



Minnesota Department of Public Safety (“State”) Office of Traffic Safety 445 Minnesota Street Suite 150 Saint Paul, MN 55101-5150	Grant Program: 2017 National Highway Traffic Safety Administration (NHTSA): DWI Officers Project No.: 17-03-18 Grant Agreement No.: A-OFFICR17-2017-DULUTHPD-002
Grantee: City of Duluth Police Department 2030 N. Arlington Avenue Duluth, MN 55811-2030	Grant Agreement Term: Effective Date: 10/01/2016 Expiration Date: 09/30/2017
Grantee’s Authorized Representative: Grant Coordinator Richard Jaworski City of Duluth Police Department 2030 N. Arlington Avenue Duluth, MN 55811-2030 Phone: 218-730-5422 Email: rjaworski@duluthmn.gov	Grant Agreement Amount: Original Agreement \$110,622.96 Matching Requirement \$ 0.00
State’s Authorized Representative: Terri Pieper 445 Minnesota Street Suite 150 Saint Paul, MN 55101-5150 Phone: (651) 201-7073 Email: terri.pieper@state.mn.us	Federal Funding: CFDA 20.608 and CFDA 20.616 FAIN: 18X9205464MN16 and 18X920405DMN16 State Funding: None 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 2017 National Highway Traffic Safety Administration (NHTSA): DWI Officers Application (“Application”) which is incorporated by reference into this grant agreement and on file with the State at 445 Minnesota Street, Suite 150, Saint Paul, MN 55101-5150. The Grantee shall also comply with all requirements referenced in the 2017 National Highway Traffic Safety Administration (NHTSA): DWI Officers 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: _____

Grant Agreement No. A-OFFICR17-2017-DULUTHPD-002
PO No. 3-42692

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.

CITY OF DULUTH

By: _____

Mayor

Attest: _____

City Clerk

Countersigned:

City Auditor

Approved as to form:

City Attorney

3. STATE AGENCY

By: _____
(with delegated authority)

Title: _____

Date: _____

Distribution: DPS/FAS
Grantee
State's Authorized Representative

Budget Summary

Budget				
Budget Category		State Reimbursement	Local Match	
Other Expenses				
Registration		\$95.00	\$0.00	
Total		\$95.00	\$0.00	
Salaries & Fringe				
Salary, Fringe and Overtime Reimbursement		\$110,527.96	\$0.00	
Total		\$110,527.96	\$0.00	
Total		\$110,622.96	\$0.00	