02-15822-G

	Grant Agreement	Page 1

Minnesota Department of Public Safety ("State") Homeland Security and Emergency Management Division 444 Cedar Street, Suite 223 St Paul, Minnesota 55101	**Grant Program:** 2009 Metropolitan Medical Response System (MMRS) **Grant Agreement No.:** 2009-MMRS-00533
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:** 3/31/2012
Grantee's Authorized Representative: Richard Larkin, 367 Grove St. Fifth FloorSt Paul, Minnesota 55101 Phone: (651) 266-5490 Email: rick.larkin@ci.stpaul.mn.us	**Grant Agreement Amount:** Original Agreement $ 180,000.00 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 2009 Metropolitan Medical Response System (MMRS) 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 2009 Metropolitan Medical Response System (MMRS) 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

ORIGINAL SIGNED
SEP 7 2010
BY MARY ERICKSON

Signed: _____

Date: _____

Grant Agreement No. 2009-MMRS-00533 / 2000-14725

3. STATE AGENCY

By: Wade F. Setter
(with delegated authority)

Title: DEPUTY DIRECTOR

Date: 9/3/10

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: Lisa M. Veith

Title: City Attorney

Date: 10/8/10

By: _____

Title: Director of Financial Services DJ

Date: 10-11-10

By: _____

Title: Mayor

Date: 10/12/10

By: _____

Title: Human Rights & Equal Economic Opportunity

Date: 10/13/10

510-35232

Distribution: DPS/FAS
Grantee
State's Authorized Representative

Grantee Name: St Paul, City of

Applicaiton Number: A-MMRS-23586-2009-11011

Program:. State Homeland Security Program/Investment #06: MMRS

Planning				
Description		Award		
MMRS Mass Casualty Planner	This investment is for an MMRS Planner to be housed in Saint Paul for coordinating planning efforts for Mass Casualty response between multiple agencies. Expenses related to MMRS related planning	$150,600.00		
Sub-Total		$150,600.00		
Equipment				
Description		Award		
Equipment for Mass Casualty Planner	This investment will provide authorized equipment for the Mass Casualty Planner such as computer equipment, tools and equipment for Mass Casualty response and other equipment allowed under the	$4,000.00		
Sub-Total		$4,000.00		
Training				
Description		Award		
Tox-Medic training course	This investment will provide for providing/attending a Tox Medic training course, which will prepare responders to be able to respond to a CBRNE Mass Casualty response involving Toxic/harmful	$20,000.00		
Sub-Total		$20,000.00		
Management and Administration				

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, City of

Applicaiton Number: A-MMRS-23586-2009-11011

Program: State Homeland Security Program/Investment #06: MMRS

Description		Award		
Management and Administration of the	Allowable Management and Administrative costs such as full and part-time personnel to manage the grant and administer the appropriate reporting.	$5,400.00		
Sub-Total		$5,400.00		
Total (this program component)		$180,000.00		
Allocation		$180,000.00		
Balance		$0.00		

EXHIBIT A