Otto Bremer Foundation

Proposal Cover Sheet

Date of application:	June 24, 2010	This is an appli	cation for a:	✓ Grant	Program Related Investment	
Contact Informati	on					
City of Saint Paul	Department of Human Ri	ghts and Equal	Economic	Opportu	nity	
Legal name of the or	ganization according to the li	RS (as it appears	on most red	ent 501(c)	(3))	
Luz Maria Frias			651-266	-8903	luz.frias@ci.stpaul.mn.us	
President/Executive	Director		Telephone	r	Email	
15 West Kellogg E	Boulevard, 280 City Hall					
Organization Address	3	**************************************			- FARFUNG MANAGEMENT AND	
Saint Paul	·	MN	55	102		
City		State	Zip	Code		
651-266-8903	51-266-8903 651-266-8919		http://www.stpaul.gov/index.aspx?nid=2728			
Telephone	Fax	Website				
Anne O'Connor- A	ssistant to the Director	•	651-266	-8916	anne.oconnor@ci.stpaul.mn.us	
Name/title of contact	ation	Telephone	;	Email		
•						
This organization is:	501(c)(3) nonprofit	☑ Public age	ncy/unit of	governmer	nt Religious institution	
	•					
If the organizatio	n above is a fiscal sponsor, r	name of organizat	ion/program	applying f	or funding	
Address						
City		State	Zip	Code		
Telephone	Fax		We	bsite		
Summary of Prop					**************************************	
•	ourpose description);		46-n ["8.47" -	vofoosiss	while procting professional	
	its Academy is an opport. w-income youth of color,				, while creating professional	
• •	ation	<u> </u>	•			
Amount requested:			\$	50,000		
Duration of proposed	s):		1 year			
		\$	\$143,00	0		
Total program cost, including requested amount: If applying for general operations, the projected total annuments.			: \$			
Current year total annual organization budget (of the legal as				d www.tr/mort.mort.mort.mindidis		
•	-	ono togot upprioditi	~/.			
Board Endorseme		1				
Mayor Christophe	B. Coléman	<i></i>				
Name of board chair	16 8/1					
	740		÷*.			
Signature of board cl	nair ·					

OTTO BREMER FOUNDATION



445 Minnesota Street, Suite 2250, St. Paul, MN 55101-2107 (651) 227-8036 (888) 291-1123 Fax (651) 312-3665 email: obf@ottobremer.org

September 27, 2010

Ms. Luz Maria Frias
City of St. Paul,
Human Rights and Equal Economic Opportunity Department
City of St. Paul
290 City Hall
St. Paul, MN 55102

RE: Grant #: 19830

Purpose: To support the EMS Academy, which creates professional opportunities for low-

income youth of.

Dear Ms. Frias:

It is my pleasure to inform you that the Otto Bremer Foundation has approved a grant to City of St. Paul, Human Rights and Equal Economic Opportunity Department in the amount of \$50,000. These terms apply to your organization's use of the Foundation's grant:

1. Purpose

The grant, and any income you earn from investment of the grant funds, must be used as described in this letter and in your proposal to the Foundation dated June 24, 2010, including any budget provided with the proposal. If this box is checked -- \(\Pi\) -- additional terms of this letter are set forth in an attachment, which must be signed on behalf of the Foundation and your organization in order to be effective. To the extent that the terms of this letter differ from your proposal, this letter governs. The grant is to be expended over the one-year period beginning on the date of the check we will send to you. Any substantial variance from the proposal or this letter must be approved in advance and in writing by the Foundation.

2. Payment Schedule; Termination

Your payment will be sent shortly after the foundation receives this signed agreement.

The Foundation reserves the right, in its sole discretion, to discontinue funding if: (a) it is not satisfied with the progress of the activity to be supported by the grant or the content of any written report required by this letter; (b) you have failed in any other material way to comply with the terms of this letter; or, (c) we determine that any statement in your proposal that we relied on in approving the grant is false. You agree to repay to the Foundation any grant funds that have not been used by end of the one-year grant period in compliance with the terms of this letter.

3. Reporting

Within one year after each payment of the grant, you must provide the Foundation with a written report describing the activities carried out under the grant and whether the goals of the grant have been met. The report should provide both narrative and financial information, including a detailed expenditure report. You may submit the Minnesota Common Report Form (available at http://www.mcf.org/MCF/grant/commonreport.htm) in satisfaction of this requirement. You must maintain financial and other business records in accordance with sound accounting and business practices, and you agree to permit a representative of the Foundation to have access to those records on reasonable notice for the purpose of auditing or verifying your use of the grant funds.

4. Access

You agree to take reasonable measures to assure access of any interested party to activities supported by the grant, and not to discriminate on the basis of race, color, creed, gender, religion, age, disability, sexual orientation, marital status, or national origin.

5. Oversight

The Foundation may monitor and conduct an evaluation of operations funded by this grant, which may include a visit from Foundation personnel to observe your organization's program, discuss the program with your personnel, and review financial and other records and materials connected with the activities financed by this grant.

6. Public Reports

The Foundation may include information about this grant in public reports and may also refer to the grant in press releases. If there are special considerations concerning the public announcement of this grant by your organization, or if you would like to coordinate a public announcement of the grant with the Foundation's announcement, we encourage you to contact the Foundation to discuss this.

7. Anti-Terrorism

You acknowledge that you are familiar with the U.S. Executive Orders and laws that prohibit the provision of resources and support to individuals and organizations associated with terrorism. You will ensure that you do not support or promote violence, terrorist activity or related training, or money laundering.

8. Notice of Change

Your organization must promptly notify the Foundation in writing, at the address listed in this letter, of any lawsuit brought against the organization; any proceeding or investigation directed at the organization by a federal, state, tribal, or local administrative agency or authority; or any proposed change in the organization's status under Section 501(c)(3) or 509(a) of the Internal Revenue Code.

9. Miscellaneous

- a. This agreement constitutes the entire agreement between the Foundation and your organization with respect to the grant, and supersedes all prior agreements and understandings between the parties, whether written or oral.
- b. Any provision or requirement of this letter may be waived at any time by the party entitled to the benefits thereof. Such waiver or failure to insist on strict compliance will not operate as a waiver of any other failure to comply.
- c. Your organization must not assign its rights or delegate its obligations under this letter without the prior written consent of the Foundation.

If this letter correctly sets forth your understanding of the terms of this grant, please indicate your organization's agreement by having the enclosed copy of this letter countersigned by an officer of your organization and returned to the Foundation to the attention of Danielle Cheslog.

On behalf of the Foundation, may I extend every good wish for your organization's success. Please do not hesitate to contact your assigned program officer if you have questions about this grant agreement or the grant.

Sincerely,

OTTO BREMER FOUNDATION

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Program Officer 651-312-3531

Randi Ilyse Roth **Executive Director** The undersigned, on behalf of City of St. Paul, Human Rights and Equal Economic Opportunity Department, hereby accepts and agrees to the foregoing terms.

City of St. Paul, Human Rights and Equal Economic Opportunity Department

By: Signature	 	
Signature		
Printed Name:	 	
Title:		
Address:	 	The second of th
Phone:	 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Email:		
Date:		

Grant #19830