



<b>Minnesota Department of Public Safety (“State”)</b> Homeland Security and Emergency Management Division 445 Minnesota Street, Suite 223 St. Paul, MN 55101-2190	<b>Grant Program:</b> Hazard Mitigation Grant Program DR-4659  <b>Contract Agreement No.:</b> HMGP-DR4659-05-Duluth
<b>Sub-Recipient:</b> City of Duluth 411 W 1 <sup>st</sup> St. Duluth, MN 55802	<b>Contract Agreement Term:</b>  <b>Effective Date:</b> 06/13/2024 <b>Expiration Date:</b> 06/13/2027
<b>Sub-Recipient’s Authorized Representative:</b> Deputy Chief Robert Morehouse City of Duluth 602 W Superior St. Duluth, MN 55802 Phone: 218-730-4395 E-mail: rmorehouse@duluthmn.gov	<b>Contract Agreement Amount:</b> Original Agreement                      \$ 198,398.48 Matching Requirement                      \$ 66,132.83
<b>State’s Authorized Representative:</b> Homeland Security and Emergency Management ATTN: Kristy Dellwo – State Hazard Mitigation Officer 445 Minnesota Street, Suite 223 St. Paul, MN 55101-2190 Phone: 651-201-7427 E-mail: kristen.dellwo@state.mn.us	<b>Federal Funding:</b> CFDA/ALN: 97.039  <b>FAIN:</b> 4659DRMNP00000055  <b>State Funding:</b> None  <b>Special Conditions:</b> None

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

**Term:** The creation and validity of this contract agreement conforms with Minn. Stat. § 16B.98 Subdivision 5. Effective date is the date shown above or the date the State obtains all required signatures under Minn. Stat. § 16B.98, Subdivision 7, whichever is later. Once this contract agreement is fully executed, the sup-recipient may claim reimbursement for expenditures incurred pursuant to the Payment clause of this contract agreement. Reimbursements will only be made for those expenditures made according to the terms of this contract agreement. Expiration date is the date shown above or until all obligations have been satisfactorily fulfilled, whichever occurs first.

The Sup-Recipient, who is not a state employee will:  
Perform and accomplish such purposes and activities as specified herein and, in the Sub-Recipient’s approved Hazard Mitigation DR-4659 Application which is incorporated by reference into this contract agreement and on file with the State at 445 Minnesota Street, Suite 223. St. Paul, MN 55101-2190. The Sub-Recipient shall also comply with all requirements referenced in the Hazard Mitigation Grant Program DR-4659 Guidelines and Application which includes the Terms and Conditions and Grant Program Guidelines, which are incorporated by reference into this grant contract agreement.

**Budget Revisions:** The breakdown of costs of the Sub-Recipient’s Budget is contained in the Application, which is incorporated into this contract agreement. As stated in the Sub-Recipient’s Application and Hazard Mitigation Grant Program Guidelines, the Sub-Recipient will submit a written change request for any substitution of budget items or any deviation and in accordance with the Hazard Mitigation Grant Program Guidelines. Requests must be approved prior to any expenditure by the Sub-Recipient.

**Matching Requirements:** (If applicable.) As stated in the Sup-Recipient’s Application, the Sub-Recipient certifies that the matching requirement will be met by the Sub-Recipient.



**Payment:** As stated in the Sub-Recipient’s Application and Hazard Mitigation Grant Program Guidance, the State will promptly pay the Sub-Recipient after the Sub-Recipient presents an invoice for the services performed and the State's Authorized Representative accepts the invoiced services and in accordance with the Hazard Mitigation Grant Program Guidelines. Payment will not be made if the Sub-Recipient has not satisfied reporting requirements.

**1. Sub-Recipient**

*The Sub-Recipient certifies that the appropriate person(s) have executed the State-Local contract agreement on behalf of the Sub-Recipient as required by applicable articles, bylaws, resolutions, or ordinances.*

CITY OF DULUTH

By: \_\_\_\_\_  
Mayor  
Date: \_\_\_\_\_

Attest: \_\_\_\_\_  
City Clerk  
Date: \_\_\_\_\_

Countersigned:

\_\_\_\_\_  
City Auditor

Approved as to form:

\_\_\_\_\_  
City Attorney

**2. STATE AGENCY**

Signed: \_\_\_\_\_

Printed: \_\_\_\_\_

Title: \_\_\_\_\_  
(with delegated authority)

Date: \_\_\_\_\_