

## Grant Agreement

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Minnesota Department of Public Safety ("State")	Grant Program: 2016 (HM-PDM)	Pre-Disaster
Homeland Security and Emergency Management Division	Mitigation	
445 Minnesota Street, Suite 223		
St. Paul, Minnesota 55101	Grant Agreement No.: A-HM-PDM STPAULCI-02	1-2016-
Grantee:		
City of St. Paul	Grant Agreement Term:	
367 Grove Street	Effective Date: 07/01/2016	
St. Paul, Minnesota 55101-5510	Expiration Date: 08/30/2019	
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Grantee's Authorized Representative:	Grant Agreement Amount:	<b>^</b>
Lucy Angelis, Emergency Management Coordinator	Original Agreement	\$73,218.75
City of St. Paul	Matching Requirement	\$24,406.25
367 Grove Street		
St. Paul, Minnesota 55101-5510		
Phone: 651-266-5548		
e-mail: lucy.angelis@ci.stpaul.mn.us		
State's Authorized Representative:	Federal Funding: CFDA 97.047	
Jennifer E. Nelson, State Hazard Mitigation Officer	State Funding: none	
Homeland Security and Emergency Management	Special Conditions: None	
445 Minnesota St., Suite 223		
St. Paul, Minnesota 55101		
Phone: 651-201-7427		
Jennifer.e.nelson@state.mn.us	×	

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 (<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.



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**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	3. STATE AGENCY  By:	t ML
Signed: DIVISIONAL AGG OFFICER	Title:	liternate GAR
Date:	Date:6 - 2	8-17
Grant Agreement No: A-HM-PDM-2016-STPAULCI-02 / PO# 3-4620	<u>05</u>	
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: Director of Emergency Managemen  Date:  By:  Title: City Attorney  Date:  By:  Title: Director of Financial Service  By:  Title: Mayor  Date:  By:  Mayor  Date:  By:  Mayor  Date:  By:  Mayor  Date:  By:  Mayor	t Distribution	t: DPS/FAS Grantee State's Authorized Representative
Title: HREEO		DPS-HSEM
Date: 6(8/17	8	1:21 d SI NOT LION
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Organization: St Paul, City of

Budget Summary (Report)

Budget		
Budget Category	Award	Match
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 — Cify	\$ 33,850.00	\$ 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	\$ 39,368.75	\$ 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	<b>Match</b> \$2,960.00
Budget Item Program Component Total:  Budget Category: Travel	\$ 0.00	\$ 2,960.00
Budget Description: Travel to and from meetings Travel to and from meetings	Award \$0	<b>Match</b> \$696.00
Budget Item Program Component Total: Total:	\$ 0.00	\$ 696.00