



City of Hoonah

P.O. Box 360 Hoonah, AK 99829 (907) 945-3663 Fax (907) 945-3445

HOONAH ESSENTIAL SERVICES AND CRITICAL WORKFORCE INFRASTRUCTURE COVID-19 AGREEMENT

This "Agreement" is between the undersigned "Operator" and the City of Hoonah (the "City"). Operator acknowledges and agrees to the terms and conditions of this Agreement because COVID-19 is a national pandemic that is a substantial risk to public health, safety and welfare within

Hoonah. Operator is permitted to engage in lawful business within Hoonah because Operator acknowledges measures must be taken to protect Operator's personnel and the Hoonah community, from the spread of COVID-19. The Hoonah Mayor must sign this Agreement before Operator is permitted to travel to Hoonah.

- 1. Operator must email the Hoonah City Administrator at dgray@cityofhoonah.org, 48-hours prior to travel to Hoonah, the following documents for consideration by the Hoonah City Administrator, Hoonah Mayor and Hoonah Chief of Police: (A) a copy of this Agreement signed by Operator; (B) Operator's travel plan or protocol that Operator submitted to the Alaska Department of Commerce, Community and Economic Development pursuant to State Health Mandate 010 or 012; (C) Operator's plan for how Operator intends to quarantine its personnel who develop a fever, sore throat, cough, shortness of breath, chills, body aches, headache, abdominal pain, diarrhea or vomiting (herein, collectively "Symptoms") while in Hoonah; and (D) Operator's plan for how Operator intends to provide its own medical evacuations.
2. Operator warrants it will ensure compliance by its personnel with the City's Temporary COVID-19 Emergency Resolutions and Rules and State Health Mandates, as amended, and the documents listed in Section 1 of this Agreement to the greatest extent possible, all of which are incorporated into and a part of this Agreement.
3. Operator's warrants and represents its personnel have been screened for Symptoms a minimum of 48-hours ("Health Screening") prior to travel to Hoonah, and personnel that manifested any Symptoms were prohibited from traveling to Hoonah. Operator will continue to monitor personnel for symptoms of COVID-19 while in Hoonah, assist personnel with accessing testing in the event that personnel display symptoms of COVID-19, and notify the City in writing at dgray@cityofhoonah.org of any personnel working in Hoonah who have tested positive for COVID-19 within 24 hours of receiving notice of the positive test result. If requested by the City, Operator's personnel will submit to Health Screening by the City while in Hoonah, and the City may expel Operator's personnel from Hoonah for failure to submit to Health Screening or manifestation of any Symptoms.
4. Operator's personnel, for a 14-day period after arrival in Hoonah, must self-quarantine and limit travel to between personnel's jobsite and lodging within Hoonah.
5. Operator's personnel, during their time in Hoonah, must wear face coverings as recommended in State Health Alert 010 when outside personnel lodging in Hoonah, and are prohibited from: (A) physical interaction with residents of Hoonah; (B) entering residences in Hoonah that are not personnel lodging; and (C) using laundromats, grocery stores, gas stations, convenience stores and hardware stores. Operator must arrange for delivery of food and other necessary items for Operator's personnel at jobsite and lodging while in Hoonah.
6. If Operator or its personnel breach a term or condition of this Agreement, the City shall have all remedies available to it under the law, including expedited court order enjoining activity that violates this Agreement. Operator shall pay the City's full attorney's fees and costs associated with the enforcement of this Agreement.

OPERATOR NAME (PRINT): \_\_\_\_\_
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_
HOONAH LODGING ADDRESS: \_\_\_\_\_
HOONAH JOBSITE ADDRESS: \_\_\_\_\_
PHONE NUMBER: \_\_\_\_\_
DATE OF ARRIVAL: \_\_\_\_\_ DATE OF DEPARTURE: \_\_\_\_\_

Signors Name: \_\_\_\_\_ Date \_\_\_\_\_ Gerald Byers, Hoonah City Mayor \_\_\_\_\_ Date \_\_\_\_\_
Signors Title: \_\_\_\_\_