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| Minnesota Department of Public Safety ("State") Homeland Security and Emergency Management Division 445 Minnesota Street, Suite 223 St. Paul, Minnesota 55101 | Grant Program: 2016 (HM-PDM) Pre-Disaster Mitigation Grant Agreement No.: A-HM-PDM-2016-STPAULCI-02 |
| Grantee: City of St. Paul 367 Grove Street St. Paul, Minnesota 55101-5510 | Grant Agreement Term: Effective Date: 07/01/2016 Expiration Date: 08/30/2019 |
| Grantee's Authorized Representative: Lucy Angelis, Emergency Management Coordinator City of St. Paul 367 Grove Street St. Paul, Minnesota 55101-5510 Phone: 651-266-5548 e-mail: lucy.angelis@ci.stpaul.mn.us | Grant Agreement Amount: Original Agreement \$73,218.75 Matching Requirement \$24,406.25 |
| State's Authorized Representative: Jennifer E. Nelson, State Hazard Mitigation Officer Homeland Security and Emergency Management 445 Minnesota St., Suite 223 St. Paul, Minnesota 55101 Phone: 651-201-7427 Jennifer.e.nelson@state.mn.us | Federal Funding: CFDA 97.047 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 Hazard Mitigation Pre-Disaster Mitigation (PDM) 2016 Application ("Application") which is incorporated by reference into this grant agreement and on file with the State at Homeland Security and Emergency Management Division, 445 Minnesota Street, Suite 223, St. Paul, Minnesota 55101. The Grantee shall also comply with all requirements referenced in the Hazard Mitigation Pre-Disaster Mitigation (PDM) 2016 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-HM-PDM-2016-STPAULCI-02 / PO# 3-46205

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 (Report)

| Budget | Award | Match |
|------------------------------|--------------------|--------------------|
| Budget Category | | |
| Travel | | |
| Travel to and from meetings | \$0.00 | \$696.00 |
| Total | \$0.00 | \$696.00 |
| Staff time -- City | | |
| Personnel | \$39,368.75 | \$20,750.25 |
| Total | \$39,368.75 | \$20,750.25 |
| Supplies | | |
| Supplies and Equipment | \$0.00 | \$2,960.00 |
| Total | \$0.00 | \$2,960.00 |
| Consultant / Contractor Fees | | |
| Contractor | \$33,850.00 | \$0.00 |
| Total | \$33,850.00 | \$0.00 |
| Total | \$73,218.75 | \$24,406.25 |
| Allocation | \$73,218.75 | \$24,406.25 |
| Balance | \$0.00 | \$0.00 |

MINNESOTA DEPARTMENT OF PUBLIC SAFETY

Application: A-HM-PDM-2016-STPAULCI-02

Budget Item Program Component:

Budget Category: Consultant / Contractor Fees

Budget Description: Contractor
 Contractor to help develop plan

| | | | |
|-------|-------------|-------|-----|
| Award | \$33,850.00 | Match | \$0 |
|-------|-------------|-------|-----|

Budget Item Program Component Total:

Budget Category: Staff Time - City

| | | | |
|-------|--------------|-------|---------|
| Award | \$ 33,850.00 | Match | \$ 0.00 |
|-------|--------------|-------|---------|

Budget Description: Personnel
 Personnel to attend meetings, develop plans, gather data, public outreach, etc.

| | | | |
|-------|-------------|-------|-------------|
| Award | \$39,368.75 | Match | \$20,750.25 |
|-------|-------------|-------|-------------|

Budget Item Program Component Total:

Budget Category: Supplies

| | | | |
|-------|--------------|-------|--------------|
| Award | \$ 39,368.75 | Match | \$ 20,750.25 |
|-------|--------------|-------|--------------|

Budget Description: Supplies and Equipment
 To include making and posting notices for public meetings, supplies, and a computer for planner to use.

| | | | |
|-------|-----|-------|------------|
| Award | \$0 | Match | \$2,960.00 |
|-------|-----|-------|------------|

Budget Item Program Component Total:

Budget Category: Travel

| | | | |
|-------|---------|-------|-------------|
| Award | \$ 0.00 | Match | \$ 2,960.00 |
|-------|---------|-------|-------------|

Budget Description: Travel to and from meetings
 Travel to and from meetings

| | | | |
|-------|-----|-------|----------|
| Award | \$0 | Match | \$696.00 |
|-------|-----|-------|----------|

Budget Item Program Component Total:

| | | | |
|-------|---------|-------|-----------|
| Award | \$ 0.00 | Match | \$ 696.00 |
|-------|---------|-------|-----------|

Total:

| | | | |
|-------|--------------|-------|--------------|
| Award | \$ 73,218.75 | Match | \$ 24,406.25 |
|-------|--------------|-------|--------------|