



Board of County Commissioners Agenda Request

2K

Agenda Item #

Requested Meeting Date: 08/26/14

Title of Item: 2014 EMPG Grant

<input type="checkbox"/> REGULAR AGENDA <input checked="" type="checkbox"/> CONSENT AGENDA <input type="checkbox"/> INFORMATION ONLY	Action Requested: <input checked="" type="checkbox"/> Approve/Deny Motion <input type="checkbox"/> Adopt Resolution (attach draft) <i>*provide copy of hearing notice that was published</i>	<input type="checkbox"/> Direction Requested <input type="checkbox"/> Discussion Item <input type="checkbox"/> Hold Public Hearing*
Submitted by: Sheriff Scott Turner		Department: Sheriff's Office
Presenter (Name and Title): n/a		Estimated Time Needed: n/a
Summary of Issue: Attached is a copy of the 2014 Emergency Management Performance Grant (EMPG) agreement which funds a portion of our county emergency management program. It is a standard contract that we have executed with the state of Minnesota on an annual basis.		
Alternatives, Options, Effects on Others/Comments:		
Recommended Action/Motion: I am looking for a motion to allow the Board Chair and I to execute this contract with the state of Minnesota.		
Financial Impact: Is there a cost associated with this request? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No What is the total cost, with tax and shipping? \$ Is this budgeted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please Explain:</i> This is a budgeted revenue item.		



Minnesota Department of Public Safety ("State") Homeland Security and Emergency Management Division 445 Minnesota Street, Suite 223 St. Paul, Minnesota 55101	Grant Program: Emergency Management Performance Grant 2014 Grant Agreement No.: A-EMPG-2014-AITKINCO-00005
Grantee: Aitkin County 209 2nd Street NW, Aitkin County Courthouse Aitkin, Minnesota 56431	Grant Agreement Term: Effective Date: 1/1/2014 Expiration Date: 12/31/2014
Grantee's Authorized Representative: Scott Turner, Emergency Management Director 217 Second Street NW Aitkin, Minnesota 56431 Phone: 218-927-7420 e-mail: scott.turner@co.aitkin.mn.us	Grant Agreement Amount: Original Agreement \$20,907.00 Matching Requirement \$20,907.00
State's Authorized Representative: Kathryn Halling Homeland Security and Emergency Management 445 Minnesota St., Suite 223 St. Paul, Minnesota 55101 Phone: 651-201-7493 Kathryn.Halling@state.mn.us	Federal Funding: CFDA 97.042 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 Emergency Management Performance Grant 2014 Application ("Application") which is incorporated by reference into this grant agreement and on file with the State at Homeland Security and Emergency Management Division, 445 Minnesota Street, Suite 223, St. Paul, Minnesota 55101. The Grantee shall also comply with all requirements referenced in the Emergency Management Performance Grant-2014 Guidelines and Application which includes the Terms and Conditions and Grant Program Guidelines (<https://app.dps.mn.gov/EGGrants>), 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: _____

3. STATE AGENCY

By: _____
(with delegated authority)

Title: _____

Date: _____

Grant Agreement No. A-EMPG-2014-AITKINCO-00005/ PO# 3000028645

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: _____

Title: _____

Date: _____

By: _____

Title: _____

Date: _____

Distribution: DPS/FAS
Grantee
State's Authorized Representative

Emergency Management Performance Grant 2014

EXHIBIT A
A-EMPG-2014-AITKINCO-00005

Organization: Aitkin County

Budget Summary

EMPG: Aitkin County Emergency Management	Award	Match
Budget Category		
Planning		
Staff costs associated with Emergency Management Planning and Training and Exercising	\$20,907.00	\$20,907.00
Total	\$20,907.00	\$20,907.00
Total	\$20,907.00	\$20,907.00
Allocation	\$20,907.00	\$20,907.00
Balance	\$0.00	\$0.00