



# Board of County Commissioners Agenda Request

2P

Agenda Item #

**Requested Meeting Date:** August 12, 2025

**Title of Item:** OJP Grant

<input type="checkbox"/> REGULAR AGENDA <input checked="" type="checkbox"/> CONSENT AGENDA	<b>Action Requested:</b> <input checked="" type="checkbox"/> Approve/Deny Motion <input type="checkbox"/> Adopt Resolution (attach draft) <input type="checkbox"/> Hold Public Hearing <i>*provide copy of hearing notice that was published</i>	<input type="checkbox"/> Direction Requested <input type="checkbox"/> Discussion Item <input type="checkbox"/> Information Only
<b>Submitted by:</b> James P. Ratz		<b>Department:</b> Attorney's Office
<b>Presenter (Name and Title):</b> James P. Ratz		<b>Estimated Time Needed:</b>
<b>Summary of Issue:</b>  Signature for fiscal year 2026 grant that funds the majority of the Crime Victim Coordinator salary/program. The OJP grant monies help fund the Aitkin County Crime Victim Services Program.		
<b>Alternatives, Options, Effects on Others/Comments:</b>		
<b>Recommended Action/Motion:</b> Approve Board Chair signature on Resolution Authorizing execution of Agreement.		
<b>Financial Impact:</b> <i>Is there a cost associated with this request?</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>What is the total cost, with tax and shipping? \$</i> <i>Is this budgeted?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please Explain:</i>		

## RESOLUTION AUTHORIZING EXECUTION OF AGREEMENT

Be it resolved that Aitkin County will enter into a  
(Name of your organization)  
cooperative agreement with the Office of Justice Programs in the  
Minnesota Department of Public Safety.

James Ratz is hereby authorized to execute  
(Title of authorized official)  
such agreements and amendments, as are necessary to implement  
the project on behalf of Aitkin County.  
(Name of your organization)

I certify that the above resolution was adopted by the \_\_\_ Board of  
Commissioners of Aitkin County on  
(Executive Body) (Name of your organization)  
\_\_\_\_\_.  
(Date)

SIGNED:

WITNESSETH:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)