather, mechanical problems, etc.) the overnight section is applied.

5.16.2 Multiple Day/Overnight Training. Full and part-time employees required to attend training more than one day or to stay overnight for training shall be paid their hourly rate of pay for all hours of actual training plus travel expenses based on the City of Homer Procurement Policy and Procedures Manual. Shift differential will not be paid for training wages or travel time. When an employee travels overnight on business they must be paid for time spent traveling (except meal breaks ½ hour or longer) during their normal working hours on their non-work days as well as work days. An employee traveling overnight is not paid for time spent traveling from the employee's residence (home, hotel, etc) to the airport or vice versa. Travel time will be paid according to the following:

1. Compensable time:
 - a. Time spent traveling as a passenger, during work hours on any day.
 - b. Time spent picking up or arranging for the shipment or transportation of city equipment.
 - c. Time spent traveling as a driver.
 - d. Flight delay which requires remaining at the airport.
 - e. Time spent traveling overnight **before or after** working hours will be compensable at employee's hourly rate of pay regardless of how many hours are traveled in a day. (Overnight travel time outside an

employees work schedule is not considered work time according to the Fair Labor Standards Act but City policy will pay travel time outside of normal working hours at employee's hourly rate of pay.) Travel time hours must be documented and will not be counted as hours worked towards overtime calculations.

5.16.3 Upon approval of the Department Director, full and part-time employees attending off-duty job-related or technical school courses may be reimbursed for the cost of the course. The city will reimburse the cost of the classes 50% up to \$1,500 maximum annually. Reimbursement will be contingent upon completion and passing of the course, and availability of budget funds. Reimbursements over \$1,500 annually may be considered for special circumstances subject to City Manager approval. Off-duty non-job related courses will not be reimbursed.

CHAPTER SIX

EMPLOYEE BENEFITS

6.1 Recognized Holidays. All full-time employees will receive eight hours of holiday pay for each recognized holiday whether worked or not. The holiday pay will be based on the employee's hourly rate of pay, excluding shift differential. Full-time employees that work on a recognized holiday will be paid overtime for all hours worked in addition to receiving eight hours of holiday pay. Employees whose workday is more than eight hours, still only receive eight hours of holiday pay. The eight hours holiday pay is not considered work time and will not be counted as hours worked for the purposes of overtime calculation. Holidays occurring during an employee's scheduled vacation are treated as holidays and are not counted as annual leave hours/days. Paid holidays are not available to employees on workers' compensation leave.

If the holiday falls on a Sunday, the following Monday shall be the recognized holiday. If the holiday falls on a Saturday, the preceding Friday shall be the recognized holiday. Employees whose work day is more than eight hours and who do not work the recognized holiday can be paid less than their scheduled work day or use leave or compensatory time to accumulate the additional hours to meet their work day. Recognized paid holidays are designated below:

1. New Year's Day, January 1;
2. Washington's Birthday, 3rd Monday in February;
3. Seward's Day, last Monday in March;
4. Memorial Day, last Monday in May;
5. Independence Day, July 4;
6. Labor Day, 1st Monday in September;
7. Alaska Day, October 18;
8. Veterans' Day, November 11;
9. Thanksgiving, 4th Thursday in November;
10. Friday after Thanksgiving; and
11. Christmas, December 25.

Police and Fire Department Employees. Holidays shall be observed on the actual day the holiday falls. This shall apply to ESS personnel at the Fire Department (excludes the Department Services Coordinator). Exempt employees at Police and Fire Departments are excluded from this provision and are still subject to the City's Recognized Holidays.

6.1.1 Part-Time Employees. Part-time employees will receive holiday pay pro-rated on their scheduled workweek. Part-time employees that work on a recognized holiday will be paid overtime for all hours worked in addition to receiving prorated holiday pay. Holiday pay is not considered work time and will not be counted as hours worked for the purposes of overtime calculation.

Part-time employees who normally work more hours per day than they receive in holiday pay can be paid less than their scheduled workweek hours or use leave or compensatory time if available to accumulate their scheduled workweek hours.

6.1.1.1 Employees working 20 hours per week, four holiday hours

6.1.1.2 Employees working 24 hours per week, five holiday hours

6.1.1.3 Employees working 28 hours per week, six holiday hours

6.2 Leave With Pay. All full-time employees shall be entitled to leave based upon years of continuous service. Part-time employees are entitled to pro-rated leave based on their scheduled workweek hours. Advance approval by the Department Director must be obtained in writing before taking leave. Department Directors shall approve or deny leave requests within two working days when less than one week is requested, and within five working days when more than one week is requested. All accrued leave must be used prior to requesting leave without pay. Department Directors may limit the number of department employees taking leave at any one time. Employees that exhaust their leave bank will be allowed an advance of one pay period of their current leave accrual rate. Leave with pay may be used for any purpose the employee desires and is also used for an employee absence from work due to medical reasons after sick leave has been exhausted. Employees are required to use their leave time if they do not work their scheduled hours except during a holiday week (refer to section 6.1). Employees accrue leave beginning on the date of hire and may begin to use accrued leave at the completion of two full pay periods. If personal circumstances require an employee be absent during the initial two pay periods, leave without pay shall be taken. Employees who do not work a full pay period accrue leave in proportion to the number of hours worked during the partial pay period, excluding any overtime or extra holiday pay.

Full-Time employees will accrue leave at the following rates:

1 st Year	5.54 hrs per payperiod	144.04 hours annually	18 days annually
2 nd Year	6.46 hrs per payperiod	167.96 hours annually	21 days annually
3 rd to 5 th Year	7.38 hrs per payperiod	191.88 hours annually	24 days annually
6 th to 9 th Year	8.31 hrs per payperiod	216.06 hours annually	27 days annually
10 th to 14 th Year	9.23 hrs per payperiod	239.98 hours annually	30 days annually
15 th Year and Over	10.77 hrs per payperiod	280.02 hours annually	35 days annually

Part-time employees will accrue leave at the following rates:

	20 hours per week	24 hours per week	28 hours per week
1 st Year	2.77 hrs per pay period	3.32 hrs per pay period	3.87 hrs per pay period
2 nd Year	3.23hrs per pay period	3.87 hrs per pay period	4.52 hrs per pay period
3 rd to 5 th Year	3.69 hrs per pay period	4.42 hrs per pay period	5.16 hrs per pay period
6 th to 9 th Year	4.15 hrs per pay period	4.98 hrs per pay period	5.81 hrs per pay period
10 th to 14 th Year	4.61 hrs per pay period	5.53 hrs per pay period	6.46 hrs per pay period
15 th Year and Over	5.38 hrs per pay period	6.46 hrs per pay period	7.53 hrs per pay period

6.3 Leave Donation. Leave hours may be donated to another employee for medical or financial reasons. When leave is donated it shall be computed at the current rate of pay of the donating employee and converted into equivalent hours for the receiving employee.

6.4 Leave Cap. Leave with pay may be accrued and carried over from year to year up to a maximum of 720 hours. All hours of leave in excess of 720 hours accrued as of the last pay period of any calendar year, unless committed for use before the following January 31, shall be paid in cash to the employee annually in January.

6.5 Annual Mandatory Leave Requirement. At least 80 hours of Annual Leave must be taken per calendar year, following completion of one year of full-time continuous service. This regulation does not apply to part-time employees. Annual Leave of three or more consecutive workweeks requires City Manager approval. No more than 35 days of leave, excluding compensatory and sick leave, may be taken annually without prior approval of the City Manager.

6.6 Annual Leave Cash Out. Full and part-time employees may in a calendar year convert up to 80 hours accrued leave or compensatory time to cash. The employee should submit a leave cash out form through the Department Director to the Personnel Director and Finance Director. In addition to this provision if budget allows employees may request additional leave cash out for emergency situations by sending a written request to the City Manager through the Department Director and Personnel Director. Emergency is defined for purposes of this subsection to mean a critical situation over which the employee has no control.

6.7 Final Leave Cash Out. Upon retirement or termination of employment with the City, employees will be paid for all accrued but unused leave and compensatory time. In case of death, compensation for accrued leave shall be paid to the estate of the deceased employee.

6.8 Sick Leave. Employees will receive 40 hours leave in a calendar year to be placed in a Sick Leave bank during the first pay period in January. Sick Leave hours not used by year end can be accrued and carried over, however, Sick Leave banks cannot exceed 80 hours. If a Sick Leave Bank has over 40 hours at the end of the year, less than 40 hours will be added during the first pay period in January so there is not an excess of 80 hours accrued. Sick Leave cannot be cashed out during employment or upon termination or donated to other employees. After sick leave is exhausted employees are required to use their annual leave. Advance approval by the Department Director must be obtained in writing before taking sick leave for scheduled appointments or medical procedures of 1 day or more. Sick leave will be prorated monthly for employees starting work after January 1st. Sick leave may be used for any absence due to personal injury, illness or temporary disability, personal medical and dental appointments, or the illness or injury of a spouse or minor son or daughter or the need to accompany a spouse or minor son or daughter to a medical appointment. Sick leave cannot be used for any absences where the employee is entitled to receive compensation benefits under the Alaska Workers Compensation Act.

6.8.1 Part-Time. Part-time employees will receive sick leave pro-rated according to their scheduled work week.

6.8.1.1 Employees working 20 hours per week, 20 hours annually

6.8.1.2 Employees working 24 hours per week, 24 hours annually

6.8.1.3 Employees working 28 hours per week, 28 hours annually

6.8.2 Medical Certification. Medical absences of three or more consecutive days may require certification by a physician, surgeon, psychiatrist, dentist or other licensed professional person submitted to the employee's supervisor prior to returning to work.

6.9 Birthday Leave. All full-time employees will receive their birthday off as paid leave. The employee will be paid at their hourly rate of pay, excluding shift differential. If the employee's birthday falls on a weekend or, during a scheduled day off the supervisor and/or Department Director will determine the next available leave day. Birthday leave must be taken on the employee's birthday or the next available work day within the work period.

6.9.1 Part-Time. Part-time employees will receive birthday leave pro-rated according to their weekly schedule.

6.9.1.1 Employees working 20 hours per week, four hours

6.9.2.2 Employees working 24 hours per week, five hours

6.9.3.3 Employees working 28 hours per week, six hours

6.10 Christmas and New Years Eve Leave. Full-time employees will receive four hours leave for Christmas Eve and four hours leave for New Years Eve to be placed in their leave bank in December.

6.10.1 Part-Time. Part-time employees will receive Christmas and New Years Eve leave pro-rated according to their weekly schedule.

6.10.1.1 Employees working 20 hours per week, four hours annually

6.10.2.2 Employees working 24 hours per week, five hours annually

6.10.3.3 Employees working 28 hours per week, six hours annually

6.11 Bereavement Leave. Full-Time employees will receive 40 hours annually for bereavement leave for the death of a family member. (Family member defined in section 3.14.1). Bereavement leave will be paid at employee's hourly rate of pay excluding shift differential.

6.11.1 Part-Time. Part-time employees will receive bereavement leave pro-rated according to their weekly schedule.

- 6.11.1.1** Employees working 20 hours per week, 20 hours annually
- 6.11.2.2** Employees working 24 hours per week, 24 hours annually
- 6.11.3.3** Employees working 28 hours per week, 28 hours annually

6.12 Witness Leave. Paid leave shall be granted for an employee's appearance in court or an administrative proceeding if the employee's appearance is legally required and relates to City functions or where the employee's appearance is required by the City. Appearances in court and administrative proceedings that are unrelated to City employment shall be charged to the employee's annual leave.

6.13 Jury Duty Leave. If an employee is summoned and serving as a juror during their scheduled work hours they will be paid their hourly rate of pay excluding shift differential. The employee will be entitled to keep any jury pay received for the first ten working days while serving. Any jury pay received after the ten day period shall be paid to the City, less expenses to the employee.

6.14 Voting Leave. An employee who is a qualified voter and does not have sufficient time outside working hours to vote at a state or local election may, without loss of pay, take off as much working time as will enable voting. If any employee has two consecutive hours in which to vote, either between the opening of the polls and the beginning of the employees' working shift, or between the end of the working shift and the closing of the polls, the employee shall be considered to have sufficient time outside working hours to vote.

6.15 20 and 30 Year Anniversary Leave. Full-Time employees will receive a day off on their 20 and 30 year anniversaries with the city in recognition of their service. Anniversary leave will be paid at employee's hourly rate of pay, excluding shift differential, and should be taken on the day of anniversary or within the same pay period.

6.16 Short-Term Military Leave with Pay. A full-time employee, who is a member of the National Guard or a reserve component of the armed forces of the United States, is entitled to a leave of absence with pay from their duties for a period not exceeding fifteen calendar days in any calendar year. Military leave with pay may be granted only when an employee receives bona fide orders to active or training duty for a temporary period and shall not be paid if the employee does not return to their position immediately following the expiration of the period for which they were ordered to duty. Employees on military leave will adjust their work schedule to five eight hour days, 40 hours per week at their hourly rate of pay, excluding shift differential.

6.17 Extended Military Leave Without Pay. An employee who enters the state or United States armed services for an extended tour of duty is eligible for an extended military leave of absence, which may continue up to five years. Upon honorable discharge from service, the employee shall be returned to a position in the same range as their last position at the salary step prevailing for the position without loss of seniority or employment rights. If it is established that they are not

physically qualified to perform the duties of their former position by reason of such service, the employee shall be reinstated in other work that they are able to perform at the nearest appropriate level of the pay of their former position. The employee shall make application for reinstatement within 90 days of discharge and shall report for work within six months following separation from active duty. Failure to comply will terminate the extended military leave. When an employee voluntarily reenlists or extends their period of military service, this military leave shall be deemed canceled. This rule shall apply so long as it does not violate 38 U.S.C. SS 2021-2026 pertaining to reinstatement of City employees returning from active duty. Employees on extended military leave without pay are not required to exhaust their leave banks prior to going on leave without pay.

6.18 Military Family Leave (MFL). Military Family Leave will be granted according to federal and/or state requirements. Employees should contact the Personnel Director for assistance as soon as the need for MFL is known. When a request has been made the Personnel Director will provide the employee with a written confirmation of whether the request is approved or denied and any necessary requirements.

6.19 Family and Medical Leave of Absence (FMLA). An employee may receive leave to attend to specified family and medical needs under the federal Family Medical Leave Act and State of Alaska family medical leave laws (the state and federal laws are collectively referred to as “FMLA” in these Regulations).

6.19.1 Eligibility for FMLA. An employee is eligible for FMLA leave if the employee has been employed for at least one year immediately preceding the leave and worked at least 1,250 hours during that year, or if the employee worked 35 hours a week for at least six consecutive months or for at least 17 ½ hour per week for at least twelve consecutive months.

6.19.2 Duration of FMLA. The City shall permit an employee to take FMLA leave for a total of twelve work weeks within a twelve month period or eighteen workweeks within a 24 month period, whichever is greater. Where medically necessary, an employee may take leave on an intermittent or reduced schedule basis. In such cases, the City may transfer the employee for the duration of such leave to an available alternative position which better accommodates the employee’s need for recurring periods of leave. Employees must contact the Personnel Director for assistance as soon as the need for FMLA leave is known. The Personnel Director shall provide an employee with written confirmation as to whether the request for leave is approved and any necessary requirements of such leave.

6.19.3 Reasons for Taking FMLA. FMLA leave is available to an eligible employee for the following reasons;

6.19.3.1 Birth or Placement of a Child. For pregnancy and the birth of a child of the employee or the placement of a child, other than employee’s stepchild, with the employee for adoption or foster care. The right to take FMLA for pregnancy and

childbirth, adoption or foster placement of a child expires one year after the birth or placement of the child. If a parent or child of two employees employed by the City has a serious health condition the maximum leave for both parents would be 18 work weeks. The City is not required to grant FMLA to both employees simultaneously.

6.19.3.2 Illness of a Family Member. In order to care for the employee's child, spouse, or parent who has a serious health condition; in this subsection, "child" includes the employee's biological, adopted or foster child, stepchild, or legal ward.

6.19.3.3 Illness of an Employee. Because of the employee's own serious health condition.

6.19.4 Use of Other Leave. The employee must exhaust all accrued leave and compensatory time before FMLA leave without pay is allowed. The accrued paid leave and compensatory time the employee is required to take will be counted toward the employee's FMLA entitlements. If an employee is entitled to FMLA leave that extends beyond the time the employee has exhausted their accrued paid leave, the employee will continue on unpaid FMLA leave for the remainder of the approved FMLA leave. Paid leave shall not accrue during the period of unpaid FMLA leave. Where appropriate, the City shall coordinate an employee's workers' compensation leave with FMLA leave so that the two run concurrently. FMLA leave shall run concurrently with any other qualifying leave.

6.19.5 Job Restoration. Upon returning from FMLA leave, an employee shall be restored to the employee's original job or an equivalent job with equivalent pay, benefits and other employment terms and conditions. After an employee returns from FMLA leave the employee's use of FMLA leave will not result in the loss of any employment benefits to which the employee would have been entitled if the employee had not taken leave. An employee on FMLA leave must notify the City at least two weeks before the end of the leave of the employee's availability and capacity to return to work. Before returning to work from FMLA leave taken due to an employee's own serious health condition, the employee must provide the City with a fitness for duty certification from the employee's health care provider stating that the employee is able to perform the essential functions of the employee's position. An employee's failure to return from leave or failure to contact the City on the scheduled date of return will be considered a voluntary resignation.

6.19.6 American with Disabilities Act (ADA). The City will comply with all federal and/or state ADA requirements. Employees should contact the Personnel Director for information and/or assistance.

6.19.7 Benefits. During the approved FMLA leave the City will pay its portion of the employee's group insurance premiums. If an employee does not return from FMLA leave they may be required to reimburse the City the cost of group insurance premiums.

6.19.8 FMLA or MFL Extension. FMLA or MFL may be extended, upon written request, when accompanied by an explanation from the employee's healthcare provider of the need for an extension period. Even with an extension, however, a FMLA leave or MFL cannot exceed a total of six months. The City does not pay its share of any employee group insurance premiums during any extension of the FMLA leave or MFL. The employee is responsible for converting any group insurance coverage to individual coverage and prepaying each month of the premium during any extension period. Employees must arrange for a continuation of such coverage with the City prior to the commencement of the FMLA leave or MFL extension period.

6.20 Personal Leave of Absence without Pay. Under certain conditions the City Manager may grant an employee a personal leave of absence without pay for a specified period of time, not to exceed three months, except as provided in Section 6.21. A leave of absence must be requested in writing and submitted to the employee's immediate supervisor as soon as the need for leave is known. The City will exercise its discretion in deciding whether to grant any leave requested. The employee requesting personal leave must have a satisfactory work record, approval of their supervisor and a valid reason for requesting the leave. Circumstances determine the length of leave permitted. Group insurance coverage terminates at the end of the month in which the personal leave of absence begins. All accrued leave and compensatory time must be used prior to taking leave without pay. Accrual of leave benefits terminates when the personal leave of absence without pay begins. The employee who desires to convert their group coverage to individual coverage during the period of a personal leave of absence must make arrangements for prepaying their individual premium each month. Such arrangement should be taken care of before commencement of the personal leave of absence, but in no case later than 30 days after the end of the month in which the leave commenced. Employees returning from personal leave of absence are entitled to reemployment in their position. Employees on leave may return early if they notify their supervisor at least five working days in advance. Failure to return from leave on or before the agreed upon date, however, will be considered a voluntary resignation

6.21 Sabbatical. Under certain conditions the City Manager may grant an employee a sabbatical leave of absence without pay for any period up to one year. A sabbatical leave is expressly intended to extend or enhance the education/training of the employee for the benefit of the City. The employee requesting a sabbatical must have been employed by the City for at least five continuous years and have a satisfactory work record. The City Manager shall have the discretion whether to grant sabbatical requests on a case-by-case basis. Provisions of the sabbatical shall be outlined in a written Sabbatical Leave Agreement which shall include, but not necessarily be limited to health insurance, duration of sabbatical, purpose, and reinstatement to position. All accrued leave and compensatory time must be used prior to taking leave without pay.

6.22 Change of Anniversary Date Because of Unpaid Leave of Absence. If an employee takes a

leave of absence without pay or sabbatical for more than 30 days during a calendar year, the employee's Anniversary Date shall be advanced by the number of days the leave without pay or sabbatical exceeds 30. For purposes of the Public Employees' Retirement System (PERS), a leave of absence without pay exceeding ten accumulated working days in any calendar year or layoff status authorized by the employer is considered an interruption of employment and no credited service will be granted by PERS for those periods of time unless the interruption was the result of work related injury or military leave.

6.23 Retirement, Deferred Compensation, Life Insurance, and Medical Benefits. The City offers retirement, deferred compensation, group life insurance, and group medical insurance plans for full-time employees which are administered by the Personnel Director and approved by the City Council. Part-time employees are eligible to participate in the deferred compensation plans and medical insurance plan upon employment. Medical benefits for the employee only are available for all part-time 20, 24 and 28 hour employees. The Personnel Director will provide all eligible employees information concerning the programs. Participation in benefits is determined by the provisions of each specific benefit plan and regulations pertaining to the same. The City reserves its right to change or discontinue these benefits at any time.

6.24 Occupational Death Benefit. In the case of the occupational death of an employee, it is the policy of the City to reimburse the cost of the health insurance premiums for the employee's spouse and/or dependent(s) ("Qualified Beneficiaries") to continue coverage under the City's group health plan pursuant to "Public Sector" COBRA; provided that continuation coverage is timely elected by such Qualified Beneficiaries. Such health coverage continuation reimbursements shall continue from the date of the Qualified Beneficiaries' loss of coverage, until the date the Qualified Beneficiaries are no longer eligible for COBRA continuation coverage, to a maximum of 24 months. An employee's spouse and/or dependent(s) are only eligible for this benefit if they are enrolled in the City's group healthcare plan at the time of the employee's death, and timely elect COBRA coverage. The employee's spouse and/or dependent(s) shall be solely responsible for any tax obligations of any kind arising from the City's reimbursement of COBRA insurance premiums on their behalf.

For a death to be considered occupational:

1. It must occur before the employee's retirement and before the employee's normal retirement date,
2. The proximate cause of death is a bodily injury sustained or a hazard undergone while in the performance and within the scope of the employee's duties, and
3. The injury or hazard is not the proximate result of willful negligence of the employee.

CHAPTER SEVEN

PERFORMANCE EVALUATIONS

7.1 Purpose. The purposes of the performance evaluation are as follows;

7.1.1 To improve the overall performance quality of the department in the delivery of public services;

7.1.2 To improve the skills, knowledge and ability of the individual employee;

7.1.3 To identify and resolve problems within the department; and

7.1.4 To provide a record of pertinent information on which to make employment related decisions relevant to individual employees.

7.2 Periods of Evaluation. All full and part-time employees shall have their performance evaluated at the following times:

7.2.1 Probationary Period. The probationary period is the first six months of continual employment for all full-time employees except Police Department and Fire Department employees, which shall be the first twelve months of continual employment. The probationary period for part-time employees shall be the first 1040 hours worked (the equivalent of six months) or 2080 hours worked for part-time Police or Fire Department employees. Casual and temporary employees are employed at will and do not receive a probationary period. In the Department Director's discretion, periods of casual or temporary employment in the same position as the position into which an employee is hired on a probationary basis may be considered part of an employee's probationary period. The initial probationary period may be extended as provided in Section 7.2.1.1.

7.2.1.1 Extension. If an employee's performance is less than satisfactory after the completion of at least two written evaluations the Department Director may upon consultation with the Personnel Director extend the probationary period up to an additional six months. The evaluation form should state the reason for the extension, further training required or goals to be met. Merit increases will not be approved until the successful completion of a probationary extension period.

7.2.1.2 End of Probationary Period. Each employee shall be evaluated within ten days prior to completion of their probationary period or any extension thereof under Section 7.2.1.1 of these regulations. The employee must have an overall evaluation of at least "satisfactory" at the end of the probationary period in order to be removed from probation or to continue in their position.

7.2.1.3 Probationary Dismissal. Probationary employees may be dismissed for any reason prior to completion of the probationary period, or any extension thereof on a recommendation of the supervisor or Department Director with concurrence of the Personnel Director. The reason for dismissal must be stated in writing and given to the employee. The dismissal of a probationary employee is final and not subject to the grievance or appeal procedure.

7.2.2 Annual. Each employee shall receive an annual or 2080 hour performance evaluation within one month of their Anniversary Date.

7.2.3 Special. A special performance evaluation may be completed whenever there is a significant change upward or downward in the employee's performance or:

7.2.3.1 When a supervisor leaves for another position they shall complete a performance evaluation on each employee under their supervision who has not been evaluated within the six months prior to the date the supervisor is to leave their position.

7.3 Evaluation Form. The evaluation shall be completed on a performance evaluation form supplied by the Personnel Office.

7.4 Review of the Performance Evaluation. The supervisor or Department Director completing the evaluation shall review the completed evaluation with the employee prior to its submittal to the Personnel Director.

7.5 Unsatisfactory Evaluation. An unsatisfactory evaluation may result in a disciplinary work plan, salary reduction, suspension without pay, a demotion, dismissal or other disciplinary measures depending upon the extent of the unsatisfactory performance and the number of unsatisfactory evaluations the employee has previously received. An employee with an unsatisfactory evaluation or on a disciplinary work plan is not entitled to a merit increase.

7.6 Appeal Procedure. If an employee believes an evaluation to be unfair or unrepresentative, the City will permit the employee to file a written reply to be attached to the evaluation form within five days of receiving the evaluation. Within five days of the employees reply the City will permit the supervisor to attach a rebuttal to the employees reply. No additional replies from the employee or supervisor will be attached. If an evaluation results in a salary reduction which the employee deems to be unfair, the employee may grieve such action as provided in Chapter 11 of these Regulations. The contents of the performance evaluation, however, are not subject to the grievance procedure. If an evaluation results in a contemplated demotion, dismissal or suspension without pay, prior notice shall be given and the employee shall have the right to a pre-deprivation meeting according to the procedures set forth in Chapter 10 of these Regulations.

CHAPTER EIGHT

GENERAL CONDUCT

8.1 Attendance. Employees are expected to work all assigned days. If an employee, for some unavoidable reason, cannot report for work, the employee is expected to notify his or her supervisor or Department Director as soon as possible. Absence from work without permission or without notice is considered a violation of these Regulations and could result in disciplinary action.

8.2 Breaks. Each employee is entitled to one, fifteen minute break for each four hour period worked. Breaks shall be taken at the job site or other approved site, but travel time to locations other than the job site shall be included in the break time.

8.3 Appearance. All employees shall be well groomed, neat and dress appropriately for their job duties. Each department may impose reasonable specific standards of dress and appearance.

8.4 Uniforms and Uniform Maintenance. Protective coverings and uniforms must be maintained by the employee. Those employees required to wear uniforms may be given a uniform allowance for maintenance and cleaning. In all cases, clothing and/or gear issued by the City remains the property of the City and must be returned upon termination. Lost articles must be replaced by the employee.

8.5 Outside Employment. The City Manager must approve any and all outside employment, including self employment, by any City employee. In order to be approved, the outside employment must conform to the following minimum conditions. Additional conditions may be imposed at the discretion of the City Manager.

8.5.1 Outside employment must not interfere with the employees City work performance.

8.5.2 Outside employment must not be conducted during employees scheduled City work hours.

8.5.3 Outside employment must not reflect poorly on the City.

8.5.4 City employment cannot be used to gain an unfair advantage for employees outside employment.

8.5.5 City time, equipment and supplies cannot be used to benefit outside employment.

8.5.6 Outside employment must always be secondary to City employment.

8.5.7 Outside employment must not create a conflict of interest or the appearance of a conflict of interest with the City.

8.5.8 Employee cannot use data or information obtained from City employment for the benefit of outside employment unless the information is available to the general public.

8.6 Residency Requirements. Employees shall be allowed to live outside the City if the employee lives in an area in which commuting to the City by normal means of transportation will enable the performance of job duties and, if the employee is likely to be called in for emergency situations involving job functions that employee lives within an area serviced by the local telephone company.

8.7 Ethics and Conflict of Interest. Employees should make every effort to assist the public and the City by providing their best effort in carrying out their responsibilities. It is the responsibility of every city employee to honestly, faithfully and impartially discharge their assigned duties. It shall be the responsibility of each City employee to remain free from indebtedness or favors which would tend to create a conflict of interest between personal and official interest or might reasonably be interpreted as affecting the impartiality of the individual employee. If an employee is tendered or offered a gift or gratuity which would, in the eyes of the public or in the eyes of public officials, be construed as an attempt to bribe, influence, or to encourage special consideration with respect to municipal operations, such offer shall be immediately reported to the employee's supervisor who in turn will inform the Department Director and the City Manager. Employees should also abide by the following regulations:

8.7.1 Employee should notify the Department Director prior to participating in any City action in which the employee has a financial interest and the Department Director will make a determination of the appropriate action to be taken

8.7.2 No employee shall attempt to influence the City's selection of any bid or proposal or the City's conduct of business, in which the employee has a financial interest

8.7.3 No employee shall use the implied authority of their position to unduly influence the decision of others or promote a personal interest in the community

8.7.4 No employee shall disclose information they know to be confidential concerning the operations of the City unless authorized or required by law to do so

8.7.5 No employee shall accept a gratuity from any person engaging in business with the City or having a financial interest in a decision pending with the City. This does not prohibit accepting the following items unless departmental policy prohibits such acceptance; a meal, discounts or prizes that are generally available to the public, gifts presented by employer in recognition of meritorious service or other civic or public awards, an occasional gift of less than \$50.00 in value.

The City takes complaints of ethics violations very seriously. Every effort should be made to follow the chain of command when reporting a violation of this section. Employees may also file a complaint or discuss or express any issue of concern with the Personnel Director. Any complaints from the public regarding violations of this section should be referred to the Personnel Director.

The City prohibits any form of retaliation against any employee for filing a complaint under this policy or for assisting in a complaint investigation. However, if after investigating any complaint of ethics violations, the City determines the complaint was not made in good faith or that an employee has provided false information regarding the complaint, disciplinary action may be taken against the individual who filed the complaint or who gave false information.

8.8 Ethics Complaint Procedure. An ethics complaint will be handled in the following manner:

8.8.1 Step 1. The employee or member of the public filing an ethics violation should provide a written complaint to their immediate supervisor, Department Director or the Personnel Director.

8.8.2 Step 2. The supervisor or Department Director will forward the complaint to the Personnel Director within five working days after receiving the complaint.

8.8.3 Step 3. Within five working days of receiving the complaint the Personnel Director will file the complaint with an Ethics Committee formed to address the complaint. The Ethics Committee shall be composed of the Personnel Director and three Department Directors or Division Heads, not involved with the allegations in the complaint. The Committee shall select a chair from its members. The Committee shall meet within fifteen working days of notification by the Personnel Director to review the complaint and all relevant evidence presented in support of the complaint. The Committee may meet more than once. The Committee may call witnesses. The employee charged with the ethics violation shall have the opportunity to present their position and any supporting facts and/or evidence. The meeting will be closed to the public.

8.8.4 Step 4. The Committee will provide a written finding to the City Manager within ten working days of the close of the committee hearing. If disciplinary action is recommended the City Manager shall follow the procedure set forth in Chapter 10 of these Regulations. The findings of the committee are confidential and will not be disclosed to the public. The City Manager may issue a brief written statement to the public or the parties involved which will state only whether the allegations were unfounded or if founded that appropriate disciplinary action was taken.

8.9 Political Activity. An employee may not:

8.9.1 Be required to contribute to any political fund as a condition of employment

8.9.2 Be a candidate for elective City municipal office

8.9.3 Be a member of any policy making board, council, commission or other governing body that may be interpreted as representing the City and/or receiving appropriations from the City unless such membership is approved by the City Manager

8.10 Oath of Office. Under the requirements of Resolution 07-54 all Department Directors and specific key City employees must sign an oath of office to honestly, faithfully and impartially discharge their duties.

8.11 Legal Liability. Employees shall abide by all laws and regulations which govern the performance of their duties and shall perform their duties as reasonable, prudent persons. Defense and indemnity of employees for legal claims relating to their employment shall be governed by Chapter 1.10 of the City Code.

8.12 Use of City-Owned Equipment. Personal use of City equipment or vehicles is not permitted without written approval from the City Manager or unless otherwise provided by contract. All City equipment including but not limited to computers, e-mail, voice mail, vehicles, desks, lockers and cabinets are the property of the City and as such the City has the right to monitor or search at any time for any reason.

8.13 Office Technology Policy. Employees are required to use City technology including, but not limited to, Internet, email and cell phones in an appropriate, legal, ethical and professional manner. Employees should exercise the same restraint and caution in drafting and transmitting messages over the Internet as they would when writing a memorandum and should assume that their message will be saved and viewed by someone other than the intended recipients. City business conducted on personal technology equipment is subject to the office technology policy. The following policies have been established for use of City technology.

8.13.1 Right to Monitor. City technology including, but not limited to, Internet, E-mail or cell phone use is not guaranteed to be private or confidential. All electronic communications are City property. Therefore, the City reserves the right to examine, monitor and regulate e-mail messages, directories and files, as well as Internet and cell phone usage without permission of the employee. Employees are prohibited from using passwords or security measures that restrict the City's access to its property.

8.13.2 Discrimination or Harassment. City technology including, but not limited to, Internet, e-mail and cell phones may not be used for transmitting, retrieving or storing of any communications of a defamatory, disparaging, abusive, profane, offensive, discriminatory or harassing nature or materials that are obscene or X-rated. No messages with derogatory or inflammatory remarks about an individual's race, age, disability, religion, national origin, physical attributes or sexual preference shall be transmitted.

8.13.3 City's Best Interest. Publication or distribution of information that would adversely or negatively reflect upon the City or be contrary to the City's best interest or which is identified as confidential by the City is prohibited.

8.13.4 Illegal Activities. Illegal activities including, but not limited to, piracy, cracking, extortion, blackmail, copyright infringement on city technology is forbidden.

8.13.5 Copyright. Copyrighted materials belonging to entities other than the City may not be transmitted by employees on the City's network. All employees obtaining access to other companies' or individual's materials through their employment with the City must respect all copyrights and may not copy, retrieve, modify or forward copyrighted materials, except with permission or as a single copy to reference only.

8.13.6 Disruption. No use of the system in a way that disrupts its use by others. This includes excessive dial-in usage, sending or receiving large files and "spamming" (sending e-mail messages to thousands of users).

8.13.7 Employee Responsibility. Each employee is responsible for the content of all text, audio or images they place or send over the City's Internet, e-mail or cell phone system. No e-mail or other electronic communications may be sent which hides the identity of the sender or represents the sender as someone else. Also, be aware that the City's name is attached to all messages so use discretion in formulating messages.

8.13.8 Public Records. Internal and external e-mail messages are considered business records and may be subject to discovery in the event of litigation. Be aware of this possibility when sending e-mail within and outside the City.

8.13.9 Personal Use. Employees are prohibited from using City technology for fundraising, union, political campaign, religious or for business or profit-making activities. City property cannot be used for any purpose that would violate any federal, state or local law.

8.13.10 Downloading Software. Employees are prohibited from downloading software and games on City technology without prior approval of the Systems Manager. If the employee finds that any damage occurred as a result of downloading software or files, the incident should be reported immediately to the Systems Manager.

8.13.11 Remote Access for Workers. The City may allow with supervisor approval, remote access to desktop computers and servers within the City. If the employee's personal computer is accessible by family members make sure the remote connection is password protected. Though the remote connection is secured, the same rules apply when working at home on City related work as they do when in the office.

8.13.12 Discipline. City policies are in effect at all times while using City technology. Any employee who abuses the privilege of City facilitated access to e-mail, cell phones or the Internet, may be denied access and, if appropriate, be subject to disciplinary action up to and including termination.

8.14 City Vehicles. Emergency Services Personnel, including Police and Fire, may be issued the use of City vehicles for conducting City business and for driving to and from work. Employees that utilize City-owned vehicles during their workday will only drive the vehicle while on official City business. City vehicles should not be used for personal use. When employees take their lunch hour or breaks, they will use their personally-owned vehicle. Emergency Services Personnel, including Police and Fire, are excluded from this provision. When issued a city vehicle the employee shall; use the seat belt device and require any passengers to do the same, monitor fuel, fluids and tire pressure, immediately notify the employee's supervisor of any malfunctions or accidents, keep the interior of the vehicle clean, operate the vehicle in accordance with application State and laws, refrain from smoking in City vehicles and immediately notify supervisor of any change in driver's license status, including suspension, revocation, or restriction.

8.15 Cost Consciousness. City employees shall practice every economy practical in the discharge of their duties. Employees are encouraged to recommend to their supervisors work procedures which will result in a cost savings or improved service to the public.

8.16 Safety. Department Directors shall be responsible for the development and maintenance of a safety program for their department as necessary. The program shall include safety regulations and discipline controls. Department Directors, supervisors and employees shall guard the safety of themselves, fellow employees and the public. No employee shall bring to the worksite on their person or in their belongings any non-job related weapons of any type, for example; firearms or knives with blades over four inches.

8.17 Work Accidents/Injuries. When accidents occur on City property or while conducting City business, the employee shall contact their supervisor immediately.

8.17.1 Employee Injury/Accident. The employee and their supervisor shall complete an accident report form and file a worker's compensation form with the Personnel Office within 24 hours of notification of the accident/injury. In the case of a motor vehicle accident, the Police Department shall be notified immediately. Employees unable to work must provide a written notification from their health care provider with the type of restrictions and length of off-duty status. If an employee is unable to work due to an on the job injury the employee will be paid by the City for the first three days off work. The City's workers compensation carrier will provide statutory benefits for any days over three that an employee is unable to work. Prior to returning to work the employee must provide written notification from their health care provider stating the employee is able to perform the essential functions of the employees' position. If the employee is able to return to limited duty with approval from their health care provider the Department Director will determine if limited duties are available.

8.17.2 Equipment. The employee and their supervisor shall complete an accident report form within 24 hours of notification of the accident and forward the report to the Finance Department for reporting to the City's insurance carrier. In the case of a motor vehicle accident, the Police Department shall also be immediately notified.

8.18 Solicitations. In order to maintain an orderly work environment, protect employee privacy and preserve security throughout City offices and departments individuals not employed by the City may not at any time solicit, petition, or distribute literature in non-public access work areas, except for bona fide City purposes and with the prior authorization of the City Manager.

8.18.1 Employees may not solicit for any purpose other than City related business during working time. Reasonable forms of solicitation between employees will be permitted during nonworking time, such as before or after work or during authorized meal or break periods.

8.18.2 Employees may not distribute literature for any purpose other than City related business during working time, or at any time in work areas.

8.19 Personal Business. Employees are expected to conduct their personal business during nonworking hours. Personal calls, personal cell phone use and electronic texting is discouraged during work hours. Cell phone ring tones should be minimized to avoid disrupting the work environment. Breaks, lunch and leave time are available to employees for personal business.

8.20 Personal Items/Equipment. The City does not insure employee's personal items or equipment including personal vehicles used for City business. Employees should consider this prior to bringing personal items or equipment to the workplace or using personal vehicles for City business. Exceptions are the public works mechanics' and port maintenance technicians' tools. Inventory lists shall be provided on a regular basis to the Finance Department after approval by supervisor.

8.21 Drug Free Workplace. In accordance with the Drug-Free Workplace Act of 1988, the City will maintain a Drug-Free Workplace. The Homer City Council adopted the following statement (directive in nature) to all employees:

The unlawful manufacturing, distributing, dispensing, possessing, or using of a controlled substance is prohibited and will not be tolerated in any City workplace.

The City's policy is designed to maintain a safe, healthful, and productive work environment, and any employee affected by an addiction or dependency on controlled substances are strongly urged to seek assistance through the appropriate community health services. Any employee convicted of a drug violation for an action occurring in a City workplace shall notify their supervisor within five days after such conviction. The City will take appropriate personnel action in accordance with personnel regulations against employees so convicted within 30 days after receiving the notification. Compliance with this directive is a condition of employment. Disciplinary action up to and including discharge for

cause will be used as necessary in implementing this directive. All City Department Directors and supervisors shall be responsible for ensuring that their employees are made aware of this directive, and copies should be posted on departmental bulletin boards.

8.22 Commercial Driver License (CDL) Drug and Alcohol Testing Policy. Employees that are required to have a CDL for their position or maintain CDL equipment are subject to the City's CDL Drug and Alcohol Testing Policy under the U.S. Department of Transportation, Federal Highway Administration, regulations detailed in 49 CFR 40. CDL employees will be required to sign a CDL Drug and Alcohol Testing Policy upon employment and are subject to pre-employment, return to duty, random, reasonable suspicion and post accident drug testing. Employees that test positive for drug or alcohol will be immediately removed from their safety sensitive positions per federal requirements pending an investigation and subject to disciplinary action.

8.23 Smoking Prohibited. Smoking is prohibited in city owned buildings, vehicles and watercraft under City code Section 5.05.

CHAPTER NINE

DISCRIMINATION AND HARASSMENT COMPLAINTS

9.1 Equal Opportunity Policy. The City is an equal opportunity employer as required under section 1.38.020 of the City Code. Recruitment and selection of applicants, promotion and training of employees is based upon ability, knowledge, skills and merit as required by the job description. A person may not be favored or discriminated against with respect to City employment because of the person's race, color, creed, religion, gender, national origin, veteran or marital status, physical handicap or any other status protected by federal, state or local law.

9.2 Anti-discrimination and Anti-harassment Policy. The City maintains a work environment free from unlawful discrimination and harassment for all employees. All employees have the right to work in an environment free from discrimination, intimidation or harassment that is based upon a protected status.

9.3 Definitions. For purposes of this chapter, the following words or phrases shall have the following meaning:

9.3.1 City Official. For purposes of this chapter, a city employee at the supervisory or managerial level.

9.3.2 Complainant. The individual or group who is alleged to be a victim of illegal discrimination.

9.3.3 Compliance Agency. A local, state or federal agency authorized by law to investigate formal complaints of discrimination. The following are examples of compliance agencies: Alaska State Commission for Human Rights (ASCHR); Federal Equal Employment Opportunity Commission (FEEOC); and the Office of Federal Contract Compliance Programs (OFCC). Other federal agencies have certain investigative responsibilities on matters relating to grants or programs that they administer.

9.3.4 Formal Complaint. A complaint relating to City employment or application for City employment filed with a compliance agency alleging illegal discrimination on the basis of a protected status.

9.3.5 Illegal Discrimination. An act or acts which are prohibited by federal, state or local anti-discrimination laws. Prohibited acts include those where individuals or groups are treated differently because of their race, religion, color, gender, national origin, age, handicap, marital status, changes in marital status, pregnancy, or parenthood or any other status protected by federal, state or local law.

9.3.6 Informal Complaint. A complaint relating to City employment or application for city employment alleging illegal discrimination on the basis of a protected status that has not been filed with a compliance agency.

9.3.7 Respondent. The City or any of its departments identified in a formal complaint. Specific individuals may also be listed as respondent.

9.4 Harassment Definition. Prohibited harassment consists of unwelcome verbal or physical conduct or communication based upon an employee's race, color, creed, religion, national origin, gender, physical or mental disability, age marital status, pregnancy or parenthood, veteran's status, status with regard to public assistance, or any other status protected by federal, state or local law. Examples of conduct prohibited by this policy include using racial and ethnic slurs, offensive stereotypes or making jokes about such characteristics.

9.5 Sexual Harassment Definition. Sexual harassment is a form of harassment that is prohibited under these regulations. Sexual harassment encompasses unwelcome sexual advances, request for sexual favors, and other verbal, visual, written or physical conduct of a sexual nature where:

9.5.1 Such conduct is unwelcome; and

9.5.2 Submission to such conduct is made either explicitly or implicitly a term or condition of employment; or

9.5.3 Submission to or rejection of such conduct is used as the basis for decisions affecting an individual's employment; or

9.5.4 Such conduct has the purpose or effect of creating an intimidating, hostile, or offensive work environment. A hostile work environment occurs when the conduct is sufficiently severe or pervasive enough to alter the condition of the employee's employment and create an abusive work environment.

9.6 Sexual Harassment Examples. Examples of the type of conduct prohibited by this policy may include, but are not limited to, the following:

- Sexually suggestive touching
- Offensive whistling
- Lewd, off-color, sexually-oriented comments, jokes, or cartoons
- Excessive use of foul or obscene language
- Leering, staring, stalking
- Suggestive or sexually explicit posters, calendars, photographs, graffiti, cartoons
- Unwanted or offensive letters or poems
- Sitting or gesturing sexually
- Sexually explicit or suggestive email or voicemail messages
- Sexually oriented or explicit remarks, including written or oral references to sexual conduct, gossip regarding one's sex life, body, sexual activities, deficiencies, or prowess
- Repeated requests for dates
- Sexual favors in return for employment rewards, or threats if sexual favors are not

- provided
- Sexual assault or rape

9.7 Responsibilities.

9.7.1 All City employees at all levels shall report allegations and acts of discrimination. An employee who feels he or she is being harassed or discriminated against or is aware of activities in the workplace that may constitute harassment or discrimination shall report the perceived discrimination or harassment immediately to their supervisor, Department Director, Personnel Director, City Manager or any City Official (as defined by this chapter) that the employee feels comfortable reporting to.

9.7.2 All City Officials shall take immediate action when they become aware of a situation involving allegations and/or acts of discrimination.

9.7.3 The Personnel Director shall provide technical assistance and support to City Officials, employees, and complainants in their efforts to resolve complaints of discrimination, and cooperate with compliance agencies in processing and investigating formal complaints of discrimination.

9.7.4 The City Attorney shall provide legal advice and assistance as requested by the Personnel Director or as the City Attorney's Office deems necessary.

9.8 Procedure for Informal Complaints. City employees may make appointments with any City Official during the workweek to report harassment or discrimination in the workplace. If, for any reason, the City Official to whom the employee wishes to report the discrimination or harassment is unable to meet at the initial time requested, the City Official shall reschedule an alternate meeting time with the employee that is no more than five working days after the initial request.

9.8.1 Processing Informal Complaints of Discrimination.

9.8.1.1 When a City Official becomes aware of an allegation of discrimination, immediate action shall be taken to notify the Personnel Director, or in the event the Personnel Director is involved in the allegations in the complaint, the City Manager, to review and attempt to resolve the allegation. The reviewing City Official shall advise complainant and respondent in the writing of the results of the review.

9.8.1.2 A complaint must be filed within 180 days of the date the incident occurred to be considered for informal review.

9.8.1.3 Upon receipt of an informal complaint of discrimination from a complainant or at the request of a City Official, the Personnel Director or other appropriate City Official shall assist the parties in an attempt to resolve the issues

raised by the complainant.

9.8.1.4 The Personnel Director shall make every effort to resolve an informal complaint within 30 calendar days from the date the complainant files the complaint. The Personnel Director or other appropriate City Official will inform the employee of their right to file a formal complaint with a compliance agency.

9.9 Procedure for Formal Complaints. City employees must make arrangements with their supervisors when they wish to schedule official duty time to consult with a compliance agency on matters relating to a formal complaint for harassment or discrimination. When an employee cannot be released at the requested time, an alternate time should be scheduled within five working days of the time originally requested.

9.9.1 The Personnel Office will be the central point for receiving complaints, interrogatories and requests for information or documents from compliance agencies. City departments will forward all information pertaining to a complaint to the Personnel Director who will coordinate and forward the materials prepared in response to the compliance agency request within the time frame required.

9.9.2 Any City employee named as a respondent in a complaint will be expected to assist the department in its effort to expeditiously review and, if possible, resolve the issues listed in the complaint. However, no employee shall be expected to waive any of their personal rights.

9.9.3 The City Attorney's Office will retain a file of each formal complaint received in which a City department or employee is listed as respondent. Legal advice and assistance will be provided to the City Manager, Personnel Director or any department as requested, or as the City Attorney's Office deems necessary. In all cases where a compliance agency takes a complaint to public hearing when the City is a respondent, the City Attorney's office will represent the City and the respondent department.

9.10 Retaliation. The City prohibits any form of retaliation against any employee for reporting or participating in a proceeding connected with a matter of public concern pursuant to Section 1.15 of the City Code. However, if the City determines that the complaint was not made in good faith or that an employee has provided false information regarding the complaint, disciplinary action may be taken against the complainant or the individual(s) who gave the false information. Any decision which constitutes an adverse action against an employee who has a current informal or formal complaint of discrimination pending must be approved by the City Attorney's office. All City Officials should avoid actions that might be construed as retaliatory against the complainant.

CHAPTER TEN

DISCIPLINE - CAUSES AND ACTIONS

10.1 Discipline Policy. When an employee's performance or conduct falls below desirable standards, the employee may be subject to disciplinary action. The nature or severity of the disciplinary action depends upon the severity of the offense as well as the number and frequency of previous acts of misconduct.

10.2 Oral Warning. An employee may be informed orally by their supervisor of the unacceptable behavior or performance and what must be done to correct the situation. This initial counseling session shall be considered an oral warning and the supervisor shall make a written note of the warning and place it in the employee's personnel file.

10.3 Written Warning or Disciplinary Work Plan. An employee who has either ignored an oral warning or whose conduct is severe enough to warrant more serious action than an oral warning may receive a written warning or a disciplinary work plan. The written warning or the documentation regarding the disciplinary work plan shall explain how the full or part-time employee's behavior has been unacceptable and what must be done to correct the situation. A disciplinary work plan must be for a specific period of time, may not exceed one year and should provide the dates for performance reviews while on the work plan. The employee must have an overall performance review of at least "satisfactory" at the end of the disciplinary work plan in order to continue their employment. A copy of the written warning or disciplinary work plan shall be given to the employee and a copy placed in the employee's personnel file.

10.4 Employee Response to Warning or Disciplinary Work Plan. Oral and written warnings and disciplinary work plans are not subject to the grievance procedure. An employee may file a written reply within five working days of receiving the warning or disciplinary work plan. The employee's written reply will be attached to the warning or disciplinary work plan and placed in the employee's personnel file.

10.5 Suspension Without Pay, Demotion, Dismissal. An employee may be suspended without pay, demoted or dismissed for cause by the Department Director with approval by the Personnel Director if previous counseling or discipline has not resulted in the expected improvement or if the seriousness of the specific incident or the whole pattern of such employee's past performance and conduct justifies the imposition of more severe disciplinary actions in the first instance. When an employee is suspended without pay, demoted or dismissed for cause, the Department Director shall follow the procedure set forth in Section 10.6 of these Regulations. If suspended without pay the employee may not use leave time, receive holiday pay or accrue leave while on suspension. Reasons for suspension without pay, demotion or dismissal may include but are not limited to:

10.5.1 Drinking intoxicating beverages or use of nonprescription depressant, or misuse of prescription stimulant, hallucinogenic or narcotic drugs on the job or arriving on the job under the influence of intoxicating beverages or such drugs .

10.5.2 Discrimination or harassment on the basis of a protected status (Refer to Chapter 9 of these Regulations).

10.5.3 Insubordination, willfully disobeying the directive of a supervisor by a verbal or nonverbal refusal or unreasonable delay in completing work. An employee's refusal to follow a directive that is illegal or a violation of City Code or written policy shall not be considered insubordination.

10.5.4 Excessive absences or tardiness.

10.5.5 Inability to perform the assigned job.

10.5.6 Being wasteful of material, property or working time.

10.5.7 Falsification of information on employment application or resume.

10.5.8 Conviction of a felony or a misdemeanor involving moral turpitude.

10.5.9 Being absent from work without permission or failing to report to supervisor or Department Director.

10.5.10 Inability to get along with fellow employees or the public so that work being performed is hindered or below required standards.

10.5.11 Exhibiting behavioral problems to employee's supervisor, co-workers or the public which hinder the employee's or the City's performance.

10.5.12 Violation of the Personnel Regulations, written departmental rules or any other applicable federal, state or local laws.

10.5.13 Falsification of time sheets.

10.5.14 Sexual discrimination or racial harassment of co-workers or the members of the public (Refer to Chapter 9 of these Regulations)

10.5.15 Violations of written departmental safety procedures that endanger the employee, co-workers or the public.

10.5.16 A violation of any section of the General Conduct requirements in Chapter 8 of these Regulations.

10.5.17 A violation of the Commercial Drivers License (CDL) drug and alcohol testing policy.

10.6 Pre-Deprivation Hearing. Before a full or part-time employee is suspended without pay, demoted or dismissed for cause, the employee shall be given written notice of the contemplated personnel action by the Department Director. The written notice shall state what personnel action is contemplated, describe the reasons for such action, and advise that the employee is entitled to a hearing with the City Manager upon written request. The written notice shall also inform the employee that if no hearing is requested within five working days after receipt of the written notice, the personnel action will become final. The written notice of the contemplated personnel action shall be personally delivered to the employee or, if unavailable at work, sent by certified mail return receipt requested to employee's last known home address. Notices mailed to the employee's home address will be considered received on the acceptance date of the certified mail receipt. A copy of the written notice and the means of delivery or attempted delivery shall be placed in the employee's personnel file. The hearing shall be scheduled by the City Manager and held not more than ten working days after the City Manager's receipt of the written request for a hearing, except by mutual agreement.

10.6.1 If the full or part-time employee files a timely request for a hearing with the City Manager, the contemplated personnel action shall not become effective until the City Manager has completed a review and issued a written decision. If the employee does not file, or files an untimely request for pre-deprivation hearing the contemplated personnel action shall become effective and final upon the expiration of the five working day period and the employee shall be deemed to have waived the right to a pre-deprivation hearing and the right to appeal.

10.6.2 At the pre-deprivation hearing the Department Director shall state the reasons for the contemplated personnel action and recite the facts in support. The employee shall have an opportunity to present their position and any supporting facts. Witnesses may be called to testify by either party, however witnesses cannot be compelled to testify or appear. The hearing shall be closed to the public. The City Manager will issue a written decision within five working days after the pre-deprivation hearing.

10.7 Administrative Leave With Pay. In a situation where, in the Department Director's opinion and with City Manager approval, the employee's continued presence on the job during an administrative investigation or prior to the effective date of the contemplated personnel action poses a significant and immediate threat to public health or safety, a co-worker, city property, or to the efficient and harmonious conduct of City business, the employee may be placed on administrative leave with pay at their hourly rate of pay, excluding shift differential, prior to the effective date of the contemplated personnel action. If an employee is terminated after being placed on administrative leave with pay all leave accrued from the date the administrative leave with pay began until the termination date shall be forfeited. Only leave that has accrued prior to the administrative leave with pay date shall be paid to employee upon termination.

10.8 Appeal of Disciplinary Action. Any appeals of personnel actions taken under Section 10.6

of these Regulations involving suspensions without pay, demotions, or dismissals shall be submitted to arbitration under Section 11.5 of these Regulations. The appeal shall be initiated by filing a written request for arbitration with the Personnel Director within five working days of the City Manager's decision. The request for arbitration shall contain the information required by Section 11.5.1 of these Regulations. Filing a request for arbitration shall not suspend the effect of the City Manager's decision.

CHAPTER ELEVEN

COMMUNICATION, GRIEVANCE AND APPEAL PROCEDURE

11.1 Purpose and Policy. It is recognized that communication of constructive suggestions and problems contributes significantly to improving the overall quality of work performed and conditions of employment. It is the policy of the City to provide appropriate avenues of communication to meet a variety of needs. It is the desire of the City to resolve problems and pursue suggestions through an informal process where such a process is in the best interest of the City and its employees. Formal procedures are provided for those situations when the informal process is not appropriate. Employee(s) may file a grievance or a civil rights complaint. Civil rights discrimination complaints may be made under Chapter Nine. Employees should refer to section 1.15 of the Homer City Code for information regarding Protection for Whistleblowers.

11.2 Employee Communications. All employees are encouraged to communicate any problems or complaints they may have to the City, utilizing the procedures outlined in these Regulations. All employee suggestions or complaints will be given full consideration by City management. Any time an employee has a question, problem or complaint, the employee should do the following:

11.2.1 Consult with employee's immediate supervisor. Generally the employee and supervisor will be able to resolve the problem. If the problem is not solved at this level;

11.2.2 The employee may request a meeting with their Department Director to resolve the problem. If the employee receives no satisfaction at this level;

11.2.3 The employee may request a meeting with the City Manager and/or Personnel Director to resolve the problem. The final determination will be made by the City Manager.

11.3 Definition of Grievance. A grievance is a complaint by a full or part-time employee or group of employees alleging a violation of federal, state, local laws or these Regulations which pertain to the terms and conditions of employment with the City. Temporary, casual, seasonal and probationary employees are employed at will and are not entitled to the grievance procedure. The following matters are exempt from the grievance procedure:

1. Disputes relating to the contents of a performance evaluation (Refer to Chapter 7)
2. Oral or written warnings or an employee being placed on a disciplinary work plan (Refer to Chapter 10)
3. Disputes relating to suspension without pay, demotion or dismissal for cause which are processed under the pre-deprivation hearing procedure, in Chapter 10.
4. Disputes which relate to the City's right to establish or change personnel or business policies, practices, rules or regulations.
5. Any other matter which, according to these Regulations, is not subject to the grievance procedures.

11.4 Grievance Procedure Steps. A grievance shall be handled in the following manner:

11.4.1 Step 1. The aggrieved employee(s) shall present the grievance orally to their immediate supervisor within five working days of its occurrence, not including the day of the occurrence. The supervisor shall give an oral reply within five working days of the date of presentation of the grievance, not including the date of the presentation. If the grievance is resolved at Step 1, the supervisor shall prepare a memorandum to the grievant(s) setting forth the terms of the resolution. A copy of this memorandum should be sent to the Department Director and Personnel Director at the time it is sent to the grievant.

11.4.2 Step 2. If the grievance is not settled in Step 1, the employee(s) must submit the grievance in writing, dated and signed by the aggrieved employee(s). The written grievance shall be presented to the Department Director within five working days after the supervisor's oral reply is given not including the day the answer is given. The Department Director shall reply in writing to the grievance within five working days of the date of the presentation of the written grievance, not including the day of the presentation. If the grievance is resolved at Step 2, the Department Director shall prepare a memorandum to the grievant(s), setting forth the terms of the resolution. The Personnel Director should be provided a copy of this memorandum at the time it is sent to the grievant(s).

11.4.3 Step 3. If the grievance is not settled in Step 2, the grievance may be presented in writing to a committee. The grievance should be presented to the Personnel Director who will form a committee composed of a City employee not affected by the grievance selected by the aggrieved employee(s), the Personnel Director and a Department Director not associated with the department involved within seven days of receiving the grievance. This committee shall select a chair from its members. The committee shall meet within five working days of receiving the grievance to review all pertinent correspondence, records and information. The committee shall present its recommendations along with all pertinent correspondence, records, information and an audio recording of the committee's meeting to the City Manager within five working days of the hearing. The City Manager shall reply to the grievant(s) in writing within ten working days of the presentation of the written recommendation from the Committee. A copy of City Manager's reply shall be sent to the Personnel Director at the time it is sent to the grievant(s). The employee may choose to skip the committee process. In that event, the employee shall go directly to the City Manager with the grievance.

11.4.4 Step 4. If the grievance is not settled in Step 2 and the aggrieved employee(s) elects not to utilize the grievance committee process of Step 3, the matter may be appealed in writing to the City Manager within five working days of the date the employee receives the Department Director's written decision. The aggrieved employee(s) should submit a written request for a hearing with the City Manager to the Personnel Director. The aggrieved employee(s) should attach copies of all information pertaining to the grievance to the request. The City Manager will schedule a hearing within ten working days of receiving the

request. At the hearing the employee(s) will state the reasons for the grievance. The Department Director shall have an opportunity to present their position. Witnesses may be called to testify by either party, however witnesses cannot be compelled to testify or appear. The hearing shall be closed to the public. The City Manager shall reply to the grievance in writing within seven working days of meeting with the grievant(s). Copies of the written decision shall be given to the grievant(s), the Department Director and the Personnel Director.

11.4.5 Step 5. If not satisfied with the City Manager's decision the aggrieved employee(s) may request arbitration pursuant to the procedures outlined in Section 11.5.

11.5 Arbitration Procedures. An employee may request arbitration of any unresolved grievances after completion of Step 3 or Step 4. The procedures for arbitration are as follows:

11.5.1 The employee(s) shall send a written request for arbitration to the Personnel Director explaining the specific unresolved grievance and referring to any provisions of the Personnel Regulations or any other law applicable to the grievance. The request shall be submitted to the Personnel Director within five working days of the City Manager's decision.

11.5.2 Within five working days of receipt of a request for arbitration, the Personnel Director shall forward the request, together with the appropriate administrative fee, to the American Arbitration Association (AAA) for the initiation of arbitration proceedings. AAA proceedings shall be conducted by an arbitrator located in the State of Alaska unless, despite reasonable efforts by both parties, a qualified arbitrator located in the State of Alaska cannot be found. In lieu of submission to AAA, the grievant and the City Manager may agree to submit the matter to an arbitrator(s) to be selected by mutual agreement.

11.5.3 The arbitration shall be held at City Hall unless space is unavailable in which case the arbitrator shall select another location in the City. The aggrieved employee(s), the affected Department Director, City Manager and Personnel Director shall be entitled to be present at the arbitration. The aggrieved employee(s) and the City Manager may each have, as an assistant, one person to be in attendance at the arbitration. Either or both parties may be represented by an attorney in lieu of the assistant. The arbitration shall be closed to the public unless the aggrieved employee(s) requests the arbitration to be open to the public.

11.5.4 The arbitration shall be conducted by the arbitrator in whatever manner will most expeditiously permit full presentation of the evidence and argument of the parties. Witnesses may be called to testify by any party; however, witnesses cannot be compelled to testify or appear.

11.5.5 The arbitration shall be conducted under the AAA Employment Arbitration Procedures unless a different rule or procedure is set forth in the City Code or the Personnel Regulations. In the case of any inconsistency, the City Code and the Personnel Regulations, in that order of priority, shall prevail over the AAA Employment Arbitration Procedures. The

Personnel Director shall make copies of the Employment Arbitration Procedures available to any City employee upon request.

11.5.6 Post hearing briefs shall be submitted by the parties only if ordered by the arbitrator.

11.5.7 The arbitrator shall have no authority to amend, modify, nullify, or ignore provisions of law, ordinances, or Personnel Regulations. The arbitrator shall consider and decide only the specific issue(s) submitted and has no authority to decide issues not submitted.

11.5.8 The arbitrator's award shall include a summary of the arbitrators' findings and conclusions. All expenses of the arbitration, not including attorney's fees and expenses for witnesses, shall be paid by the City. If the City is the prevailing party, then each employee who is a party to the grievance shall reimburse the City \$600.00 of expenses of the arbitration, which include AAA administrative and arbitrators' fees, travel and other expenses but no more than the total actual cost of the arbitration fees. Payment is due from the employee within 30 days of the grievance decision from the arbitrator. Each party shall bear its own attorney's fees and the expenses of producing witnesses called on its behalf.

11.5.9 Copies of the arbitration decision shall be personally delivered or mailed to the parties directly affected by the arbitration, the Personnel Director and the City Manager. The Personnel Director shall provide informational copies to the City Council. The arbitration decision shall be a public record.

11.6 Enforcement of Arbitrator's Decision. The arbitrator's decision is final and binding on all parties. The award may be enforced under AS 09.43.110.170.

11.7 Standard of Review. The arbitrator may exercise independent judgment in the finding of facts. In all other aspects of the decision, the standard of review to be applied by the arbitrator shall be whether the decision, action or inaction of the City was arbitrary or capricious or in violation of these Personnel Regulations, or applicable constitutional guarantees, statutory law, City Code or the common law.

CHAPTER TWELVE

SEPARATION FROM EMPLOYMENT

12.1 Resignations. To resign in good standing, an employee must present a written resignation to the employee's Department Director at least fourteen calendar days in advance of the resignation date, exclusive of accrued leave which the employee intends to take. This requirement may be waived in writing by the Department Director where adequate provisions can be made for a successor in that period of time (if one is needed right away) as well as under extenuating circumstances, (i.e., sudden need to leave for medical reasons, need to leave by unexpected military orders for employee or spouse, etc.). A copy of any employee's resignation shall be kept in the employee's personnel file. A resignation without the notice required by these rules may be grounds for denying reemployment with the City. Upon approval of the Department Director and concurrence of the City Manager, an employee may withdraw a resignation at any time prior to the effective date of resignation providing the position has not already been filled. An employee shall be regarded as having resigned without good standing if, while able to notify the employee's supervisor of the reason for his or her absence:

12.1.1 The employee fails to report for duty for two working days without notifying his supervisor; or

12.1.2 The employee fails to report for duty upon the expiration of a leave of absence/annual leave.

12.2 Exit Interview. The Personnel Director will conduct an exit interview for any terminating full-time or part-time employee. Employees will be notified of the option to meet with the City Manager during the exit interview. Preceding or during the exit interview, employees are expected to return all City property, including but not limited to, keys, IDs, and uniforms owned by the City.

12.3 Lay Offs. The City Manager may lay off employees whenever the abolishment of a position or other financial changes in the City's organization necessitates a reduction in the number of employees. Casual, temporary, probationary or part-time employees within the Department in which the work force reduction is occurring shall be laid off before full-time employees. If the City Manager deems it to be in the best interests of the City, full-time employees may be assigned to vacant part-time, temporary or casual positions in lieu of layoff, and at a pay rate determined to be appropriate by the City Manager, provided such employee possesses the qualifications for the vacant position. Layoffs by position shall be made in reverse order of employee seniority by job classification within each Division, unless an employee has had a less than satisfactory work performance evaluation and/or is on a disciplinary work plan. Employees scheduled for layoff may replace less senior employees within a Division in equal or lower classifications provided they are qualified to perform the work. Laid-off employees shall have first option for another open position within the City for which they are qualified. For the purposes of this section, first option shall mean that qualified laid off city employees will be hired for the position before the vacancy is advertised to the public. If there are several laid off employees, all of whom are qualified for the opening recall

of the employees shall be in order of seniority. Two weeks before the effective date of a lay off, the City Manager shall notify the employee being laid off, in writing, of the reasons for the layoff. The City Manager may place such an employee in another department where a vacancy exists provided the employee is qualified to assume the duties of the new assignment.

12.4 Dismissal. A dismissal is an involuntary termination by the City of an employee from the City's employment. A layoff is not a dismissal.

12.4.1 Dismissal, Employee: A dismissal for disciplinary reasons or cause (Refer to Chapter 10).

12.4.2 Dismissal, Probationary Employee: A dismissal of a probationary employee for any reason. Probationary employees are at will.

12.4.3 Dismissal, At Will Employee: A dismissal of an at will employee for any or no reason. At will employees are temporary, seasonal or casual employees.

12.5 Severance Pay. In the case where an employee is laid off by the City Manager, the City may give the employee two weeks' severance pay. Final paychecks will be paid per Chapter 5.

**CITY OF HOMER
HOMER, ALASKA**

Mayor

RESOLUTION 20-029

A RESOLUTION OF THE CITY COUNCIL OF HOMER, ALASKA
RATIFYING THE DISASTER EMERGENCY DECLARATION ISSUED
FOR THE CITY OF HOMER AND EXTENDING THE DECLARATION
DUE TO THE CURRENT AND EXPECTED IMPACTS OF THE COVID-
19 NOVEL CORONAVIRUS PANDEMIC .

WHEREAS, The Mayor of the City of Homer issued a Disaster Emergency Declaration on
March 18, 2020, due to the current and expected impacts of the COVID-19 pandemic in the City
of Homer; and

WHEREAS, The Declaration activates the city's emergency response plan and requests
disaster assistance from the State of Alaska by making available resources as needed for the
ongoing response and recover from the current and potential impacts, to provide individual
assistance for affected businesses and individuals, and technical expertise and guidance to
help the city in its response and recover from this event; and

WHEREAS, This declaration continues for a period of seven days, until March 25, 2020,
unless extended by the Homer City Council; and

WHEREAS, As the response and recovery efforts continue and are expected to require
the ongoing use of city resources it is appropriate to extend the disaster declaration; and

WHEREAS, The City Council wishes to extend this declaration in the best interest of the
public.

NOW, THEREFORE, BE IT RESOLVED that the declaration of local disaster emergency
issued by the Mayor on March 18, 2020, is hereby extended for a period of 90 days in order to
allow for a more complete response. A copy of the declaration of disaster emergency extended
by this resolution is attached and incorporated herein.

PASSED AND ADOPTED by the Homer City Council this 23rd day of March, 2020.

CITY OF HOMER

KEN CASTNER, MAYOR

43

44 ATTEST:

45

46

47

48 _____
MELISSA JACOBSEN, MMC, CITY CLERK

49

50 Fiscal note: N/A



City of Homer

www.cityofhomer-ak.gov

Office of the Mayor

491 East Pioneer Avenue
Homer, Alaska 99603

mayor@ci.homer.ak.us

(p) 907-235-3130

(f) 907-235-3143

Declaration of a Local Emergency

March 18, 2020

WHEREAS, The World Health Organization has characterized a newly discovered Coronavirus, named COVID-19, and is posing a significant threat to the world's population; and

WHEREAS, The particular traits and communicability of the virus are enough to predict a global pandemic; and

WHEREAS, The President of the United States has declared the pandemic to be a national emergency; and

WHEREAS, As the emergency response unfolds, measures have been taken that have disrupted the lives of many Americans and will cast lasting effects upon our communities' prosperity, physical health and mental health, as normalcy is supplanted by isolation and work stoppages; and

WHEREAS, The Kenai Peninsula Borough, acting under the statutory authority of AS 26.23,140, has declared a disaster emergency; and

WHEREAS, Homer City Manager, Katie Koester, acting in accordance with the City of Homer's Emergency Operations Plan, has requested I make this declaration;

NOW THEREFORE, I find that there exists a wide-spread financial and public health emergency that will require unexpected expenditures of public funds that should be separately accounted, to perhaps be eligible for Emergency Disaster Relief; and

FURTHERMORE, I request the Homer City Clerk disseminate this Declaration to the general public and the parties identified in the City of Homer's Emergency Operations Plan.

Ken Castner
Mayor, City of Homer, Alaska

ATTEST:

MELISSA JACOBSEN, MMC, CITY CLERK



**CITY OF HOMER
HOMER, ALASKA**

City Manager

RESOLUTION 20-030

A RESOLUTION OF THE CITY COUNCIL OF HOMER, ALASKA,
APPROVING AN EMPLOYMENT CONTRACT FOR INTERIM CITY
MANAGER WITH MARVIN YODER AND AUTHORIZING THE MAYOR
TO EXECUTE THE APPROPRIATE DOCUMENTS.

WHEREAS, The City wishes to employ Marvin Yoder as Interim City Manager and Marvin Yoder has agreed to serve the City in the capacity of Interim City Manager; and

WHEREAS, Marvin Yoder as Interim City Manager shall serve at the pleasure of and report directly to the Homer City Council.

NOW, THEREFORE, BE IT RESOLVED that the Homer City Council approves an employment contract with Marvin Yoder as Interim City Manager authorizing the Mayor to execute the appropriate documents.

PASSED AND ADOPTED by the Homer City Council this 23rd day of March, 2020.

CITY OF HOMER

KEN CASTNER, MAYOR

ATTEST:

MELISSA JACOBSEN, MMC, CITY CLERK

Fiscal Note: Per Contract

EMPLOYMENT AGREEMENT

This Employment Agreement ("Agreement"), dated as of April 1, 2020 ("Effective Date"), is between the City of Homer, Alaska ("City") and Marvin Yoder ("Interim Manager").

RECITALS

WHEREAS, the City wishes to employ Marvin Yoder as Interim City Manager and Marvin Yoder has agreed to serve the City in the capacity of Interim City Manager, on the terms and conditions herein set forth,

NOW, THEREFORE, in consideration of the foregoing and the mutual promises and covenants set forth in this Agreement, the City and Interim Manager agree as follows:

Section 1. Duties of Interim Manager.

Interim Manager shall be employed by City as, and hold the title of, "Interim City Manager" of the City of Homer. Interim Manager shall serve at the pleasure of, and report directly to, the Homer City Council ("Council"). Interim Manager shall perform all duties and discharge all responsibilities of that position as prescribed by the laws of the State of Alaska and the Homer City Code, all as may be amended from time to time, and as established by the Council from time to time. Interim Manager shall maintain residency in the City of Homer during the entire term of this Agreement.

Section 2. Compensation of Interim Manager.

A. Salary. Interim Manager shall receive a monthly salary of \$9,273.00 payable in regular installments at the time other City employees are paid, or as otherwise agreed upon between the parties in writing. All compensation paid to Interim Manager shall be subject to required employment deductions, taxes, and contributions.

B. Benefits. Interim Manager voluntarily requested to be excluded from the Alaska Public Employees Retirement System (PERS) during the term of this Agreement, as Mr. Yoder is already receiving a retirement benefit from PERS. Interim Manager has additionally requested to be excluded from group medical and dental insurance coverage provided to the employees of City.

C. Leave. Interim Manager shall accrue combined sick and annual leave at the rate of 9.23 hours per pay period. Leave may be used as it accrues. Interim Manager shall keep the Council apprised of planned absences; and leave exceeding five consecutive days in duration must be approved by the Council. Upon employment separation, including expiration of this Agreement, Interim Manager shall receive payment for all accrued, unused leave, at Interim Manager's current rate of pay. Payment of accrued unused leave shall be subject to all deductions, taxes and contributions required by law.

D. Travel, Meetings, and Professional Development. Interim Manager shall receive allowance for travel, out-of-town meetings or professional development expenses as may be approved by the Council from time to time.

Section 3. Term And Termination.

A. Term. The term of Interim Manager's employment under this Agreement shall begin on the Effective Date, and unless sooner terminated as provided herein,

B. Termination. Interim Manager's employment under this Agreement is terminable at will and at any time by City, without any notice of any kind whatsoever, with or without cause, it being expressly and explicitly understood and agreed by Interim Manager that he holds the position of Interim City Manager and serves as Interim City Manager at the will of the Council. Interim Manager acknowledges that any action by the Council in connection with terminating Interim Manager's employment under this Agreement is not subject to any administrative or grievance procedure, and Interim Manager hereby waives the benefit of any right to notice, pre- or post- termination hearing or any other procedure that may now or hereafter apply to any such action by the Council or be available to other City employees. Interim Manager shall provide City with written notice of his resignation no less than sixty (60) days prior to the effective date of his resignation or prior to termination of this Agreement. If Interim Manager resigns without providing such notice, then Interim Manager shall forfeit all benefits which Interim Manager otherwise would have been entitled to receive upon resignation under this Agreement, including payment of unused accrued leave.

Section 4. Other Employment.

It is recognized that Interim Manager must devote a great deal of time outside normal office hours to business of the City. Normal work hours in a regular workweek hereunder shall be construed to mean Monday through Friday, an 8-hour period between 7:00 a.m. and 6:00 p.m. Interim Manager shall not take nor undertake employment with any other person, entity or business, without prior approval of the City Council.

Section 5. Indemnification by City.

The City shall indemnify, hold harmless and defend Interim Manager against all claims and liability which may result from any claim, action or suit by person based upon alleged injury to or death of a person or alleged loss of or damage to property that may occur or that may be alleged to have been caused by Interim Manager in the course of performance of his official duties during the duration of his employment with City under this Agreement, *provided, however*, that City shall not be obliged to indemnify, hold harmless or defend Interim Manager against any such claim that was caused by Interim Manager while acting outside the course of performing his official duties, or from any false, deceptive, dishonest or criminal act or omission under the laws and regulations of the United States of America, the State of Alaska and/or any political subdivision thereof.

Section 6. General Provisions.

Any controversy or claim arising out of or related to this Agreement or the breach thereof shall be governed by the laws of the State of Alaska, and the City of Homer, Alaska, and the venue for any legal proceedings thereon shall be the Superior Court for the State of Alaska, Third Judicial District, at Homer, Alaska.

This Agreement supersedes all prior oral or written agreements, if any, between Interim Manager and City, and constitutes the entire agreement between Interim Manager and City and approved by the Council.

IN WITNESS WHEREOF the City of Homer has caused this Agreement to be signed and executed on its behalf by its Mayor, and duly attested by its City Clerk, and Marvin Yoder has signed and executed this Agreement for and on behalf of himself, both in duplicate, as of the day and year first above written.

CITY OF HOMER

INTERIM MANAGER

Ken Castner, Mayor

Marvin Yoder

ATTEST:

Melissa Jacobsen, MMC, City Clerk

STATE OF ALASKA

)

) ss.

THIRD JUDICIAL DISTRICT)

THIS IS TO CERTIFY that on this _____ day of _____, 2020, before me, the undersigned, a Notary Public in and for the State of Alaska, personally appeared Marvin Yoder, known to me and to me known to be the individual named in and who executed the foregoing document, and he acknowledged to me that he signed and sealed the same as his free and voluntary act for the uses and purposes therein set forth.

WITNESS my hand and notary seal the day and year first hereinabove written.

Notary Public in and for Alaska

My Commission Expires: _____

STATE OF ALASKA)

) ss.

THIRD JUDICIAL DISTRICT)

THIS IS TO CERTIFY that on this _____ day of _____, 2020, before me, the undersigned, a Notary Public in and for the State of Alaska, personally appeared Ken Castner, Mayor, known to me and to me known to be the individual named in and who executed the foregoing document, and he acknowledged to me that he was authorized to execute the foregoing document by authority granted in him by the CITY OF HOMER for the uses and purposes therein set forth.

WITNESS my hand and notary seal the day and year first hereinabove written.

Notary Public in and for Alaska

My Commission Expires: _____