



Grant Contract Agreement

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| Minnesota Department of Public Safety ("State") Homeland Security and Emergency Management Division 445 Minnesota Street, Suite 223 St. Paul, Minnesota 55101-2190 | Grant Program: 2019 Operation Stonegarden Grant Contract Agreement No.: A-OPSG-2019-STLOUICO-010 |
| Grantee: St Louis County 100 North 5 th Avenue West Duluth, MN 55802-1289 | Grant Contract Agreement Term: Effective Date: 09/01/2019 Expiration Date: 08/31/2022 |
| Grantee's Authorized Representative: St Louis County Sheriff's Office Attn: Sheriff Ross Litman St Louis County 100 North 5 th Avenue West Duluth, MN 55802-1289 Phone: 218-726-2341 E-mail: LITMANR@STLOUISCOUNTYMN.GOV | Grant Contract Agreement Amount: Original Agreement \$ 195,000.00 Matching Requirement \$ 0.00 |
| State's Authorized Representative: Richard Robinson Homeland Security and Emergency Management 445 Minnesota St., Suite 223 St. Paul, Minnesota 55101-2190 Phone: 651-201-7451 E-mail: Richard.Robinson@state.mn.us | Federal Funding: CFDA 97.067 FAIN: EMW-2019-SS-00005 State Funding: None Special Conditions: None |

Under Minn. Stat. § 299A.01, Subd 2 (4) the State is empowered to enter into this grant contract 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 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 2019 Operation Stonegarden Application ("Application") which is incorporated by reference into this grant contract agreement and on file with the State at 445 Minnesota St., Suite 223, St. Paul, Minnesota 55101-2190. The Grantee shall also comply with all requirements referenced in the 2019 Operation Stonegarden 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.



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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: _____

Gale Rohde

Digitally signed by Gale Rohde

Date: _____

Date: 2020.12.24 13:51:47
-06'00'

3. STATE AGENCY

Signed: _____

(with delegated authority)

Title: _____

BRANCH DIRECTOR

Date: _____

12/17/2020

Grant Contract Agreement No. A-OPSG-2019-STLOUICO-010/ PO#3000069326

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: _____

Date: _____

Signed: _____

Print Name: _____

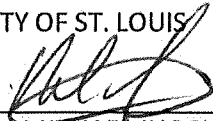
Title: _____

Date: _____

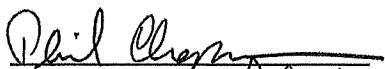
Distribution: DPS/FAS
Grantee
State's Authorized Representative

COUNTY OF ST. LOUIS

BY:


MICHAEL JUGOVICH
Chair of County Board

BY:


NANCY NIELSEN *Ph. I. Chapman*
Deputy Auditor/Clerk of the Board

BY:


ROSS LITMAN
Sheriff

APPROVED AS TO FORM & EXECUTION:

MARK RUBIN

St. Louis County Attorney

BY:


THOMAS STANLEY
Assistant County Attorney

Dated:

12-4-20

2019 (OPSG) Operation Stonegarden

EXHIBIT A

Organization: St Louis County

A-OPSG-2019-STLOUICO-010

Budget Summary (Report)

| Budget | | | | |
|---------------------------|--------------|--|--|--|
| Budget Category | Award | | | |
| Operational Overtime | | | | |
| Overtime | \$107,826.00 | | | |
| Total | \$107,826.00 | | | |
| Fringe Benefits | | | | |
| Fringe on OT | \$21,613.00 | | | |
| Total | \$21,613.00 | | | |
| Vehicle Maintenance | | | | |
| DNR Maintenance | \$1,500.00 | | | |
| Total | \$1,500.00 | | | |
| Equipment Maintenance | | | | |
| DNR Equipment Maintenance | \$26,000.00 | | | |
| Total | \$26,000.00 | | | |
| New/Replacement Equipment | | | | |
| DPD Equipment | \$30,510.00 | | | |
| Total | \$30,510.00 | | | |
| Fuel | | | | |
| DNR Fuel | \$720.00 | | | |
| Total | \$720.00 | | | |
| Reimbursement for Mileage | | | | |
| DNR mileage | \$3,480.00 | | | |
| Total | \$3,480.00 | | | |
| Travel | | | | |
| OPSG Workshop | \$3,351.00 | | | |
| Total | \$3,351.00 | | | |
| Total | \$195,000.00 | | | |
| Allocation | \$195,000.00 | | | |
| Balance | \$0.00 | | | |