

RESOLUTION
CITY OF SAINT PAUL, MINNESOTA

35

Presented By: *Kathy Hart*
 Referred To: _____ Committee: _____ Date: _____

1 WHEREAS, the City of Saint Paul has received a grant of \$100,000.00 from the State of Minnesota for the 2008 Homeland
 2 Security Grant to pay for training, planning and equipment for the tactical medic program, and
 3
 4 WHEREAS, the financing and spending plans have not been established for the grant received, and
 5
 6 WHEREAS, the Mayor, pursuant to Section 10.07.1 of the Charter of the City of Saint Paul, does certify that there are available
 7 for appropriation funds of \$100,000.00 in excess of those estimated in the 2010 budget; and
 8
 9 WHEREAS, the Mayor recommends that the following addition be made to the 2010 budget:

11 FINANCING PLAN:			
	12 <u>Current Budget</u>	13 <u>Change</u>	14 <u>Budget</u>
15 510 Fire Responsive Services			
16 35231 - 2008 MMRS Grant			
17 3199 - Other Fed Dir Grants - State	18 -	19 100,000.00	20 100,000.00
	21 -	22 100,000.00	23 100,000.00
24			
25 SPENDING PLAN:			
26 510 Fire Responsive Services			
27 35231 - 2008 MMRS Grant			
0141 - Overtime		14,450.00	14,450.00
0439 - Fringe Benefits		2,550.00	2,550.00
0299 - Other Misc. Services		33,000.00	33,000.00
0356 - Safety Supplies		50,000.00	50,000.00
	-	100,000.00	100,000.00

26 NOW THEREFORE BE IT RESOLVED, that the City Council accepts this grant, authorizes the City of Saint Paul to enter into
 27 and implement the attached agreement, and approves the changes to the 2010 budget.

	Yes	Nays	Absent
<i>Bostrom</i>			✓
<i>Carter</i>	✓		
<i>Harris</i>			✓
<i>Holgen</i>			✓
<i>Lantry</i>	✓		
<i>Stark</i>	✓		
<i>Thune</i>	✓		
	4	0	3

Requested by Department of:
Fire
 By: *[Signature]*
Emergency Management
 By: *[Signature]*
 Approval Recommended by Director of Financial Services:
 By: *[Signature]*
 Form Approved by City Attorney:
 By: *Aisa S. Keith*
 Approved by Mayor for Submission to Council:
 By: *[Signature]*

Adopted by Council: Date 10/06/2010
 Adoption Certified by Council Secretary:
 By: *[Signature]*
 Approved by Mayor: Date 10/13/10
 By: *[Signature]*



10-1124

Green Sheet NO: 3118014

Department/Office/Council:
EM - Emergency Management

Date Initiated:
15 SEP 2010


Contact Person & Phone:
Rick Larkin
266-5490

Must Be on Council Agenda by (Date):

Doc. Type: RESOLUTION W/S TRANSACTION *P.H.*

E-Document Required: Y

Document Contact: Jill LaCasse
Contact Phone: 228-6257


Assign Number For Routing Order

	Department	Sent To Person	Initial/Date
0	Fire		
1	Fire	Department Director	
2	Emergency Management	Emergency Management	
3	Financial Services	Office Financial Services	
4	City Attorney	City Attorney	<i>SL</i>
5	Mayor's Office	Mayor/Assistant	
6	Council	City Council	
7	City Clerk	City Clerk	

Total # of Signature Pages ____ (Clip All Locations for Signature)

Action Requested:
Approval of the attached Council Resolution authorizing the City of Saint Paul to receive a grant from the State of Minnesota for the the 2008 Homeland Security - Metropolitan Medical Response System (MMRS) grant. Also, the spending and financing plans need to be established for this grant.

Recommendations: Approve (A) or Reject (R):

_____ Planning Commission

_____ CIB Committee

_____ Civil Service Commission

Personal Service Contracts Must Answer the Following Questions:

1. Has this person/firm ever worked under a contract for this department?
Yes No
2. Has this person/firm ever been a city employee?
Yes No
3. Does this person/firm possess a skill not normally possessed by any current city employee?
Yes No

Explain all yes answers on separate sheet and attach to green sheet.

Initiating Problem, Issues, Opportunity (Who, What, When, Where, Why):
The State of Minnesota has awarded the City of Saint Paul \$100,000.00 for the 2008 MMRS grant. This grant will be used to pay for training and equipment for the tactical medic program.

Advantages If Approved:
The City of Saint Paul will receive funding to pay for training and equipment for the tactical medic program for the Fire Department.

Disadvantages If Approved:
None.

Disadvantages If Not Approved:
Lost opportunity to receive funding for the tactical medic program.

Total Amount of Transaction: \$100,000.00
Funding Source: Grant

Cost/Revenue Budgeted:
Activity Number: 35231

Financial Information:
(Explain)

RECEIVED
SEP 23 2010
CITY ATTORNEY



City of Saint Paul
Memorandum

To: Margaret Kelly

From: John McCarthy, Budget Analyst

Subject: GS# 3118014 – 2008 Homeland Security MMRS Grant

Date: September 21, 2010

Attached is resolution from Emergency Management requesting authority to accept the 2008 Homeland Security Metropolitan Medical Response System (MMRS) grant, and establish the corresponding spending and financing budgets for the grant. The award is for \$100,000. The grant will be used to pay for training and equipment for the tactical medic program. OK to sign.



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	This will provide for HSEEP compliant exercises under allowable guidance for the Tactical Medic program. This includes back-fill/OT, as allowed by grant guidance and applicable policies.	\$17,000.00		
Sub-Total		\$17,000.00		
Management and Administration				
Description		Request		
Management and Administration of the	This will allow for Management and Administration of the MMRS grant allocation in conformity with applicable guidance and policy. This includes full, part-time, and contractor costs relating to	\$3,000.00		
Sub-Total		\$3,000.00		
Total (this program component)		\$100,000.00		
Allocation		\$100,000.00		
Balance		\$0.00		



Grantee Name: St Paul Emergency Management

Applicaition 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				



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: _____

Title: _____

Date: _____

3. STATE AGENCY

By: _____

(with delegated authority)

Title: _____

Date: _____

Wade L. Setzer

DEPUTY DIRECTOR

9/3/10

Distribution: DPS/FAS
Grantee
State's Authorized Representative



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.