



Minnesota Department of Public Safety (“State”) Homeland Security and Emergency Management Division 445 Minnesota Street, Suite 223 St. Paul, Minnesota 55101-2190	Grant Program: 2020 State Homeland Security Program Grant Contract Agreement No.: A-SHSP-2020-STPBOMB-016
Grantee: City of St. Paul 15 West Kellogg Boulevard Suite 700 St. Paul, MN 55102-1691	Grant Contract Agreement Term: Effective Date: 1/1/2021 Expiration Date: 12/31/2021
Grantee’s Authorized Representative: St. Paul Police Department – Bomb Squad ATTN: John Adamek- SGT 367 Grove Street St. Paul, MN 55101-2416 Phone: 651-266-5768 E-mail: john.adamek@ci.stpaul.mn.us	Grant Contract Agreement Amount: Original Agreement \$ 150,000.00 Matching Requirement \$ 0.00
State’s Authorized Representative: Richard Robinson Jr. Homeland Security and Emergency Management 445 Minnesota St., Suite 223 St. Paul, Minnesota 55101-2190 Phone: 651-201-7451 E-mail: Richard.Robinson@state.mn.us	Federal Funding: CFDA 97.067 FAIN: EMW-2020-SS-00104 State Funding: None Special Conditions: None

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

Term: The creation and validity of this grant contract agreement conforms with Minn. Stat. § 16B.98 Subd. 5. Effective date is the date shown above or the date the State obtains all required signatures under Minn. Stat. § 16B.98, subd. 7, whichever is later. Once this grant contract agreement is fully executed, the Grantee may claim reimbursement for expenditures incurred pursuant to the Payment clause of this grant contract agreement. Reimbursements will only be made for those expenditures made according to the terms of this grant contract 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 2020 State Homeland Security Program Application (“Application”) which is incorporated by reference into this grant contract agreement and on file with the State at Homeland Security and Emergency Management Division 445 Minnesota Street, Suite 223 St. Paul, Minnesota 55101-2190. The Grantee shall also comply with all requirements referenced in the 2020 State Homeland Security Program Guidelines and Application which includes the Terms and Conditions and Grant Program Guidelines (<https://app.dps.mn.gov/EGrants>), which are incorporated by reference into this grant contract 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 contract 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.

Signed: _____

Date: _____

3. STATE AGENCY

Signed: _____
(with delegated authority)

Title: _____

Date: _____

Grant Contract Agreement No./ P.O. No. A-SHSP-2020-STPBOMB-016/3-72104

Distribution: DPS/FAS

Project No.(indicate N/A if not applicable): N/A

Grantee
State’s Authorized Representative

2. GRANTEE

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

Signed: _____

Print Name: Robert Thomasser

Title: Assistant Chief of Police

Date: _____

Signed: _____

Printed Name: John McCarthy

Title: Director of Financial Services

Date: _____

Signed: _____

Print Name: Judy Hanson

Title: Assistant City Attorney

Date: _____

Signed: _____

Printed Name: Andrea Ledger

Title: HREEO

Date: _____

Signed: _____

Printed Name: Melvin Carter

Title: Mayor

Date: _____

COUNTERPARTS: The parties may sign this Agreement in counterparts, each of which constitutes an original, but all of which together constitute one instrument.

ELECTRONIC SIGNATURES: The parties agree that the electronic signature of a party to this Agreement shall be as valid as an original signature of such party and shall be effective to bind such party to this Agreement. The parties further agree that any document (including this Agreement and any attachments or exhibits to this Agreement) containing, or to which there is affixed, an electronic signature shall be deemed (i) to be "written" or "in writing," (ii) to have been signed and (iii) to constitute a record established and maintained in the ordinary course of business and an original written record when printed from electronic files. For purposes hereof, "electronic signature" also means a manually signed original signature that is then transmitted by any electronic means, including without limitation a faxed version of an original signature or an electronically scanned and transmitted version (e.g., via PDF) of an original signature. Any party's failure to produce the original signature of any electronically transmitted signature shall not affect the enforceability of this Agreement.

Organization: St Paul Bomb Disposal Unit

Budget Summary (Report)

SHSP-2020-IJ#01: CBRNE				
Budget Category		Awarded		
Equipment				
portable xray system for ied diagnostics, PPE, vehicle		\$145,000.00		
Total		\$145,000.00		
Training				
training in land based and maritime counter IED response		\$5,000.00		
Total		\$5,000.00		
Total		\$150,000.00		
SHSP-2020-IJ#01: CBRNE				
Budget Category		Awarded		
Total		\$0.00		
Total		\$150,000.00		
Allocation		\$150,000.00		
Balance		\$0.00		