

Aitkin County Board of Commissioners
Request for County Board Action/Agenda Item Cover Sheet



To: Chairperson, Aitkin County Board of Commissioners Date: 11/05/12

Via:

From: Sheriff Scott Turner

Title of Item: Emergency Management Performance Grant

Requested Meeting Date: 11/13/2012 Est. Presentation Time: _____

Presenter: Sheriff Scott Turner

Type of Action Requested (check all that apply)

- For info only, no action requested
- For discussion only with possible future action
- Let/Award Bid or Quote (attach copy of basic bid/quote specs or summary of complex specs, each bid/quote received & bid/quote comparison)
- Approve/adopt proposal by motion
- Authorize filling vacant staff position
- Request to schedule public hearing or sale
- Request by member of the public to be heard
- Item should be addressed in closed session under MN Statute _____
- Approve under Routine Business
- Adopt Ordinance Revision
- Approve/adopt proposal by resolution (attach draft resolution)
- Other (please list) _____

Consent Agenda

Fiscal Impact (check all that apply)

- Is this item in the current approved budget? Yes No (attach explanation)
- What type of expenditure is this? _____ Other (attach explanation)
- Revenue line account # that funds this item is: 280-5390
- Expenditure line account # for this item is: _____

Staffing Impact (Any yes answer requires a review by Human Resources Manager before going to the board)

- Duties of a department employee(s) may be materially affected. Yes No
- Applicable job description(s) may require revision. Yes No
- Item may impact a bargaining unit agreement or county work policy. Yes No
- Item may change the department's authorized staffing level. Yes No



Supporting Attachment(s)

- Memorandum Summary of Item
- Copy of applicable county policy and/or ordinance (excerpts acceptable)
- Copy of applicable state/federal statute/regulation (excerpts acceptable)
- Copy of applicable contract and/or agreement
- Original bid spec or quote request (excluding complex construction projects)
- Bids/quotes received (excluding complex construction projects, provide comparison worksheet)
- Bid/quote comparison worksheet
- Draft County Board resolution
- Plat approval check-list and supporting documents
- Copy of previous minutes related to this issue
- Other supporting document(s) (please list) Grant Agreement

Provide eleven (11) copies of supporting documentation NO LATER THAN Wednesday at 8:00am to make the Board's agenda for the following Tuesday. Items WILL NOT be placed on the Board agenda unless complete documentation is provided for mailing in the Board packets. (see reverse side for details)

SCOTT A. TURNER
SHERIFF OF AITKIN COUNTY

217 Second Street NW
Aitkin, MN 56431

218-927-2138 Emergency 911
Sheriff Fax 218-927-7359 / Dispatch Fax 218-927-6887
TOLL FREE 1-888-900-2138

MEMO

To: Aitkin County Board of Commissioners Date: November 6, 2012

From: Sheriff Scott Turner Re: 2012 EMPG

Attached is a copy of the 2012 Emergency Management Performance Grant (EMPG). This is an annual grant that helps fund the Emergency Management Activities within Aitkin County. This is an annual grant that comes to Aitkin County from the federal government via the Minnesota Department of Public Safety, Division of Homeland Security and Emergency Management.

I request board authorization for Aitkin County to enter into this agreement. In the past it has been done by consent.

If you have any questions relative to this request, please do not hesitate to call.
Thank you.



Minnesota Department of Public Safety ("State") Homeland Security and Emergency Management Division 445 Minnesota Street, Suite 223 St Paul, Minnesota 55101	Grant Program: Emergency Management Performance Grant 2012 Grant Agreement No.: A-EMPG-2012- AITKINCO-00001
Grantee: Aitkin County 209 Northwest 2nd Street, Aitkin County Courthouse Aitkin, Minnesota 56431	Grant Agreement Term: Effective Date: 1/1/2012 Expiration Date: 12/31/2012
Grantee's Authorized Representative: Scott Turner, Sheriff 217 Northwest 2nd Street, Suite 185 Aitkin, Minnesota 56431 Phone: (218) 927-7420 Email: scott.turner@co.aitkin.mn.us	Grant Agreement Amount: Original Agreement \$19,645.00 Matching Requirement \$19,645.00
State's Authorized Representative: Ann Kuzj, Grants Specialist Homeland Security and Emergency Management Division 445 Minnesota Street, Suite 223 St Paul, Minnesota 55101 Phone: 651-201-7422 Email: Ann.Kuzj@state.mn.us	Federal Funding: CFDA 97.042 State Funding: None Special Conditions: None

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

Term: Effective date is the date shown above or the date the State obtains all required signatures under Minn. Stat. § 16C.05, subd. 2, whichever is later. Once this grant agreement is fully executed, the Grantee may claim reimbursement for expenditures incurred pursuant to the Payment clause of this grant agreement. Reimbursements will only be made for those expenditures made according to the terms of this grant 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 Emergency Management Performance Grant 2012 Application ("Application") which is incorporated by reference into this grant agreement and on file with the State at 445 Minnesota Street, Suite 223, St Paul, Minnesota 55101. The Grantee shall also comply with all requirements referenced in the Emergency Management Performance Grant 2012 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 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 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 and 16C.05.

Signed: _____

Date: _____

3. STATE AGENCY

By: _____
(with delegated authority)

Title: _____

Date: _____

Grant Agreement No. A-EMPG-2012-AITKINCO-00001 / PO # 3000015324

2. GRANTEE

The Grantee certifies that the appropriate person(s) have executed the grant agreement on behalf of the Grantee as required by applicable articles, bylaws, resolutions, or ordinances.

By: _____

Title: _____

Date: _____

By: _____

Title: _____

Date: _____

Distribution: DPS/FAS
Grantee
State's Authorized Representative

Emergency Management Performance Grant 2012

Organization: Aitkin County

EXHIBIT A

A-EMPG-2012-AITKINCO-00001

Budget Summary

EMPG: Aitkin County Emergency Management			
Budget Category		Award	Match
Planning			
All Emergency Management activities for Aitkin County for the year 2012.		\$19,645.00	\$19,645.00
Total		\$19,645.00	\$19,645.00
Total		\$19,645.00	\$19,645.00
Allocation		\$19,645.00	\$19,645.00
Balance		\$0.00	\$0.00