

RESOLUTION CITY OF SAINT PAUL, MINNESOTA

Presented by _____

- 1 WHEREAS, the City of Saint Paul, Police Department Bomb Disposal Unit has been awarded the 2014
 2 State Homeland Security Program a federally funded grant, from the State of Minnesota Department of
 3 Public Safety, Homeland Security and Emergency Management Division; and
 4
 5 WHEREAS, this grant provides funding for upgrades to existing equipment which will improve safety
 6 and effectiveness while accomplishing purposes as specified; and
 7
 8 WHEREAS, this grant also provides funding for training in conjunction with other state teams training
 9 for land based and maritime based operations to meet federal standards; and
 10
 11 THEREFORE BE IT RESOLVED, that the Saint Paul City Council accepts this grant, and authorizes
 12 the City of Saint Paul to enter into, and Chief Thomas E. Smith to implement the attached agreement
 13 with the State of Minnesota Department of Public Safety.

	Yeas	Nays	Absent
Bostrom			
Brendmoen			
Lantry			
Stark			
Thao			
Thune			
Tolbert			

Requested by Department of Police

Thomas E. Smith

By: **Thomas E. Smith, Chief of Police**

Approved by the Office of Financial Services

By: _____

Approved by City Attorney

By: _____

Approved by Mayor for Submission to Council

By: _____

Adopted by Council: Date _____

Adoption Certified by Council Secretary

By: _____

Approved by Mayor: Date _____

By: _____



Minnesota Department of Public Safety (“State”) Homeland Security and Emergency Management Division 445 Minnesota Street Suite 223 St. Paul, MN 55101-6223	Grant Program: 2014 State Homeland Security Program (SHSP) Grant Agreement No.: A-SHSP-2014-STPBOMB-00017
Grantee: City of St Paul, Police Department, Bomb Disposal Unit 367 Grove Street St Paul, MN 55101	Grant Agreement Term: Effective Date: January 1, 2015 Expiration Date: December 31, 2015
Grantee’s Authorized Representative: Amy Brown St Paul Bomb Disposal Unit 367 Grove Street St. Paul, MN 55038 Phone: (651) 266-5768 Email: amy.brown@stci.stpaul.mn.us	Grant Agreement Amount: Original Agreement \$ 63,000.00 Matching Requirement \$ 0.00
State’s Authorized Representative: Jill Hughes, Grant Program Administrator 445 Minnesota Street Suite 223 St. Paul, MN 55101-6223 Phone: 651-201-7451 Email: jill.hughes@state.mn.us	Federal Funding: CFDA 97.067 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 2014 State Homeland Security Program (SHSP) Application (“Application”) which is incorporated by reference into this grant agreement and on file with the State at 445 Minnesota Street, Suite 223, St. Paul, MN 55101-6223. The Grantee shall also comply with all requirements referenced in the 2014 State Homeland Security Program (SHSP) 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-SHSP-2014-STPBOMB-00017/P0 #: 3000030965

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

Budget Summary

SHSP-2014-Investment #02: CBRNE/State Teams	Request		
Budget Category			
Equipment			
Ultra portable xray system, underwater equipment and tools	\$52,000.00		
Total	\$52,000.00		
Training			
Training	\$5,000.00		
Total	\$5,000.00		
Planning			
Planning for training and logistics	\$1,000.00		
Total	\$1,000.00		
Exercises			
Exercises for state response	\$5,000.00		
Total	\$5,000.00		
Total	\$63,000.00		
Allocation	\$63,000.00		
Balance	\$0.00		

MINNESOTA DEPARTMENT OF PUBLIC SAFETY



Division of Homeland Security and Emergency Management



Project Information Sheet

1. FISCAL AGENT (This is the organization named in the grant agreement that will be responsible for the administration of the grant.)
Legal Name: City of St. Paul
Address: 15 W. Kellogg Blvd
City/ZIP 55102
Phone: 651-266-5768
Fax:
DUNS Number:

2. AUTHORIZED REPRESENTATIVE (This is the person whose name should appear in the grant agreement and who will be responsible for ensuring that the terms and conditions of the agreement are met. This person does not have to have signature authority, but must be an employee of the fiscal agent cited in #1.)
Name and Title: Amy Brown
Address: 367 Grove Street
City/ZIP St. Paul 55101
Phone: 651- 266-5507
Fax:
E-mail:

3. PROGRAM MAIN CONTACT (This is the person that HSEM can contact for any programmatic questions.)
Name and Title: Sgt. John Adamek
Address: 367 Grove St.
City/ZIP St. Paul, 55101
Phone: 651-266-5768
Fax:
E-mail:

4. FINANCIAL CONTACT (This is the person that HSEM can contact for any financial questions.)
Name and Title: Amy Brown
Address: 367 Grove St.
City/ZIP St. Paul 55101
Phone: 651-266-5507
Fax:
E-mail:

5. GRANT AGREEMENT E-MAIL CONTACT (Which individual above should receive the agreement packet by e-mail and be responsible for obtaining the correct signature(s) on the agreement and completing the necessary forms?)
Name: Amy Brown

Note: If awarded, the Grant Agreement CONTRACT SIGNATORY must have the legal authority to sign for this organization as required by applicable articles, bylaws, resolutions, statute or delegation.

INVESTMENT PLANNING WORKSHEET

- **(PLEASE COMPLETE AN INVESTMENT PLANNING WORKSHEET FOR EACH PROGRAM COMPONENT)**

Baseline - Description

Describe what will be implemented and accomplished by this investment.

The Saint Paul Police Bomb Squad will use this funding to close gaps as identified by our THIRA. This includes the purchase of CBRNE equipment, training through planning workshops, conferences and or task specific training which will make us better prepared to respond and mitigate issues. The TCUA/THIRA threat descriptions show that several of the core capabilities can be improved and gaps closed by the training and equipment requested in this application. The CBRNE equipment described in this justification could be deployed to the most vulnerable or consequential areas.

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Project - Goals and Objectives

Explain how your project will measurably impact your Jurisdiction's Investments.

The acquisition of an ultra portable x ray systems will greatly enhance our response to dismounted counter IED operations and increase our response times and capabilities. The underwater equipment will close gaps in our maritime response as a local, state and federal response team. We will also need to strengthen our capabilities in contaminated water operations and come into compliance with current OSHA/NOAA standards.

The training will enhance our response by attending maritime schools, land based conferences and land based breaching and counter IED training.

Planning will be used for training and logistics.

Exercises are to participate in approved exercises as planned by MNHSEM.

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Milestones

Identify milestones and planned dates for milestones.

We will obtain quotes and delivery times on the requested items. We have identified training that is available.

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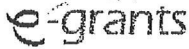
Attachments: Provide any additional information about your grant proposal.

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SERVICE AREAS

Service Area

Statewide

Description

State bomb squad response


Counties

- *Statewide
- Aitkin County
- Anoka County
- Becker County
- Beltrami County
- Benton County
- Big Stone County
- Blue Earth County
- Brown County
- Carlton County
- Carver County
- Cass County

Navigation Links

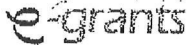
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TERMS AND CONDITIONS

Instructions: Click on the [Terms and Conditions](#) to read/print the document. Check the box below.

(If you are applying as a state agency, go to: [Terms and Conditions for State Agencies](#))

In addition to the Terms and Conditions, all Grantees must read and acknowledge the following:

- 1. [Federal Audit Requirements](#)
- 2. [Federal Assurances](#)

I acknowledge that I have read the Terms and Conditions in their entirety as stated within the Application materials and acknowledge that the Terms and Conditions will be incorporated into the Grant Agreement if funds are awarded to the Applicant under this Application. As authorized, if our agency is awarded funds under this Application, we will submit the required documents and certification on behalf of the Applicant Organization.

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	Purpose Areas		Adamek, John 11/14/2014 11:21:25 AM	
	Investment Planning Worksheet		Adamek, John 11/17/2014 11:27:08 AM	
	Budget (4)		Adamek, John 11/17/2014 11:29:08 AM	
	Budget Summary		Temme, Kyle 11/5/2014 3:10:27 PM	
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