

Grant Agreement

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Minnesota Department of Public Safety ("State") Commissioner of Public Safety Office of Justice Programs 445 Minnesota Street, Suite 2300 St. Paul, MN 55101-2139	Grant Program: Sex Trafficking Investigations and Training 2017 Grant Agreement No.: A-STIT-2017-DULUTHPD-00003	
Grantee: City of Duluth Police Department 2030 North Arlington Avenue Duluth, Minnesota 55811	Grant Agreement Term: Effective Date: 1/1/2017 Expiration Date: 12/31/2017	
Grantee's Authorized Representative: Emily Larson City of Duluth Police Department 411 West 1 st Street Duluth, Minnesota 55802 (218) 730-5230	Grant Agreement Amount: Original Agreement\$63,905.00 \$0.00Matching Requirement\$0.00	
State's Authorized Representative: Claire Cambridge, Grants Specialist Intermediate Office of Justice Programs 445 Minnesota Street Suite 2300 St Paul, Minnesota 55101 (651) 201-7307	Federal Funding: CFDA None State Funding: Minnesota Laws of 2015, Chapter 65, Article 1, Section 11, Subdivision 6 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 Sex Trafficking Investigations and Training 2017 Application ("Application") which is incorporated by reference into this grant agreement and on file with the State at 445 Minnesota Street, Suite 2300, St. Paul, Minnesota 55101-2139. The Grantee shall also comply with all requirements referenced in the Sex Trafficking Investigations and Training 2017 Guidelines and Application which includes the Terms and Conditions and Grant Program Guidelines (<u>http://app.dps.mn.gov/Egrants</u>), 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.

• ENCUMBRANCE VERIFICATION Individual certifies that funds have been encumbered as required by Minn. Stat. §§ 16A.15 and 16C.05.	3. STATE AGENCY By:	
igned:	Title:	
Date:	Date:	
Grant Agreement No. <u>A-STIT-2017-DULUTHPD-00003/3-44604</u>		
. GRANTEE		
he Grantee certifies that the appropriate person(s) ave executed the grant agreement on behalf of the Grantee as equired by applicable articles, bylaws, resolutions, or ordinances.		
CITY OF DULUTH		
By:		
Mayor		
Date:		
	Distribution:	DPS/FAS Grantee
Attest:		State's Authorized Representative
City Clerk Date:		
Countersigned:		
City Auditor		
Date:		
Approved as to form:		

Date:

City Attorney