



Minnesota Department of Public Safety ("State") Homeland Security and Emergency Management Division 444 Cedar Street, Suite 223 St Paul, Minnesota 55101	Grant Program: HSEM Homeland Security Grant Program 2008 Grant Agreement No.: 2010-HSGP-00681
Grantee: City of St Paul 15 W Kellogg Boulevard City Hall Annex St Paul, Minnesota 55102	Grant Agreement Term: Effective Date: 7/1/2010 Expiration Date: 3/31/2011
Grantee's Authorized Representative: Richard Larkin, 367 Grove St. Fifth Floor St Paul, Minnesota 55101 Phone: (651) 266-5490 Email: rick.larkin@ci.stpaul.mn.us	Grant Agreement Amount: Original Agreement \$ 100,000.00 Matching Requirement \$.00
State's Authorized Representative: Michael Earp, Grants Specialist Homeland Security and Emergency Management Division 444 Cedar Street, Suite 223 St Paul, Minnesota 55101 Phone: (651) 201-7447 Email: michael.earp@state.mn.us	Federal Funding: CFDA 97.067 State Funding: Special Conditions: None

Under Minn. Stat. § 299A.01, Subd 2 (4) the State is empowered to enter into this grant agreement.

Term: Effective date is the date shown above or the date the State obtains all required signatures under Minn. Stat. § 16C.05, subd. 2, whichever is later. Once this grant agreement is fully executed, the Grantee may claim reimbursement for expenditures incurred pursuant to the Payment clause of this grant agreement. Reimbursements will only be made for those expenditures made according to the terms of this grant agreement. Expiration date is the date shown above or until all obligations have been satisfactorily fulfilled, whichever occurs first.

The Grantee, who is not a state employee will:

Perform and accomplish such purposes and activities as specified herein and in the Grantee's approved HSEM Homeland Security Grant Program 2008 Application ("Application") which is incorporated by reference into this grant agreement and on file with the State at 444 Cedar Street, Suite 223, St Paul, Minnesota 55101. The Grantee shall also comply with all requirements referenced in the HSEM Homeland Security Grant Program 2008 Guidelines and Application which includes the Terms and Conditions and Grant Program Guidelines (www.wego.dps.state.mn.us), which are incorporated by reference into this grant agreement.

Budget Revisions: The breakdown of costs of the Grantee's Budget is contained in Exhibit A, which is attached and incorporated into this grant agreement. As stated in the Grantee's Application and Grant Program Guidelines, the Grantee will submit a written change request for any substitution of budget items or any deviation and in accordance with the Grant Program Guidelines. Requests must be approved prior to any expenditure by the Grantee.

Matching Requirements: (If applicable.) As stated in the Grantee's Application, the Grantee certifies that the matching requirement will be met by the Grantee.



Payment: As stated in the Grantee's Application and Grant Program Guidance, the State will promptly pay the Grantee after the Grantee presents an invoice for the services actually performed and the State's Authorized Representative accepts the invoiced services and in accordance with the Grant Program Guidelines. Payment will not be made if the Grantee has not satisfied reporting requirements.

Certification Regarding Lobbying: (If applicable.) Grantees receiving federal funds over \$100,000.00 must complete and return the Certification Regarding Lobbying form provided by the State to the Grantee.

1. ENCUMBRANCE VERIFICATION

Individual certifies that funds have been encumbered as required by Minn. Stat. §§ 16A.15 and 16C.05

Signed: _____

Date: _____

Grant Agreement No. 2010-HSGP-00681 / 2000-1477

ORIGINAL SIGNED

SEP 7 2010

BY MARY ERICKSON**2. GRANTEE**

The Grantee certifies that the appropriate person(s) have executed the grant agreement on behalf of the Grantee as required by applicable articles, bylaws, resolutions, or ordinances.

By: _____

Title: EMERGENCY MANAGEMENT DIRECTOR

Date: _____

By: Aisa S. VeithTitle: City AttorneyDate: 10/8/10By: [Signature]Title: Director of Financial ServicesDate: 10-11-10By: [Signature]Title: MayorDate: 10/11/10By: [Signature]Title: Human Rights & Equal Economic OpportunityDate: 10/13/10**3. STATE AGENCY**By: [Signature]

(with delegated authority)

Title: **DEPUTY DIRECTOR**Date: 9/3/10

Distribution: DPS/FAS

Grantee

State's Authorized Representative

510-35231



Minnesota Department of Public Safety
Homeland Security and Emergency Management Division

444 Cedar Street, Suite 223
Saint Paul, MN 55101

Grantee Name: St Paul Emergency Management

Application Number: A-HSGP-24170-2010-11017

Program: Metropolitan Medical Response System/Investment #07: Metropolitan Medical Response System

Planning					
Description			Request		
Planning, including workshops, conferences	This will provide for allowable planning activities under the MMRS program guidance, including conferences, workshops, and non-DHS catalog training.		\$10,500.00		
Sub-Total			\$10,500.00		
Equipment					
Description			Request		
Equipment for Saint Paul Tactical Medic program	This will provide for equipment under allowable guidance for the Tactical Medic program.		\$50,000.00		
Sub-Total			\$50,000.00		
Training					
Description			Request		
Training for the Saint Paul Tactical Medic	This will provide for training under allowable guidance for the Tactical Medic program.		\$19,500.00		
Sub-Total			\$19,500.00		
Exercises					

EXHIBIT A



Minnesota Department of Public Safety
Homeland Security and Emergency Management Division

444 Cedar Street, Suite 223
Saint Paul, MN 55101

Grantee Name: St Paul Emergency Management

Application Number: A-HSGP-24170-2010-11017

Program: Metropolitan Medical Response System/Investment #07: Metropolitan Medical Response System

Description	Request		
Exercises for the Saint Paul Tactical Medic	\$17,000.00		
Sub-Total	\$17,000.00		
Management and Administration			
Description	Request		
Management and Administration of the	\$3,000.00		
Sub-Total	\$3,000.00		
Total (this program component)	\$100,000.00		
Allocation	\$100,000.00		
Balance	\$0.00		