



# Board of County Commissioners Agenda Request

**2G**  
Agenda Item #

**Requested Meeting Date:** August 28, 2018

**Title of Item:** Toward Zero Deaths Grant

<input type="checkbox"/> REGULAR AGENDA <input checked="" type="checkbox"/> CONSENT AGENDA <input type="checkbox"/> INFORMATION ONLY	<b>Action Requested:</b> <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*
<b>Submitted by:</b> Kirk Peysar, County Auditor		<b>Department:</b> County Auditor
<b>Presenter (Name and Title):</b> Kirk Peysar, County Auditor		<b>Estimated Time Needed:</b> n/a
<b>Summary of Issue:</b> Authorize signatures to the grant agreement for TZD for the period of October 1, 2018 to September 30, 2019.		
<b>Alternatives, Options, Effects on Others/Comments:</b>		
<b>Recommended Action/Motion:</b> Authorize signatures to grant agreement		
<b>Financial Impact:</b> 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? \$ as attached Is this budgeted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No      Please Explain:		

Legally binding agreements must have County Attorney approval prior to submission.



<b>Minnesota Department of Public Safety ("State")</b> Office of Traffic Safety 445 Minnesota Street, Suite 1620 St. Paul, Minnesota 55101	<b>Grant Program:</b> 2019 Toward Zero Deaths (TZD) Safe Roads  <b>Project No.:</b> 19-06-03 <b>Grant Agreement No.:</b> A-SAFE19-2019-ATKNCOTZD-008
<b>Grantee:</b> Aitkin County 209 2 <sup>nd</sup> Street NE, Room 202 Aitkin, Minn. 56421-0000	<b>Grant Agreement Term:</b> <b>Effective Date:</b> 10/01/2018 <b>Expiration Date:</b> 09/30/2019
<b>Grantee's Authorized Representative:</b> Kirk Peysar, County Auditor Aitkin County 209 2nd Street NE, Room 202 Aitkin, Minn. 56421-0000 Phone: (218) 927-7361 Email: kpeysar@co.aitkin.mn.us	<b>Grant Agreement Amount:</b> Original Agreement \$20,250.00 Matching Requirement \$ 0.00
<b>State's Authorized Representative:</b> Gordy Pehrson, Grant Coordinator 445 Minnesota Street, Suite 1620 St. Paul, Minnesota 55101 Phone: (651) 201-7072 Email: gordy.pehrson@state.mn.us	Federal Funding: CFDA 20.600 FAIN: 18X9204020MN18 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 2019 TZD Safe Roads Application ("Application") which is incorporated by reference into this grant agreement and on file with the State at Office of Traffic Safety, 445 Minnesota Street, Suite 1620, St. Paul, Minnesota 55101. The Grantee shall also comply with all requirements referenced in the 2019 TZD Safe Roads 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-SAFE19-2019-ATKNCOTZD-008  
PO No. 3-55530

**3. STATE AGENCY**

By: \_\_\_\_\_  
(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: \_\_\_\_\_

Title: \_\_\_\_\_

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

By: \_\_\_\_\_

Title: \_\_\_\_\_

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

Distribution: DPS/FAS  
Grantee  
State's Authorized Representative

Budget Summary

Budget			
Budget Category	State Reimbursement	Local Match	
Contracted Services; Coalition Coordinator			
Coalition Coordinator	\$18,200.00	\$0.00	
<b>Total</b>	<b>\$18,200.00</b>	<b>\$0.00</b>	
Contracted Services: Victim Impact Speaker			
victim impact speaker	\$500.00	\$0.00	
<b>Total</b>	<b>\$500.00</b>	<b>\$0.00</b>	
In-State Travel			
Coordinator reimbursement	\$1,000.00	\$0.00	
<b>Total</b>	<b>\$1,000.00</b>	<b>\$0.00</b>	
Supplies			
supplies	\$200.00	\$0.00	
<b>Total</b>	<b>\$200.00</b>	<b>\$0.00</b>	
Phone, Internet			
phone internet	\$350.00	\$0.00	
<b>Total</b>	<b>\$350.00</b>	<b>\$0.00</b>	
<b>Total</b>	<b>\$20,250.00</b>	<b>\$0.00</b>	