



# Board of County Commissioners Agenda Request

2F  
Agenda Item #

**Requested Meeting Date:** 02/11/2020

**Title of Item:** 2019 EMPG Grant

<input type="checkbox"/> REGULAR AGENDA <input checked="" type="checkbox"/> CONSENT AGENDA <input type="checkbox"/> INFORMATION ONLY	<b>Action Requested:</b> <input 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*
<b>Submitted by:</b> Sheriff Dan Guida		<b>Department:</b> Sheriff's Office
<b>Presenter (Name and Title):</b> Sheriff Dan Guida		<b>Estimated Time Needed:</b>
<b>Summary of Issue:</b>  See attached memo and agreement.		
<b>Alternatives, Options, Effects on Others/Comments:</b>		
<b>Recommended Action/Motion:</b> Recommend authorizing Board Chair and clerk to sign the EMPG agreement with the State of MN for this funding.		
<b>Financial Impact:</b> Is there a cost associated with this request? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No What is the total cost, with tax and shipping? \$ Is this budgeted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please Explain:</i> This is a budgeted revenue item.		

# DANIEL G. GUIDA

## AITKIN COUNTY SHERIFF

218 1<sup>st</sup> St. N.W.

Aitkin, MN 56431

218-927-7435 / 1-888-900-2138

Emergency 911

Sheriff Fax: 218-927-7359 / Dispatch Fax: 218-927-6887

## MEMO

TO: Aitkin County Board of Commissioners DATE: January 31, 2020

FROM: Sheriff Dan Guida

RE: EMPG Grant

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Attached is the annual Emergency Management Performance Grant (EMPG) award for the year 2019. The award amount for 2019 is \$19,283. The Department of Public Safety was unable to make the grant application process available until late 2019 so receipt of the 2019 funds will be in 2020.

This grant does not totally fund our emergency management activities, rather it offsets some of the costs. I am looking for authorization to have the Board Chair and clerk sign this agreement with the State of Minnesota for this funding.

Please let me know if you have any questions. Thank you.



<b>Minnesota Department of Public Safety (“State”)</b> Homeland Security and Emergency Management Division 445 Minnesota Street, Suite 223 St. Paul, Minnesota 55101-2190	<b>Grant Program:</b> 2019 Emergency Management Performance Grant  <b>Grant Agreement No.:</b> A-EMPG-2019-AITKINCO-002
<b>Grantee:</b> Aitkin County 217 2nd Street NW Suite #185 Aitkin, MN 56431-1271	<b>Grant Agreement Term:</b> <b>Effective Date:</b> 01/01/2019 <b>Expiration Date:</b> 02/29/2020
<b>Grantee’s Authorized Representative:</b> Aitkin County Sheriff’s Office / Emergency Management ATTN: Sheriff Dan Guida – Emergency Management Director 218 2nd Street NW Aitkin, MN 56431-1271 Phone: 218-927-7417 E-mail: dan.guida@co.aitkin.mn.us	<b>Grant Agreement Amount:</b> Original Agreement \$ 19,283.00  Matching Requirement \$ 19,283.00
<b>State’s Authorized Representative:</b> Kyle Temme Homeland Security and Emergency Management 445 Minnesota St., Suite 223 St. Paul, Minnesota 55101-2190 Phone: 651-201-7420 E-mail: kyle.temme@state.mn.us	Federal Funding: CFDA 97.042 FAIN: EMC-2019-EP-00002  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 2019 Emergency Management Performance Grant 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 55101-2190. The Grantee shall also comply with all requirements referenced in the 2019 Emergency Management Performance Grant 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**

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

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

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

Grant Agreement No. A-EMPG-2019-AITKINCO-002 / PO# 3000064245

**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.*

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

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

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

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

Distribution: DPS/FAS  
Grantee  
State's Authorized Representative

**2019 (EMPG) Emergency Management Performance Grant**

**Organization:**  
Aitkin County

**Budget Summary (Report)**

**EXHIBIT A**  
**A-EMPG-2019-AITKINCO-002**

<b>EMPG</b>		
<b>Budget Category</b>	<b>Award</b>	<b>Match</b>
Planning		
Personnel costs	\$19,086.00	\$19,086.00
<b>Total</b>	<b>\$19,086.00</b>	<b>\$19,086.00</b>
Organization		
Supplies EM operations	\$197.00	\$197.00
<b>Total</b>	<b>\$197.00</b>	<b>\$197.00</b>
<b>Total</b>	<b>\$19,283.00</b>	<b>\$19,283.00</b>
<b>Allocation</b>	<b>\$19,283.00</b>	<b>\$19,283.00</b>
<b>Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>