

**MINNESOTA HISTORICAL SOCIETY
CERTIFIED LOCAL GOVERNMENT GRANT AGREEMENT**

<u>ACCOUNT NUMBER</u>	<u>FISCAL</u> <u>YEAR</u>	<u>OBJECT</u> <u>CODE</u>	<u>FEDERAL PROJECT</u> <u>NUMBER</u>	<u>DOLLAR AMOUNT</u>
00114	2017	5260	P16AF00068.026	\$1147 HPF grant funds \$1055 match

Awarding Agency: National Park Service

CFDA Name: Historic Preservation Fund Grants-In-Aid

CFDA Number: 15.904

Grant Name: Historic Preservation Funds Grant

Grant Number: P16AF00068.026

This Agreement is made by and between the Minnesota Historical Society hereinafter called the Society), and the City of Duluth (hereinafter called the City), pursuant to authority granted by the National Historic Preservation Act of 1966, as amended.

WHEREAS, pursuant to the Act, the Society has been allocated funds by the United States Department of the Interior for use by Certified Local Governments for qualifying historic preservation activities; and

WHEREAS, the City has applied for and been granted Certified Local Government Status and has made application for Certified Local Government funds to be utilized in carrying out the project described below,

NOW, THEREFORE, in consideration of and in reliance upon the mutual covenants and agreements contained herein, the parties hereto do covenant and agree, each for themselves and their respective successors and assigns, to carry out the project under the following provisions.

I. PROJECT DESCRIPTION

- A. One member of the city's staff and one member of the historic preservation commission will attend the Annual Statewide Historic Preservation Conference.
- B. The project period is September 7, 2016 to September 11, 2016.
- C. The Society will reimburse the City for the costs identified in budget outlined below, following submittal of materials as described in Section III of this Agreement.
- D. The budget is as follows:

BUDGET ITEM	Cost/rate per person	Number of people	Grant	Match
Registration	\$100	2	\$200	
Mileage	732 miles@ \$.54/mile		\$395	
Lodging	1 rooms @ \$138 / 2 nights		\$552	

In Kind Time (City Staff)	\$22.37 /hr x 19 hr			\$425
Volunteer Time (HPC)	\$25.20/hr x 25 hr			\$630
Total		2	\$1147	\$1055

II. ASSURANCES

A. The City assures that this project will be administered and conducted in accordance with the following:

1. OMB Circular A-87 "Cost Principles Applicable to Grants and Contracts with State and Local Government" and OMB Circular A-102 (revised) "Uniform Requirements for Assistance to State and Local Governments."
2. Department of the Interior regulations 43 CFR Part 12, Subpart C - "Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments."
3. The "Single Audit Act of 1984" And OMB Circular A-133 (revised) "Audits of States, Local Governments and Non-Profit Organizations."
4. Historic Preservation Fund (HPF) Grants Manual (June 2007), found online at www.nps.gov/hps/hpg/downloads/HPF_Manual.pdf.

B. The City acknowledges that this project is being supported, in part, with funds from the United States Department of the Interior. As a condition of receiving such funds, the City assures compliance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975.

The violation of this section is a misdemeanor pursuant to Minnesota Statutes.

This Agreement may be canceled or terminated by the Society, and all money due, or to become due hereunder may be forfeited for a second or any subsequent violation of the terms of this section.

C. The City will indemnify and save and hold the Society and the Department of the Interior harmless from any and all claims or causes of action arising from the performance of this project by the City.

D. The City agrees to make repayment of grant funds to the Society if terms and conditions of this Agreement are not followed or costs claimed are subsequently disallowed.

E. The City, in accordance with provisions of 18 USC 1913 regarding lobbying, assures that no part of grant budget will be used directly or indirectly or to pay for any personal service, advertisement, telegram, telephone, letter, printed or written

matter, or other device intended or designed to influence in any manner a member of Congress, to favor or oppose, by vote or otherwise, any legislation or appropriation by Congress, whether before or after the introduction of any bill or resolution proposing such legislation or appropriation. This shall not prevent communicating to members of Congress on the request of any member or to Congress, through the proper official channels, requests for legislation or appropriations which they deem necessary for the efficient conduct of the public business.

The City assures that transferred federal monies will not be applied as part of the matching (applicant) share, and that monies used as match on other federal grants will not be used as matching (applicant) share on this project.

III. REIMBURSEMENT PROCEDURES

- A. Payments under this Agreement will be made to the City on a reimbursable basis. All supporting fiscal documentation must be submitted prior to reimbursement.
- B. Reimbursement requests must be submitted before September 30, 2016.
- C. A Request for Reimbursement must include the following:
 - 1. *Request for Reimbursement Form* (see Attachment A) indicating the total requested for all attendees. An electronic version of the form can be found on the Society's website at:
http://www.mnhs.org/legacy/grants/docs_pdfs/reimbursment_form.pdf
 - 2. *Travel Expense Form* (see Attachment B) for each individual attending the conference. This form must be supplemented with receipts and invoices for all non-meal and mileage expenses. Undocumented expenses will not be reimbursed.
- D. The Request for Reimbursement Form with supporting documentation should be uploaded to the Society's Grants Portal (<https://mnhs.fluxx.io>) with the final report.
- E. When the financial documentation has been found to be acceptable by the Society, funds will be requested from the Department of the Interior and will be forwarded to the City when the funds have been received by the Society.

IV. AUDIT

The City must submit a copy of all audited financial statements completed pursuant to OMB Circular A-133 for all fiscal years which include the project period. These must be submitted to Monica Zarembski, Minnesota Historical Society, Finance Office, 345 Kellogg Boulevard West, Saint Paul, Minnesota 55102-1906, within 120 days of their completion.

V. CANCELLATION

- A. Cancellation. The Society reserves the right of termination for cause on a thirty (30) day notice should it be determined that the City has failed to materially comply with the terms and conditions of this Agreement. This Agreement may also be terminated when both parties agree that the project will not produce beneficial results commensurate with further expenditure of funds or because of circumstances beyond the control of the Society and/or the City. In the event of termination, the City may be reimbursed for eligible expenses incurred prior to termination or by a negotiated settlement.

Once this Agreement is signed, it controls all activities during the project time period.

IN WITNESS WHEREOF, the parties have caused this Agreement to be duly executed on the date(s) indicated below intending to be bound thereby.

Minnesota Historical Society
345 Kellogg Boulevard West
Saint Paul, Minnesota 55102

City of Duluth
208 City Hall
411 West First Street
Duluth, Minnesota 55802

Stephen Elliott, (date)
Director and State Historic Preservation Officer

signature (authorized official) (date)

(print name and title)

Carolyn Veaser-Egbide (date)
Grants Manager

MHS Contracting Officer (date)

Minnesota Historical Society
Grants Office
Request for Reimbursement for Federal HPF Grants

Project: Statewide Preservation Conf. Scholarship

Federal Grant Number: P16AF00068.026

City: City of Duluth

MHS Contract Number: _____
(handwritten on top right corner of grant agreement)

Federal Grant Amount: \$1147

TOTAL AMOUNT REQUESTED:

(Attach individual *Travel Expense Forms* with
supporting documentation for each person)

Supporting documentation for all costs claimed in this request must be attached. Each supporting document should be labeled with the appropriate Project Expenditure Classification.

I certify that this request for Reimbursement represents actual project expenditures carried out within the period of the project.

Date: _____

Signature: _____

Print name

and title: _____

Telephone: _____

Minnesota Historical Society Grants Office

Travel Expense Form

Statewide Historic Preservation Conference: Hastings, Sept. 7-9, 2016

Name: _____ City/HPC: _____

Address: _____

Phone: _____

Expenses:In-Kind/Volunteer Labor:

A. Registration:	(attach copy of receipt)	\$ _____	# of Hours	X \$ _____/hr. =	Total	\$ _____
B. Mileage	_____ miles @ \$.54/mile	\$ _____	(HPC members claim \$25.20/hour. City staff claim			
C. Lodging	(attach copy of receipt)	\$ _____	actual wage rate. For city staff, please submit			
Expense Total	(add A. through C.)	\$ _____	documentation of claimed wage rate)			

Scholarship recipient signature

Date

City contact/supervisor signature

Date

Attachment C

**Minnesota Historical Society
Value of Donated Services for HPC Members Time Sheet
for Statewide Historic Preservation Conference**

City of Duluth

City

Federal Grant Number: P16AF00068.026

Attend Statewide Historic Preservation
Conference

Name of Person Contributing Services

Note: A form must be completed for each
person attending the conference

Type of Work Performed

Hourly Rate: \$25.20/hr.

Based on:

\$25.20 flat rate for all HPC members established by MNSHPO

Date	Time of Work		Total Hours	Hourly Rate	Value
	Start	End			(Hours x Rate)
				\$25.20	
				\$25.20	
				\$25.20	
				\$25.20	
				\$25.20	
TOTALS:					

Signature of Person Donating Time

Date

Supervisor Verifying Accuracy

Date

Attachment C

**Minnesota Historical Society
Value of Donated Services for City Staff Time Sheet for
Statewide Historic Preservation Conference**

City of Duluth

City

Federal Grant Number: P16AF00068.026

Attend Statewide Historic Preservation
Conference

Name of Person Contributing Services

Note: A form must be completed for each
person attending the conference

Type of Work Performed

Hourly Rate: \$____/hr.

Based on:

Actual rate of pay. * See note

* Note: Please attach documentation supporting claimed rate. This can be a payroll ledger which identifies the rates of pay or a "wage letter" from the controller or financial officer which states the names and rate of pay. The letter must be signed by an authorized city official.

Date	Time of Work		Total Hours	Hourly Rate	Value
	Start	End			(Hours x Rate)
TOTALS:					

Signature of Person Donating Time

Date

Supervisor Verifying Accuracy

Date