



# Board of County Commissioners Agenda Request

**2E**  
Agenda Item #

**Requested Meeting Date:** 09/26/2017

**Title of Item:** 2017 EMPG Grant

<input type="checkbox"/> REGULAR AGENDA <input checked="" type="checkbox"/> CONSENT AGENDA <input type="checkbox"/> INFORMATION ONLY	<b>Action Requested:</b> <input checked="" type="checkbox"/> Approve/Deny Motion <input type="checkbox"/> Adopt Resolution (attach draft) <i>*provide copy of hearing notice that was published</i>	<input type="checkbox"/> Direction Requested <input type="checkbox"/> Discussion Item <input type="checkbox"/> Hold Public Hearing*
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<b>Submitted by:</b> Sheriff Scott Turner	<b>Department:</b> Sheriff's Office
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<b>Presenter (Name and Title):</b> Sheriff Scott Turner	<b>Estimated Time Needed:</b>
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**Summary of Issue:**

See attached memo and agreement.

**Alternatives, Options, Effects on Others/Comments:**

**Recommended Action/Motion:**

Approve agreement and authorize signatures.

**Financial Impact:**

Is there a cost associated with this request?       Yes       No

What is the total cost, with tax and shipping? \$

Is this budgeted?       Yes       No      *Please Explain:*

This is a budgeted revenue item.

**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: September 14, 2017

From: Sheriff Scott Turner      Re: Annual EMPG grant

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Enclosed is the annual Emergency Management Performance Grant (EMPG) award for the year 2017. The award amount for this year is \$19,626. This amount does not totally fund our Emergency Management activities, rather it assists with some of the cost. At this time, two of us are actively involved in Emergency Management for Aitkin County. This grant period actually took effect on January 1, 2017. I am looking for the authorization to have the board chair and clerk sign this agreement with the State of Minnesota for this funding of our Emergency Management program.

If you have any questions relative to this process, please do not hesitate to give me a call.



<b>Minnesota Department of Public Safety ("State")</b> Homeland Security and Emergency Management Division 445 Minnesota Street, Suite 223 St. Paul, Minnesota 55101	<b>Grant Program:</b> Emergency Management Performance Grant 2017  <b>Grant Agreement No.:</b> A-EMPG-2017-AITKINCO-001
<b>Grantee:</b> Aitkin County 209 2nd Street N.W. Aitkin, MN 56431	<b>Grant Agreement Term:</b> <b>Effective Date:</b> 1/1/2017 <b>Expiration Date:</b> 12/31/2017
<b>Grantee's Authorized Representative:</b> Scott Turner 217 Second St. NW, Suite 185 Aitkin, MN 56431 Phone: (218) 927-7420 e-mail: <a href="mailto:scott.turner@co.aitkin.mn.us">scott.turner@co.aitkin.mn.us</a>	<b>Grant Agreement Amount:</b> Original Agreement \$ 19,626.00  Matching Requirement \$ 19,626.00
<b>State's Authorized Representative:</b> Matti Gurney Homeland Security and Emergency Management 445 Minnesota St., Suite 223 St. Paul, Minnesota 55101 Phone: 651-201-7422 <a href="mailto:Matti.Gurney@state.mn.us">Matti.Gurney@state.mn.us</a>	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. § 16B.98, subd. 7, 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 2017 Application ("Application") which is incorporated by reference into this grant agreement and on file with the State at Homeland Security and Emergency Management Division, 445 Minnesota Street, Suite 223, St. Paul, Minnesota 55101. The Grantee shall also comply with all requirements referenced in the Emergency Management Performance Grant 2017 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-2017-AITKINCO-001 / PO#3000050183

**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

2017 (EMPG) Emergency Management Performance Grant

EXHIBIT A

Organization: Aitkin County

A-EMPG-2017-AITKINCO-001

Budget Summary (Report)

EMPG				
Budget Category		Award	Match	
Planning				
Personnel Costs associated with Aitkin County EM planning		\$18,122.00	\$18,122.00	
<b>Total</b>		<b>\$18,122.00</b>	<b>\$18,122.00</b>	
Training				
Training costs for emergency management staff.		\$1,504.00	\$1,504.00	
<b>Total</b>		<b>\$1,504.00</b>	<b>\$1,504.00</b>	
<b>Total</b>		<b>\$19,626.00</b>	<b>\$19,626.00</b>	
<b>Allocation</b>		<b>\$19,626.00</b>	<b>\$19,626.00</b>	
<b>Balance</b>		<b>\$0.00</b>	<b>\$0.00</b>	