



# Goodhue County Grant Form

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## **Grant Information**

**Grant Award:** \$658,000  
**Name of Grant:** 2026-2027 Radiological Emergency Preparedness  
**Sponsoring Agency:** MN Department of Public Safety, Homeland Security & Emergency Management Division  
**Grant Period:** 7/1/2025-6/30/2027

## **Department Information**

**Department:** Goodhue County Sheriff's Office  
**Primary Contact Person:** Earl Merchlewitz  
**Phone number:** 651-267-2639

## **Purpose:**

This grant agreement is funding for emergency preparedness for the Prairie Island Nuclear Power Plant (PINGP). This funding is designed to support emergency management efforts as they relate to planning, response, training and overall emergency preparedness for PINGP. This grant also includes funding that is intended for the cities of Red Wing and Cannon Falls Radiological Emergency Preparedness programs that are administered by Goodhue County Emergency Management.

## **Restrictions:**

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

**Website Address:** <https://dps.mn.gov/divisions/hsem>  
**CFDA # (if Federal Grant):** None  
**Date sent to Administration:** 6/25/2025

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



<b>Minnesota Department of Public Safety (“State”)</b> Homeland Security and Emergency Management Division 3925 Pheasant Ridge Dr NE Blaine, MN 55449	<b>Grant Program:</b> 2026/27 (REP) Radiological Emergency Preparedness  <b>Grant Contract Agreement No.:</b> A-REP-2026/27-GOODHUCO-008
<b>Grantee:</b> Goodhue County 509 West 5th Street Red Wing, MN 55066-2578	<b>Grant Contract Agreement Term:</b>  <b>Effective Date:</b> 7/1/2025 <b>Expiration Date:</b> 6/30/2027
<b>Grantee’s Authorized Representative:</b> Marty Kelly Goodhue County 430 West 6th St Red Wing, MN 55066 651-267-2702 marty.kelly@goodhuecountymn.gov	<b>Grant Contract Agreement Amount:</b> Original Agreement \$658,000.00 Matching Requirement \$ 0.00
<b>State’s Authorized Representative:</b> Patrick McLaughlin Homeland Security & Emergency Management Division 3925 Pheasant Ridge Dr NE Blaine, MN 55449 Phone: 651-201-7434 E-Mail: Patrick.McLaughlin@state.mn.us	<b>Federal Funding:</b> n/a <b>FAIN:</b> n/a <b>State Funding:</b> Minnesota Statutes Chapter 12 Sections 12.13, 12.14 and 12.22, Subd.2 <b>Special Conditions</b> 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 2026/27 (REP) Radiological Emergency Preparedness [“Application”] which is incorporated by reference into this grant contract agreement and on file with the State at Homeland Security and Emergency Management Division 3925 Pheasant Ridge Dr NE, Blaine, MN 55449. The Grantee shall also comply with all requirements referenced in the 2026/27 (REP) Radiological Emergency Preparedness 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: \_\_\_\_\_

**3. STATE AGENCY**

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

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

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

Grant Contract Agreement No./ P.O. No. A-REP-2026/27-GOODHUCO-008 / 3000103787

Project No.(indicate N/A if not applicable): \_\_\_\_\_

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

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

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

Distribution: DPS/FAS  
Grantee  
State's Authorized Representative

Organization: Goodhue County

A-REP-2026/27-GOODHUCO-008

## Budget Summary (Report)

<b>FY26: REP</b>				
<b>Budget Category</b>	<b>Awarded</b>			
Personnel (training, drill, exercise)				
Annual Training 26	\$45,500.00			
Annual Training 26 - EWD	\$7,500.00			
<b>Total</b>	<b>\$53,000.00</b>			
Equipment				
Equipment 26	\$40,000.00			
Equipment 26 - EWD	\$2,000.00			
<b>Total</b>	<b>\$42,000.00</b>			
Supplies				
Supplies 26	\$5,000.00			
<b>Total</b>	<b>\$5,000.00</b>			
Other				
Operating costs 26	\$5,000.00			
Operating costs 26 - EWD	\$500.00			
<b>Total</b>	<b>\$5,500.00</b>			
Personnel				
Wages 26	\$120,000.00			
<b>Total</b>	<b>\$120,000.00</b>			
Travel				
Travel 26	\$6,000.00			
<b>Total</b>	<b>\$6,000.00</b>			
<b>Total</b>	<b>\$231,500.00</b>			
<b>FY27: REP</b>				
<b>Budget Category</b>	<b>Awarded</b>			
Personnel (training, drill, exercise)				
Annual Training 27	\$45,000.00			
Annual Training 27 - EWD	\$7,500.00			
<b>Total</b>	<b>\$52,500.00</b>			
Equipment				
Equipment 27	\$35,000.00			

Organization: Goodhue County

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## Budget Summary (Report)

Equipment 27 - EWD	\$2,000.00
<b>Total</b>	\$37,000.00
Supplies	
Supplies 27	\$5,000.00
<b>Total</b>	\$5,000.00
Other	
Operating costs 27	\$5,000.00
Operating costs 27 - EWD	\$500.00
<b>Total</b>	\$5,500.00
Personnel	
Wages 27	\$120,000.00
<b>Total</b>	\$120,000.00
Travel	
Travel 27	\$500.00
<b>Total</b>	\$500.00
<b>Total</b>	\$220,500.00
<b>FY26: Red Wing</b>	
<b>Budget Category</b>	<b>Awarded</b>
Personnel (training, drill, exercise)	
Annual Training 26 - Red Wing	\$42,500.00
Annual Training 26 - RW EWD	\$7,500.00
<b>Total</b>	\$50,000.00
Equipment	
Equipment 26 - Red Wing	\$10,000.00
Equipment 26 - RW EWD	\$2,000.00
<b>Total</b>	\$12,000.00
Supplies	
Supplies 26 - Red Wing	\$2,500.00
<b>Total</b>	\$2,500.00
Other	
Operating costs 26 - Red Wing	\$5,000.00
Operating costs 26 - RW EWD	\$500.00

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## Budget Summary (Report)

<b>Total</b>	\$5,500.00
Personnel	
Wages 26 - Red Wing	\$30,000.00
<b>Total</b>	\$30,000.00
Travel	
Travel 26 - Red Wing	\$2,000.00
<b>Total</b>	\$2,000.00
<b>Total</b>	\$102,000.00
<b>FY27: Red Wing</b>	
<b>Budget Category</b>	<b>Awarded</b>
Personnel (training, drill, exercise)	
Annual Training 27 - Red Wing	\$42,500.00
Annual Training 27 - RW EWD	\$7,500.00
<b>Total</b>	\$50,000.00
Equipment	
Equipment 27 - Red Wing	\$10,000.00
Equipment 27 - Red Wing	\$2,000.00
<b>Total</b>	\$12,000.00
Supplies	
Supplies 27 - Red Wing	\$2,500.00
<b>Total</b>	\$2,500.00
Other	
Operating costs 27 - Red Wing	\$5,000.00
Operating costs 27 - RW EWD	\$500.00
<b>Total</b>	\$5,500.00
Personnel	
Wages 27 - Red Wing	\$30,000.00
<b>Total</b>	\$30,000.00
Travel	
Travel 27 - Red Wing	\$2,000.00
<b>Total</b>	\$2,000.00
<b>Total</b>	\$102,000.00

Organization: Goodhue County

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Budget Summary (Report)

Total	\$656,000.00
Allocation	\$656,000.00
Balance	\$0.00