



Minnesota Department of Public Safety ("State") Homeland Security and Emergency Management Division 444 Cedar Street, Suite 223 St Paul, Minnesota 55101	Grant Program: 2011 Metropolitan Medical Response System (MMRS) Grant Agreement No.: A-MMRS-2011- STPAULCI-00002
Grantee: City of St Paul 15 W Kellogg Boulevard City Hall Annex St Paul, Minnesota 55102	Grant Agreement Term: Effective Date: 1/1/2012 Expiration Date: 12/31/2013
Grantee's Authorized Representative: Richard Larkin, Director City of St Paul 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 \$274,648.00 Matching Requirement
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 2011 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 2011 Metropolitan Medical Response System (MMRS) 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 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.

Signed: _____

Date: _____

3. STATE AGENCY

By: _____
(with delegated authority)

Title: _____

Date: _____

Grant Agreement No. A-MMRS-2011-STPAULCI-00002 / SWIFT Contract # 40058 / PO # 3--7893

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: _____

Date: _____

Distribution: DPS/FAS
Grantee
State's Authorized Representative

Organization: St Paul, City of

Budget Summary

State Homeland Security
 Program - Investment #6:
 MMRS: MMRS

Budget Category	Award	Match
Equipment		
MMRS - Mass Care	\$48,000.00	\$0.00
Total	\$48,000.00	\$0.00
Exercise		
MMRS - Exercise	\$1,439.00	\$0.00
Total	\$1,439.00	\$0.00
Planning		
MMRS Mass Care Planning	\$12,040.00	\$0.00
Total	\$12,040.00	\$0.00
Management & Administrative		
MMRS - M and A	\$12,738.00	\$0.00
Total	\$12,738.00	\$0.00
Total	\$74,217.00	\$0.00

State Homeland Security
 Program - Investment #6:
 MMRS: MMRS Coordinator

Budget Category	Award	Match
Planning		
MMRS Planning Coordinator	\$200,431.00	\$0.00
Total	\$200,431.00	\$0.00
Total	\$200,431.00	\$0.00
Total	\$274,648.00	\$0.00
Allocation	\$274,648.00	\$0.00
Balance	\$0.00	\$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 subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients 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

07/07