



Minnesota Department of Public Safety (“State”) Office of Justice Programs 445 Minnesota Street, Suite 2300 St. Paul, MN 55101-2139	Grant Program: Crime Victim Services 2026 Grant Contract Agreement No.: A-CVS-2026-DULUTHAO-095
Grantee: City of Duluth, Attorney's Office 411 W. 1st Street, 120 City Hall Duluth, Minnesota 55802	Grant Contract Agreement Term: Effective Date: 10/01/2025 Expiration Date: 09/30/2026
Grantee’s Authorized Representative: Terri Lehr, City Attorney City of Duluth, Attorney's Office 411 W. 1st Street, Suite 440 Duluth, Minnesota 55802 (218) 730-5490 tlehr@duluthmn.gov	Grant Contract Agreement Amount: Original Agreement \$70,000.00 Matching Requirement \$0.00
State’s Authorized Representative: Aida Tosca, Grant Manager Office of Justice Programs 445 Minnesota Street, Suite 2300 St. Paul, MN 55101-2139 (763) 443-2567 Aida.tosca@state.mn.us	Federal Funding: CFDA/ALN: 16.575 FAIN: 15POVC-24-GG-00672-ASSI State Funding: None Special Conditions: Attached and incorporated into this grant contract agreement. See page 3.

Under Minn. Stat. § 299A.01, Subd 2 (4) the State is empowered to enter into this grant contract agreement.

Term: Per Minn. Stat. §16B.98, Subd. 5, the Grantee must not begin work until this grant contract agreement is fully executed and the State's Authorized Representative has notified the Grantee that work may commence. Per Minn. Stat. §16B.98 Subd. 7, no payments will be made to the Grantee until this grant contract agreement is fully executed. Once this grant contract agreement is fully executed, the Grantee may claim reimbursement for expenditures incurred pursuant to the Payment clause of this grant contract agreement. Reimbursements will only be made for those expenditures made according to the terms of this grant contract 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 2026 Application [“Application”] which is incorporated by reference into this grant contract 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 2026 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 contract 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 contract 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.

Signed: _____

Date: _____

3. STATE AGENCY

Signed: _____
(with delegated authority)

Title: _____

Date: _____

Grant Contract Agreement No./ P.O. No. A-CVS-2026-DULUTHAO-095 / 3-105585

Project No.(indicate N/A if not applicable): N/A

2. GRANTEE

The Grantee certifies that the appropriate person(s) have executed the grant contract agreement on behalf of the Grantee as required by applicable articles, bylaws, resolutions, or ordinances.

Signed: _____

Print Name: _____

Title: Mayor (City Administrator per designated authority)

Date: _____

Attest:

Signed: _____

Print Name: _____

Title: City Clerk

Date: _____

Countersigned:

Signed: _____

Print Name: _____

Title: City Auditor

Date: _____

Approved as to form:

Signed: _____
City Attorney

Distribution: DPS/FAS
Grantee
State's Authorized Representative



Special Conditions

1. Special Duties:

\$70,000 for prosecutor based victim services in St. Louis County.

Organization: Duluth City Attorney's Office

A-CVS-2026-DULUTHAO-095

Budget Summary

Budget				
Budget Category	Federal	State	Match	
Personnel				
Victim Service Coordinator	\$65,640.04	\$0.00	\$0.00	
Total	\$65,640.04	\$0.00	\$0.00	
Payroll Taxes & Fringe				
Victim Service Coordinator - taxes/fringe benefits	\$4,359.96	\$0.00	\$0.00	
Total	\$4,359.96	\$0.00	\$0.00	
Total	\$70,000.00	\$0.00	\$0.00	