

# **Goodhue County Grant Form**

## **Grant Information**

**Grant Award: \$32,086** 

Name of Grant: 2023 Emergency Management Performance Grant Sponsoring Agency: MN Department of Public Safety through FEMA

Grant Period: 01/01/2023- 06/30/2025

## **Department Information**

Department: Emergency Management Primary Contact Person: Earl Merchlewitz

Phone number: 651-267-2639

## **Purpose:**

Provide funds to assist emergency management agencies to implement the National Preparedness System (NPS) and to support the National Preparedness Goal of a secure and resilient nation. The objectives include closing capability gaps that are identified in the state's most recent Stakeholder Preparedness Review (SPR) and building or sustaining those capabilities that are identified as high priority through the Threat and Hazard Identification and Risk Assessment process.

#### **Restrictions:**

In order to receive these grant dollars, Goodhue County has to match the funds by 100%.

⊠ Reimbursement □ Payment up front	☐ Match (\$ or in-kind)
Website Address: www.fema.gov	
CFDA # (if Federal Grant): 97.042	
Date sent to Administration: 01/09/25	
<b>Board Approval Date (for office use only):</b>	

Minnesota Department of Public Safety ("State") Homeland Security and Emergency Management Division 445 Minnesota Street, Suite 223 St. Paul, MN 55101-2190	Grant Program: 2023 Emergency Management Performance Grant Grant Contract Agreement No.: A-EMPG-2023-GOODHUCO-029	
Grantee: Goodhue County 509 West 5th Street Red Wing, MN 55066	Grant Contract Agreement Term:  Effective Date: 01/01/2023 Expiration Date: 06/30/2025	
Grantee's Authorized Representative: Goodhue County Sheriff's Office / Emergency Management ATTN: Sheriff Marty Kelly 430 West 6th Street Red Wing, MN 55066 Phone: 651-267-2702 E-mail: marty.kelly@co.goodhue.mn.us	Grant Contract Agreement Amount: Original Agreement \$32,086.00 Matching Requirement \$32,086.00	
State's Authorized Representative: Homeland Security and Emergency Management ATTN: Ms. Kyle Temme	Federal Funding: CFDA/ALN: 97.042  FAIN: EMC-2023-EP-00001	
445 Minnesota Street, Suite 223 St. Paul, MN 55101-2190 Phone: 651-201-7420 E-mail: kyle.temme@state.mn.us	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:** Per Minn. Stat.§16B.98, Subd. 5, the Grantee must not begin work until this grant contract agreement is fully executed and the State's Authorized Representative has notified the Grantee that work may commence. Per Minn.Stat.§16B.98 Subd. 7, no payments will be made to the Grantee until this grant contract agreement is fully executed. 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 2023 Emergency Management Performance Grant Application ("Application") which is incorporated by reference into this grant contract agreement and on file with the State at 445 Minnesota Street, Suite 223. St. Paul, MN 55101-2190. The Grantee shall also comply with all requirements referenced in the 2023 Emergency Management Performance Grant Guidelines and Application which includes the Terms and Conditions and Grant Program Guidelines (<a href="https://app.dps.mn.gov/EGrants">https://app.dps.mn.gov/EGrants</a>), 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.



#### **Grant Contract Agreement**

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*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	3. STATE AGENCY		
required by Minn. Stat. § 16A.15.	Signed:	th delegated authority)	
6. 1	`	2,	
Signed:	1 itle:		
Date:	Date:		
Grant Contract Agreement No. <u>A-EMPG-2023-GOODHUCO-02</u>	29 / P.O. No. 3000098056		
Project No: <u>N/A</u>			
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:			
Signed:			
Print Name:	Distribution	DDS/EAS	
Title:	Distribution	Grantee State's Authorized Representative	
Date:		Same a Aumorized Representative	

## 2023 (EMPG) Emergency Management Performance Grant

### **Budget Summary (Review Report)**

Organization: Goodhue County EXHIBIT A A-EMPG-2023-GOODHUCO-029

Budget		
Budget Category	Award	Match
Planning		
EM Operating Expenses	\$6,800.75	\$6,800.75
Total	\$6,800.75	\$6,800.75
Organization		
EM Director Salary & Benefits	\$25,285.25	\$25,285.25
Total	\$25,285.25	\$25,285.25
Total	\$32,086.00	\$32,086.00
Allocation	\$32,086.00	\$32,086.00
Balance	\$0.00	\$0.00

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