



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: Crime Victim Services 2020 Grant Agreement No.: A-CVS-2020-DULUTHAO-036
Grantee: City of Duluth, Attorney's Office 411 West 1 st Street Duluth, Minnesota 55802	Grant Agreement Term: Effective Date: 10/1/2019 Expiration Date: 9/30/2021
Grantee’s Authorized Representative: Gunnar Johnson, City Attorney City of Duluth, Attorney's Office 411 West 1 st Street, Room 410 Duluth, Minnesota 55802 (218) 730-5490	Grant Agreement Amount: Original Agreement \$140,000.00 Matching Requirement \$26,251.00
State’s Authorized Representative: Aida Tosca, Grant Manager Office of Justice Programs 445 Minnesota Street Suite 2300, Bremer Tower St. Paul, Minnesota 55101 (651) 201-7345	Federal Funding: CFDA 16.575 \$105,002 State Funding: Minnesota Laws of 2019, 1 st Special Session, Chapter 5, Article 1, Section 12, Subd. 7 Special Conditions: Attached and incorporated into this grant agreement. See page 3.

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 Crime Victim Services 2020 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 Crime Victim Services 2020 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

Signed: _____
(with delegated authority)
Title: _____
Date: _____

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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.

Signed: _____
Print Name: Emily Larson
Title: Mayor
Date: _____

Signed: _____
Print Name: City Clerk
Title: Chelsea J. Helmer
Date: _____

Distribution: DPS/FAS
Grantee
State’s Authorized Representative

Signed: _____
Print Name: Josh Bailey
Title: City Auditor

Approved as to form:

Signed: _____
Print Name: Gunnar Johnson
Title: City Attorney



Special Conditions

1. Time limitations on funding use:

Federal funding

\$105,002.00 is available from October 1, 2019 through September 30, 2021.

State funding

\$17,499.00 is available from October 1, 2019 through June 30, 2021.

\$17,499.00 is available from July 1, 2020 through September 30, 2021.

2. Special Duties:

\$140,000 for general crime services in St. Louis County.

Budget Summary

Budget			
Budget Category	VOCA	State	Match
Personnel			
Victim Services Coordinator	\$62,017.00	\$34,998.00	\$0.00
Total	\$62,017.00	\$34,998.00	\$0.00
Payroll Taxes & Fringe			
Payroll Taxes and Fringe Benefits	\$42,985.00	\$0.00	\$1,274.00
Total	\$42,985.00	\$0.00	\$1,274.00
Travel & Training			
Travel and Training	\$0.00	\$0.00	\$6,000.00
Total	\$0.00	\$0.00	\$6,000.00
Office & Program Expenses			
Office and Program Expenses	\$0.00	\$0.00	\$14,232.00
Total	\$0.00	\$0.00	\$14,232.00
Direct Client Assistance			
Direct Client Assistance	\$0.00	\$0.00	\$4,745.00
Total	\$0.00	\$0.00	\$4,745.00
Total	\$105,002.00	\$34,998.00	\$26,251.00