

## U.S. DEPARTMENT OF THE INTERIOR Minerals Management Service GRANT AWARD



1	ASSISTANCE AWARD TYPE	2	AWARD NU	J <b>MB</b>	ER	3 (	CIAP ACC	OUN <sub>1</sub>	<b>NUMBE</b>	R	
X	Grant (Nonconstruction)		_			MG10	GRAK2Z.L	CB000	)		
Grant (Construction) M09AF15			M09AF1516	51							
4	RECIPIENT			5	ISSUED BY						
	ne & Address:				e & Address:						
	ai Peninsula Borough				erals Manageme	ent Ser	vice				
——————————————————————————————————————					urement Operat						
Soldotna, AK 99669					Elden Street M						
Attention: Gary Williams					Herndon, VA 20170-4879						
	·				a Barksdale, Co						
					ne: 703-787-174			041			
DUNS Number: 071845168					E-mail: Paula.Barksdale@mms.gov						
6	PROJECT TITLE & DATE										
"	1.10.10.10.10	ъ.		,	1 . 110/03/00	0.0				_	
"Cr	ooked Creek State Recreation Area	Kiver	bank Kestorati	on"	dated 12/23/200	u8 as r	evised, fina	l revis	10n 3/13/09	<b>)</b> .	
7	AWARD PERIODS			8	FISCAL DAT	'A					
Bud	get Period: Date of award through 0	4/30/	2010	Fede	ral Share:	\$ 83,	080				
				Othe	r Contributions	: <b>\$</b> (	<u>)</u>				
Total Project Period: Date of award through 04/30/2012					Total Project Cost: \$83,080						
E ffa	ective Date: Date of Contracting Off	ficer'	s signature in	CIA	P Account Num	har	Amt Ol	hlianta	.d.		
Effective Date: Date of Contracting Officer's signature in Block #13					I GRAK2Z.LCE		\$83,080		u.		
9 RECIPIENT POINT-OF-CONTACT					10 MMS PROJECT OFFICER						
Mr. Gary Williams, Coastal District Coordinator					Mr. Bill Gissel, Coastal Impact Assistance Program						
Kenai Peninsula Borough				Minerals Management Service							
144 N. Binkley Street				3801 Centerpoint Drive, Suite 500							
Soldotna, AK				Anchorage, AK 99503-5823							
E-Mail: gwilliams@borough.kenai.ak.us				E-Mail: bill.gissel@mms.gov							
Phone: 907-714-2216 FAX: 907-260-5992											
				Phone:907-334-5231 FAX: 907-334- 5242  12 PAYMENT ADMINISTRATION DATA							
_	GENERAL ADMINISTRATIVE	DAI	T <b>A</b>					HON	DATA		
	DA Number: 15.426		ъ		nents administe						
MMS Program Name: Coastal Impact Assistance Program											
(CIAP)				Automated Standard Application for Payments (ASAP) (See Section D.3 for details)							
	T. CONTROL OF THE PROPERTY OF			(See	Section D.3 to	r detail	is)				
13	AUTHORIZED SIGNATURES										
Re	cipient's Signature	$\overline{D}$	ate	Cor	ntracting Officer	r's Sig	nature	Ī	Date		
	- -				<del>-</del>	J					
TX	PED NAME AND TITLE			TV	PED NAME AN	יים חו	TIE			_	
1 1	I ED MAME AND TITE			11	PD MAINE AT	יוו שוי	LDD				