



# Goodhue County Grant Form

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## Grant Information

**Grant Award: \$18,217**

**Name of Grant: Opioid Settlement Advisory Council (OSAC) Grant**

**Sponsoring Agency: Goodhue County Opioid Settlement Advisory Council**

**Grant Period: Calendar Year 2025**

## Department Information

**Department: Adult Detention Center**

**Primary Contact Person: Cory Gagnon**

**Phone number: 651-267-2807**

## **Purpose:**

Funds from the OSAC grant will be used to purchase Guardian RFID handheld devices for the Adult Detention Center, which will be used to document and track detainee wellbeing and activity, which in turn will reduce liability and minimize risks for detainees undergoing withdrawal from drugs and alcohol.

The data received from this device will allow for better tracking and reporting of these symptoms, to allow for the best possible detainee care and outcome and will allow for the Health Unit to be able to provide the appropriate care the detainee needs.

## **Restrictions:**

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

**Website Address:**

**CFDA # (if Federal Grant):**

**Date sent to Administration: 01/16/2025**

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



Goodhue County  
Opioid Settlement  
Advisory Council



## ***Opioid Settlement Advisory Council (OSAC) Grant Agreement***

**Date of Agreement:** January 14, 2025

**Grantee:** Goodhue County Sheriff's Office

**Grant Amount:** \$18,217.00

**Grant Period:** Calendar Year 2025

THIS AGREEMENT is made and entered into by and between Goodhue County Health and Human Services (GCHHS), serving as the fiscal agent for the Opioid Settlement Advisory Council (OSAC), a subcommittee of the Mental & Chemical Health Coalition of Goodhue County, and the grantee Goodhue County Sheriff's Office. This grant program will provide funds to implement the identified investment strategy of Harm Reduction Access and Education using Opioid Settlement dollars.

Therefore, it is agreed by and between the parties hereto that:

1. **Services:** The Grantee shall provide the services outlined in the submitted and approved grant proposal. The Grantee must obtain approval before changing any part of the budget or approved services.
2. **Expenses:** The Grantee shall ensure that costs incurred are identified in the budget. A ledger tracking payments made within the budget must be submitted on or before December 5<sup>th</sup>, 2025, to Katie Elias, Fiscal Officer at [katie.elias@goodhuecountymn.gov](mailto:katie.elias@goodhuecountymn.gov). Unspent funds must be returned to GCHHS by 12/19/2025.
  - a. Grantee does not need to submit receipts or any other proof of payment, however they will be required to maintain all documentation and provide to GCHHS if requested for auditing purposes.
3. **Payment for Services:** The Grantee shall receive a one-time payment from GCHHS in the form of a check or ACH.
4. **Reporting:** Grant reports will be sent at the end of the grant period and must be completed by February 28<sup>th</sup> of each year. GCHHS reserves the right to request a presentation about the awarded program and its impact.

### **Cancellation**

This Agreement may be canceled by GCHHS or Grantee at any time without cause upon 30 days written notice to the other party. The 30-day notice may be waived, in writing, by the party receiving notice. In the event of cancellation, Grantee shall be entitled to payment for all reimbursable costs incurred as of the date of cancellation.

**General Provisions**

- A. **INDEPENDENT CONTRACTOR:** Grantee shall act as an independent contractor, and Grantee shall not be entitled to any benefits to which GCHHS employees may be entitled.
- B. **PAYMENT OF TAXES AND OTHER LEVIES:** Grantee shall be exclusively responsible for reporting and payment of all income tax payments, unemployment insurance, worker's compensation insurance, social security obligations, and similar taxes and levies.
- C. **LIABILITY:** All liability to third parties, loss, or damage as a result of claims, demands, costs, or judgments arising out of activities, such as direct service delivery, to be carried out by the Grantee in the performance of this agreement shall be the responsibility of the Grantee, and not the responsibility of the GCHHS, if the liability, loss, or damage is caused by, or arises out of, the actions of failure to act on the part of the Grantee, any subcontractor, anyone directly or indirectly employed by the Grantee.

**IN WITNESS WHEREOF,** Goodhue County Health & Human Services and Goodhue County Sheriff's Office have executed this Agreement as of the day and year the Agreement is signed.

**Goodhue County Sheriff's Office**

BY: \_\_\_\_\_ DATED: \_\_\_\_\_

**Goodhue County Health & Human Services**

BY: \_\_\_\_\_ DATED: \_\_\_\_\_