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Minnesota
State Patrol

Office of
Communications

Office of
Justice Programs

Office of
Pipeline Safety

Office of
Traffic Safety

State Fire
Marshal



State Fire Marshal

445 Minnesota Street • Suite 145 • Saint Paul, Minnesota 55101-5145

Phone: 651-201-7200 • Fax: 651-215-0525

www.dps.state.mn.us

Date: December 28, 2020

Duluth Fire Department
c/o Duluth Chemical Assessment Team
602 West 2nd Street
Duluth, MN 55802

RE: FLIR Griffin G510 GC/MS

The Minnesota Department of Public Safety, through the State Fire Marshal Division, is pleased to notify you that your fire department has been awarded the amount of **\$117,989.00**. This reimbursement award is for the purchase of a FLIR Griffin G510 GC/MS. Your department will need to purchase and have the project completed between July 1, 2020 and May 1, 2021. There is no substitution for the equipment identified above. DPS / State Fire Marshal division will retain authority and ownership of the equipment and where it is stored at.

In order to process your reimbursement award you must:

1. Complete and sign the enclosed Request for Reimbursement Form by May 1, 2021. Your fire department is encouraged to send in your Request for Reimbursement Form anytime during the July 1, 2020 – May 1, 2021.
2. Attach documentation of funds paid. Documentation includes: paid invoices for purchase.
3. Mail, fax or email the Request for Reimbursement Form and supporting documentation.

The funds will be disbursed upon receipt of the signed, completed form, along with the proper supporting documentation. You will not receive a check in the mail, your reimbursement will be electronically deposited into the account that corresponds to the tax identification number provided on the Request for Reimbursement Form.

If you have questions regarding your award, please email me at nolan.pasell@state.mn.us or you may call me at (651) 201-7218.

Sincerely,

Nolan Pasell
Special Projects Coordinator

MINNESOTA DEPARTMENT OF PUBLIC SAFETY



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Special Equipment Reimbursement Form

Name: _____

Fire Department: _____

Street Address: _____

City, State, Zip: _____

Award amount: _____

Fire Departments must complete and return this form to receive the reimbursement award:

I certify that the items for which this reimbursement request is made in the amount of \$_____ has been paid for by the municipality on behalf of the_____. There were no federal grant or other grant dollars used to pay for the purchase of the FLIR Griffin GC/MS.

Remember to include:

- Copies of invoices
- Please confirm your Federal Tax ID number is correct (if not shown, please provide)

Your Fire Department's Request for Reimbursement Form(s) and copies of all invoices must be submitted by May 1, 2021.

Federal Tax Identification Number: _____

State Vendor Number: _____

Signature of Municipality Finance Director/Clerk/Treasurer: _____

Title: _____

Date: _____ Contact phone # _____

Send request to: State Fire Marshal Division, Attn: Nolan Pasell, 445 Minnesota Street, Suite 145, Saint Paul, MN 55101 or via e-mail at Nolan.pasell@state.mn.us

To be completed by Minnesota Department of Public Safety, State Fire Marshal Division:

State Fire Marshal Signature: _____

Award Amount paid: \$ _____

Date: _____