



# Goodhue County Grant Form

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## Grant Information

**Grant Award: \$26,650**

**Name of Grant: FY2025 Toward Zero Deaths (TZD) Enforcement Grant**

**Sponsoring Agency: MN Department of Public Safety**

**Grant Period: 10/01/24-9/30/2025**

## Department Information

**Department: Sheriff's Office**

**Primary Contact Person: Justin Wallerich/Kristine Holst**

**Phone number: 267-2848/385-3045**

## **Purpose:**

The purpose of this program is to conduct a highly visible, well publicized traffic safety enforcement program. The grant funds will be used for overtime enforcement to address all traffic safety issues with an emphasis on impaired driving, occupant protection, speed and distracted driving.

## **Restrictions:**

All grant-funded overtime enforcement must be high visibility enforcement, and the funds must ultimately increase an agency's overall budget.

Reimbursement     Payment up front     Match (\$ or in-kind)

**Website Address: [www.dps.mn.gov](http://www.dps.mn.gov)**

**CFDA # (if Federal Grant): 20.608 & 20.600**

**Date sent to Administration: 09/16/2024**

**Board Approval Date (for office use only): \_\_\_\_\_**



<b>Minnesota Department of Public Safety (“State”)</b> Office of Traffic Safety 445 Minnesota Street, Suite 1620 Saint Paul, Minn., 55101	<b>Grant Program:</b> 2025 Enforcement  <b>Grant Contract Agreement No.:</b> A-ENFRC25-2025-GOODHUCO-015
<b>Grantee:</b> Goodhue County Sheriff's Office 430 West Sixth St. Red Wing, Minn. 55066-2651	<b>Grant Contract Agreement Term:</b>  <b>Effective Date:</b> Oct. 1, 2024 <b>Expiration Date:</b> Sept. 30, 2025
<b>Grantee’s Authorized Representative:</b> Kristine Holst Goodhue County Sheriff's Office 430 West Sixth St. Red Wing, Minn. 55066-2651 (651) 385-3045 kristine.holst@co.goodhue.mn.us	<b>Grant Contract Agreement Amount:</b> Original Agreement \$ 26,650.00 Matching Requirement* \$0.00 See special conditions
<b>State’s Authorized Representative:</b> Shannon Grabow Office of Traffic Safety 445 Minnesota Street, Suite 1620 Saint Paul, Minn., 55101 (651) 373-9671 shannon.grabow@state.mn.us	<b>Federal Funding:</b> CFDA/ALN: 20.608, 20.600 <b>FAIN:</b> 69A37523300004020MN0, 69A37523300001640MNA <b>State Funding:</b> N/A  <b>*Special Conditions:</b> If equipment is purchased, a 50 percent match of the item is required. Refer to program manual.

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 2025 Enforcement Application [“Application”] which is incorporated by reference into this grant contract agreement and on file with the State at 445 Minnesota Street, Suite 1620, Saint Paul, Minnesota 55101. The Grantee shall also comply with all requirements referenced in the 2025 Enforcement 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.

**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: \_\_\_\_\_

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

Grant Contract Agreement No./ P.O. No.  
A-ENFRC25-2025-GOODHUCO-015/3000098251

Project No. 25-04-01

**3. STATE AGENCY**

Signed: \_\_\_\_\_  
(with delegated authority)

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

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

**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

Budget Summary

Budget			
Budget Category	State Reimbursement	Local Match	
Dispatch/Admin- Other			
Dispatch/Admin - Other	\$300.00	\$0.00	
<b>Total</b>	\$300.00	\$0.00	
Enforcement- Distract/Speed/MO/Belt			
Enfrc- Distract/Spd/MO/Belt	\$15,750.00	\$0.00	
<b>Total</b>	\$15,750.00	\$0.00	
Enforcement- Impaired			
Enforcement - DWI	\$7,000.00	\$0.00	
<b>Total</b>	\$7,000.00	\$0.00	
Match – Mileage Expenses			
Mileage Expenses	\$0.00	\$0.00	
<b>Total</b>	\$0.00	\$0.00	
Dispatch/Admin-Impaired			
Dispatch/Admin - Impaired	\$500.00	\$0.00	
<b>Total</b>	\$500.00	\$0.00	
Optional Activities- Impaired			
Optional Activities - DWI	\$1,800.00	\$0.00	
<b>Total</b>	\$1,800.00	\$0.00	
Optional Activities- Other			
Optional Activities - Other	\$1,300.00	\$0.00	
<b>Total</b>	\$1,300.00	\$0.00	
<b>Total</b>	\$26,650.00	\$0.00	