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| Minnesota Department of Public Safety (“State”) Homeland Security and Emergency Management Division 445 Minnesota Street, Suite 223 St Paul, MN 55101-2190 | Grant Program: 2022-2023 Radiological Emergency Preparedness Grant Contract Agreement No.: A-REP-2022/23-LESUECO-019 |
| Grantee: Le Sueur County 435 East Derrynane - Suite 100 Le Center, MN 56057-1658 | Grant Contract Agreement Term: Effective Date: 07/01/2021 Expiration Date: 06/30/2023 |
| Grantee’s Authorized Representative: Le Sueur County Ann Traxler 435 E. Derrynane St Suite 100 Le Center, MN 56057 Phone: 507-380-0048 E-Mail: atraxler@co.le-sueur.mn.us | Grant Contract Agreement Amount: Original Agreement \$6,000.00 Matching Requirement \$ 0.00 |
| State’s Authorized Representative: Patrick McLaughlin Homeland Security and Emergency Management Division 445 Minnesota Street, Suite 223 St Paul, MN 55101-2190 Phone: 651-201-7434 E-Mail: Patrick.McLaughlin@state.mn.us | Federal Funding: None FAIN: None State Funding: Minnesota Statutes Chapter 12, Section 12.22, Subd.2 and Sections 12.13 and 12.14 Special Conditions: None |

Under Minn. Stat. § 299A.01, Subd 2 (4) the State is empowered to enter into this grant contract agreement.

Term: The creation and validity of this grant contract agreement conforms with Minn. Stat. § 16B.98 Subd. 5. 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 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 2022-2023 Radiological Emergency Preparedness Application (“Application”) which is incorporated by reference into this grant contract agreement and on file with the State at Homeland Security and Emergency Management Division 445 Minnesota Street, Suite 223, St Paul, MN 55101-2190. The Grantee shall also comply with all requirements referenced in the 2022-2023 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-2022/23-LESUECO-019 / 3000073780

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

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 (Report)

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|-----------------------------------|--|----------------|--|--|
| FY22: REP | | | | |
| Budget Category | | Awarded | | |
| Planning/Training/Drills/Exercise | | | | |
| 22 Ingestion Planning | | \$3,000.00 | | |
| Total | | \$3,000.00 | | |
| Total | | \$3,000.00 | | |
| FY23: REP | | | | |
| Budget Category | | Awarded | | |
| Planning/Training/Drills/Exercise | | | | |
| 23 Ingestion Planning | | \$3,000.00 | | |
| Total | | \$3,000.00 | | |
| Total | | \$3,000.00 | | |
| Total | | \$6,000.00 | | |
| Allocation | | \$6,000.00 | | |
| Balance | | \$0.00 | | |

