



Minnesota Department of Public Safety (“State”) Office of Traffic Safety 445 Minnesota Street, Suite 1620 St. Paul, MN 55101	Grant Program: 2020 NHTSA; 2020 DWI Officers Project No.: 0303 Grant Agreement No.: A-OFFICR20-2020-DULUTHPD-008
Grantee: Duluth Police Department 2030 North Arlington Avenue Duluth, MN 55811-2030	Grant Agreement Term: Effective Date: 10/1/2019 Expiration Date: 9/30/2020
Grantee’s Authorized Representative: Richard Jaworski, Grant Coordinator 2030 North Arlington Avenue Duluth, MN 55811-2030 (218)730-5422 rjaworski@duluthmn.gov	Grant Agreement Amount: Original Agreement \$132,451.71 Matching Requirement \$ 0.00
State’s Authorized Representative: Duane Siedschlag 445 Minnesota Street, Suite 1620 St. Paul, MN 55101 (651)201-7078 Duane.Siedschlag@state.mn.us	Federal Funding: CFDA 20.608 & CFDA 20.616 FAIN: 18X9205464MN17 & FAIN: 18X920405dMN17 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 2020 NHTSA; 2020 DWI Officers Application (“Application”) which is incorporated by reference into this grant agreement and on file with the State at 445 Minnesota Street, Suite 1620 St. Paul, MN 55101. The Grantee shall also comply with all requirements referenced in the 2020 NHTSA; 2020 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-OFFICR20-2020-DULUTHPD-008
PO No. 3-61878

3. STATE AGENCY

Signed: _____
(with delegated authority)

Title: _____

Date: _____

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.

By: _____
Mayor

Date: _____

Attest: _____
City Clerk

Date: _____

Countersigned:

City Auditor

Date: _____

Approved as to form:

City Attorney

Date: _____

Distribution: DPS/FAS
Grantee
State's Authorized Representative

Organization: Duluth Police Department

A-OFFICR20-2020-DULUTHPD-008

Budget Summary

Budget			
Budget Category	State Reimbursement	Local Match	
DWI Officer Salary			
DWI Officer Salary, Fringe, and Overtime Reimbursement	\$129,664.18	\$0.00	
Total	\$129,664.18	\$0.00	
Administrator Salary			
Administrator Overtime Salary and Fringe Reimbursement	\$2,422.53	\$0.00	
Total	\$2,422.53	\$0.00	
TZD Conference			
Required TZD Conference Expenses	\$365.00	\$0.00	
Total	\$365.00	\$0.00	
Operating Expenses			
Operating Expenses	\$0.00	\$0.00	
Total	\$0.00	\$0.00	
Total	\$132,451.71	\$0.00	