

# **Grant Agreement**

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Minnesota Department of Public Safety ("State") Office of Traffic Safety 445 Minnesota Street, Suite 150 St. Paul, MN 55101-5150	Grant Program: 2019 NHTSA; 2019 DWI Officers  Project No.: 19-03-15 Grant Agreement No.: A-OFFICR19-2019-STPAULCI-034
Grantee: Saint Paul Police Department 367 Grove Street Saint Paul, MN 55101-2416	Grant Agreement Term: Effective Date: 10/1/2018 Expiration Date: 9/30/2019
Grantee's Authorized Representative: Carol Gronfor 367 Grove Street Saint Paul, MN 55101-2416 (651)266-5544 carol.gronfor@ci.stpaul.mn.us	Grant Agreement Amount: Original Agreement \$125,346.28 Matching Requirement \$0.00
State's Authorized Representative: Duane Siedschlag 445 Minnesota Street, Suite 150 St. Paul, MN 55101-5150 (651)201-7078 Duane.Siedschlag@state.mn.us	Federal Funding: CFDA 20.608 & CFDA 20.616 FAIN: 18X9205465MN18 and FAIN: 18X920405DMN18 State Funding: None 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. § 16B.98, subd. 7, 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 2019 NHTSA: 2019 DWI Officers Application ("Application") which is incorporated by reference into this grant agreement and on file with the State at 445 Minnesota Street, Suite 150, St. Paul, MN 55101-5150. The Grantee shall also comply with all requirements referenced in the 2019 NHTSA: 2019 DWI Officers Guidelines and Application which includes the Terms and Conditions and Grant Program Guidelines (<a href="https://app.dps.mn.gov/EGrants">https://app.dps.mn.gov/EGrants</a>), 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



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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:	Title:	rity)
Grant Agreement No. A-OFFICR19-2019-STPAULCI-034 PO No. 3-55324		
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:  Date:		
By: Title:	Distribution:	DPS/FAS Grantee State's Authorized Representative

# **Budget Summary**

Organization: St Paul, City of

Budget			
Budget Category	State Reimbursement	Local Match	
DWI Officer Salary			
DWI Officer Salary	\$115,422.91	\$0.00	
Total	\$115,422.91	\$0.00	
Administrator Salary			
Administrator Salary- Commander Jeremy Ellison	\$9,623.37	\$0.00	
Total	\$9,623.37	\$0.00	
TZD Conference			
TZD Conference travel costs	\$300.00	\$0.00	
Total	\$300.00	\$0.00	•
Operating Expenses			
Operating Expenses	\$0.00	\$0.00	
Total	\$0.00	\$0.00	
Total	\$125,346.28	\$0.00	

#### **CERTIFICATION REGARDING LOBBYING**

(For State of Minnesota Contracts and Grants over \$100,000)

The undersigned certifies, to the best of his or her knowledge and belief that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, A Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities", in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31 U.S.Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Organization Name
Name and Title of Official Signing for Organization
By:Signature of Official
Date

Organization: St Paul, City of

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# **Agency Information**

Law Enforcement Ag	gency: Saint Paul Police Department			
MN ID #: 00802	25095 Federal Tax ID#: 41-6005521			
Street Address: 367 Grove Street				
City: Saint	Paul State: MN Zip Code: 55101-2416			
DUNS Number: 848	8984330000			
<b>Phone:</b> 651-2	91-1111 Fax: 651-266-5906			
Website:	Website: www.stpaul.gov/departments/police			
Chief Law Enforcem	ent Officer			
First Name:	Todd			
Last Name:	Axtell			
Title:	Chief of Police			
Phone:	651-266-5588			
Email:	mail: todd.d.axtell@ci.stpaul.mn.us			
Agency Contact				
The individual that the OTS can communicate with regarding information/questions related to this grant.				
First Name:	Carol			
Last Name:	Gronfor			
Title:	Grant Specialist			
Phone:	651-266-5544			
Email:	carol.gronfor@ci.stpaul.mn.us			

Organization: St Paul, City of

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# **Grant Information and Work Plan**

Geographical Grant Information				
Geographic Area Served:				
Population of the jurisdiction served by the agency:	303920			
Number of on sale liquor licenses within agency's jurisdiction:	199			
Number of off sale liquor licenses within agency's jurisdiction:	52			
The number of DWI incidences occurring from 2012-2016 within the applicant's cou (obtain from page 11 in RFP):	12171			
The number of drunk driving related deaths/alcohol related suspected serious injuroccurring from 2012-2016 within the applicant's county (obtain from page 11 in RFP):	<b>ries</b> 106			
Agency History / Work Plan				
Do you currently have a TZD Enforcement Grant?	Yes			
Name the individual who will be the agency's DWI Officer if awarded this grant.  Randall Axtell				
Does agency's law enforcement personnel process DWIs using DWI eCharging?	Yes			
Open the work plan link below. Complete the form, then upload into E-grants.  DWI Officer Work Plan: https://app.dps.mn.gov/EGrants/_Upload/933517-SPPDDWIOfficerWorkPlan5.23.18.xls  x				
Amended Work Plan:				
Provide your optional publicity plan using earned media in the box provided below. B include radio, cable t.v., social media or other modes of earned media.	se sure to			

SPPD will operate a publicity plan.

- If awarded a grant, SPPD's Public Information officer will send out a press release. The office maintains a media list with over 100 local media contacts including individual reporters, and the press desks for local radio, TV, and newspaper stations.
- The department will also send out a series of blasts through the departments Twitter and Facebook

Organization: St Paul, City of

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# **Grant Information and Work Plan**

accounts announcing the departments intention to increase DWI law enforcement details and to crack down on drunk driving. These accounts both have followings of over 30,000, primarily city residents. The series will run periodically during holiday seasons, and other times that DWI incidents increase in frequency.

#### **Total Sworn Complement of Officers**

Full-Time:

626

Part-Time:

0

#### **Additional Information**

Please use the box below to provide any additional information that would be beneficial for the Office of Traffic Safety to know when reviewing this application.

Randall Axtell, the officer chosen for this grant, has not worked DWI details previously. This information is noted as the work plan requests previous performance data for the officer. SPPD is a top performing TZD current grantee, and has confidence this officer, when fully dedicated to DWI details, will perform well and enable SPPD to meet proposed targets. Officer Axtell is a Drug Recognition Evaluator (DRE) and is fully trained in arresting drug and alcohol impaired drivers.

Organization: St Paul, City of

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# Certifications

By submitting the application, the authorized representative for the applicant organization acknowledges that the following documents have been read in their entirety and acknowledges that the documents will be incorporated into the grant agreement if funds are awarded to the organization:

- ✓ 2019 DWI Officer Request For Proposal
- ✓ Program Guidelines (Attachment A)
- ✓ Terms and Conditions (Attachment B)
- ✓ Federal Audit Requirements (Attachment C)
- The Approved Work Plan
- ✓ The Approved Budget

Signature

Date

Kathleen A. Wuorinen

5/22/2018

Organization: St Paul, City of

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# **Pre Award Risk Assessment (Grantee)**

1	. Experience	with	samo	or	eimilar	arante	
Ι.	. Expenence	e willi	Same	Or	Similar	arants	

- A. Is this the first time your agency has applied for a grant with OTS? No
- **B.** Has your agency had less than two years of experience with federal grants?

Yes

#### 2. Previous Audits

- A. Did your agency receive an audit last year? Yes
- **B.** Did the audit have any findings, or a qualified, adverse or disclaimer opinion?

Yes

If yes, list any findings or opinions below and/or attach a copy of the cover letter accompanying the results.

As a major city, the City of Saint Paul is audited by the State of Minnesota Office of the State Auditor. Attached is the most recent management and compliance report for the City, for year end December 31, 2016

### 3. New personnel, or new or substantially changed systems

A. Has your agency's project manager changed since the previous year? No

If yes, please provide brief qualifications of new project manager.

B. Has the financial person managing your agency's OTS grant funds changed since the previous year?

No

If yes, please provide brief qualifications of new finance person.

**C.** Has your agency's accounting system changed since the previous year?

No

If yes, please explain.

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# **Pre Award Risk Assessment (OTS Coordinator)**

# To be completed by the OTS Coordinator:

- Complete Pre-Award Risk Assessment Form using information provided by the Applicant.
- 2. Assign a risk rating based on the information and using the scale on the form.
- 3. Scan and upload form in the designated section below.
- If you rate the Applicant "Low Risk," this section is complete.
- **5.** If you rate the Applicant "Medium Risk," indicate potential risks on the Problem Identification and Corrective Action Plan (Problem(s) only).
- 6. Upload form in the designated section below.
- 7. If you rate the Applicant "High Risk," indicate the problem(s) and corrective action(s) to be taken on the Problem Identification and Corrective Action Plan Form.
- 8. Upload the form in the designated section below.

#### **Upload Required Documents (to be completed by the OTS Coordinator)**

### Please upload the Pre-Award Risk Assessment Form here:

https://app.dps.mn.gov/EGrants/\_Upload/936196-RiskAssessmentStPaul.docx

Please upload Problem Identification here:

Please upload Corrective Action Plan here:

Organization: St Paul, City of

# **Budget Summary**

	\$0.00	\$125,346.28	Total
	\$0.00	\$0.00	Total
•	\$0.00	\$0.00	Operating Expenses
			Operating Expenses
	\$0.00	\$300.00	Total
	\$0.00	\$300.00	TZD Conference travel costs
			TZD Conference
	\$0.00	\$9,623.37	Total
•	\$0.00	\$9,623.37	Administrator Salary- Commander Jeremy Ellison
			Administrator Salary
	\$0.00	\$115,422.91	Total
	\$0.00	\$115,422.91	DWI Officer Salary
			DWI Officer Salary
	Local Match	State Reimbursement	Budget Category
			Budget

Organization: St Paul, City of

\$9,623.37

Organization: St Paul, City of	A-OFFICR19-2019-STPAULCI-034
Budget: Administrator Sala	ry- Commander Jeremy Ellison
Select the appropriate Budget Category for this budget	t item:
ocioci ino appropriate badget outogory for tine badget	
Administrator Salary	
Provide a short description for this budget item (should	d be unique to this budget):
Administrator Salary- Commander Jeremy Ellison	
Provide a more detailed description for this budget iter	m:
Administrator Salary.	
Commander Jeremy Ellison manages the scheduling, data	a management, and training for all TZD DWI
details on behalf of the Saint Paul Police Department. Con	
Grant. SPPD requests overtime for administration of all Ta	
\$52.73 hourly x 1.5 hour overtime rate x 2 hours weekly x	52 weeks = 8225
Fringe calculated at 17% of base salary = \$1397	
Enter the dollar amounts associated with the budget ite	em:
with the budget in	
State Reimbursement Local Match	

\$0

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Organization: St Paul, City of

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**Budget: DWI Officer Salary** 

Select the appropriate Budget Category for this budget item:
DWI Officer Salary
Provide a short description for this budget item (should be unique to this budget):
DWI Officer Salary
Provide a more detailed description for this budget item:
DWI Officer Salary Officer Axtell will work full time for the DWI grant on behalf of the Saint Paul Police Department; SPPD requests 2080 hours of pay to cover annual salary. This includes the costs of holiday and vacation pay that are determined by union contracts annually based on both officer rank and length of service with SPPD. Vacation and holiday pay is estimated at 10 paid holidays 80, 4 weeks' vacation 160. \$38.07 hourly x 2080 hours annually = \$79,185.13 Fringe calculated at 38% of base salary = \$30,091 TOTAL STRAIGHT TIME: \$109,276.13 SPPD also requests an average of 2 hours of overtime per week to cover times when officer must work overtime to complete a shift. \$38.07 hourly x 1.5 hour overtime rate x 2 hours weekly x 46 weeks = \$5253.78 Fringe calculated at 17% of base salary = \$893 TOTAL OVERTIME DWI OFFICER: \$6146.78
Enter the dollar amounts associated with the budget item:
State Reimbursement Local Match

\$115,422.91	\$0	

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**Budget: Operating Expenses** 

Select the appropriate Budget Cate	gory for this budget item:	
Operating Expenses		
Provide a short description for this	s budget item (should be uniqu	ue to this budget):
Operating Expenses		
Provide a more detailed description	n for this budget item:	
fuel and maintenance for squad		
Enter the dollar amounts associate	ed with the budget item:	
State Reimbursement	Local Match	
\$0	\$0	

Organization: St Paul, City of

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**Budget: TZD Conference travel costs** 

Select the appropriate Budget Category for this budget item:					
TZD Conference					
Provide a short description for this	budget item (should be unique to this budget):				
TZD Conference travel costs	TZD Conference travel costs				
Provide a more detailed description for this budget item:					
SPPD requests officer travel costs for the TZD Conference at the City is located more than 60 miles from the conference site.					
Enter the dollar amounts associated with the budget item:					
State Reimbursement	Local Match				
\$300.00	\$0				

Organization: St Paul, City of

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# **Signature Option**

Please select the type of signature	you will be using to si	gn the grant agreement:
-------------------------------------	-------------------------	-------------------------

Print two copies of the document, sign, and mail in

2019 DWI Officer Budget  COMPLETE ALL GREEN CELLS						
DWI Enforcement - Estimation of hours						
DWI Enforcement enter estimate of hours to be	worked	2080				
Enter the number of anticipated Overtime hours		92				
Subtotal Straight Time DWI Officer			\$	109,276.13		
Subtotal Overtime DWI Officer			\$	6,146.78		
	Administrati	ion Expenses				
Anticipated Administration Overtime Hours: 10						
Subtotal for Administration			\$	9,623.37		
DWI Officer G	irant- Rates of P	ay (including Fringe Benefits)				
DWI Officer Straight Rate/Hour = \$	38.07	Admin Rate/Hour =	\$	52.73		
DWI Off. Fringe Rate Straight Time:	38.00%	Supervisor Fringe Rate Strt. Time:		38.00%		
DWI Off. Fringe Rate Over time		Supervisor Fringe Rate Overtime:		17.00%		
Total DWI Officer Funding			\$	125,046.28		
TZD Conference						
Enter 1 if agency is less than 35 miles from conf. site				\$0.00		
Enter 1 if agency is between 35-60 miles from conf. site		A TOTAL PROPERTY OF THE PARTY O	\$			
Enter 1 if agency is more than 60 miles from conf. site		1	\$	300.00		
(The TZD Conference budget is determined by the number entered times \$150 per night for each agency.) \$300.0						
Total Funding Requested for Grant			\$	125,346.28		

# Minnesota Department of Public Safety – Office of Traffic Safety 2019 Pre-Award Risk Assessment Form (Completed by Duane Siedschlag)

**Applicant: St. Paul Police Department** 

Project: 19-03-15

Award Period: 10/1/2018-9/30/2019 Assessment Date: 7/3/2018

- Determine if the applicant had prior experience with same or similar awards 1.
  - A. Is this the first time the applicant has applied for a grant with OTS? No
  - B. Has the applicant had less than two years of experience with federal grants? Yes
- 2. **Determine the results of previous audits** 
  - A. If an audit was done in the previous year, were there any findings or a qualified, adverse or disclaimer opinion? Yes
- 3. Determine if the applicant has new personnel or new or substantially changed systems
  - A. Has the applicant's project manager changed since the previous year? No
  - B. Has the financial person managing grant funds changed since the previous year? No
  - C. Has the applicant's accounting system changed since the previous year? No
- 4. Determine if the applicant had a monitoring visit recently, and assess past performance
  - A. Did the applicant have any findings and/or corrective actions required because of a prior year's monitoring visit? No
  - B. Has the applicant consistently missed deadlines and/or provided inaccurate or incomplete information in the submission of the following (NOTE: Answered by Coordinator managing award from previous year):

	Missed Deadlines	Inaccurate or incomplete information
Amendments	No	No
Progress Reports	No	No
FSRs	No	No
Non-responsive to Coordinator**	No	No

#### **RATING SCALE**

0-4 Yeses	Applicant considered low risk	LOW
5 – 6 Yeses	Applicant considered medium risk	MED
7 – 15 Yeses	Applicant considered high risk	HIGH



<sup>\*</sup>For all 2019 grants and 2018 grants awarded after February 1, 2018

<sup>\*\*</sup> Calls or e-mails from OTS coordinator

# Minnesota Department of Public Safety – Office of Traffic Safety 2019 Pre-Award Risk Assessment Form (Completed by Duane Siedschlag)

Based on the rating scale in the Risk Assessment Form, applicants will be placed in one of the following risk areas:

#### **High Risk**

- 1. Follow standard grant procedures.
- 2. Schedule a discussion regarding invoicing, allowable charges, due dates and potential problems identified in the risk assessment
- 3. Discuss with TSPM and ensure applicant is on or added to the on-site monitoring list for the year
- 4. Identify the corrective actions and determine if they have been implemented by due dates.
- 5. Conduct quarterly check-ins to identify training and technical assistance needs and progress towards corrective plan.
- 6. Consider taking further action (e.g., cancellation, requiring more frequent reporting and invoicing).

#### **Medium Risk**

- 1. Follow standard grant procedures.
- 2. Schedule a discussion regarding invoicing, allowable charges, due dates and other potential problems identified in the risk assessment.
- 3. If problems persist schedule an on-site meeting and set date (next report/FSR due date) by which problems must have stopped. Follow through and move into high risk at step 3 above if not met.

#### **Low Risk**

1. Follow standard grant procedures.



<sup>\*</sup>For all 2019 grants and 2018 grants awarded after February 1, 2018

<sup>\*\*</sup> Calls or e-mails from OTS coordinator