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|---|---|
| **Minnesota Department of Public Safety ("State")**<br>State Fire Marshal Division<br>445 Minnesota Street, Suite 145<br>St. Paul, Minnesota 55101 | **Grant Program:**<br>2024E (HMEP) Hazardous Materials Emergency Preparedness<br><br>**Grant Contract Agreement No.:**<br>A-HMEP-2024E-STPFIRE-10 |
| **Grantee:**<br>City of St. Paul/Saint Paul Safety and Fire Administration<br>645 Randolph Avenue<br>St. Paul, MN 55102 | **Grant Contract Agreement Term:**<br><br>**Effective Date:** 10/01/2025<br>**Expiration Date:** 09/30/2026 |
| **Grantee's Authorized Representative:**<br>City of St. Paul/Saint Paul Fire Department<br>ATTN: Luke Swoboda – HazMat Coordinator<br>645 Randolph Avenue<br>St. Paul, MN 55102<br>Phone: 651-983-2150<br>E-mail: lucas.swoboda@ci.stpaul.mn.us | **Grant Contract Agreement Amount:**<br>Original Agreement $ 13,000.00<br>Matching Requirement $ 3,250.00 |
| **State's Authorized Representative:**<br>MN State Fire Marshal Division<br>ATTN: Anne Olson<br>445 Minnesota Street, Suite 145<br>St. Paul, MN 55101<br>Phone: 651-201-7206<br>E-mail: anne.olson@state.mn.us | **Federal Funding:** CFDA/ALN: 20.703<br><br>**FAIN:** 693JK32240011HMEP<br><br>**State Funding**: None<br><br>**Special Conditions** None |

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

***Term:*** Per Minn. Stat.§16B.98, Subd. 5, the Grantee must not begin work until this grant contract agreement is fully executed and the State's Authorized Representative has notified the Grantee that work may commence. Per Minn.Stat.§16B.98 Subd. 7, no payments will be made to the Grantee until this grant contract agreement is fully executed. 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 2024E (HMEP) Hazardous Materials Emergency Preparedness grant application ("Application") which is incorporated by reference into this grant contract agreement and on file with the State at 445 Minnesota Street, Suite 145, St. Paul, MN 55101. The Grantee shall also comply with all requirements referenced in the 2024E (HMEP) Hazardous Materials Emergency Preparedness 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 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. A-HMEP-2024E-STPFIRE-10 / P.O. No. 3000112149

Project No: 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: _____

Signed: _____

Print Name: _____

Title: _____

Date: _____

Distribution: DPS/FAS
Grantee
State's Authorized Representative

Budget Summary (Report)

| Conference / Event: Cold Zone Hazmat Conference | | | | |
|---|---|---|---|---|
| **Budget Category** | **Award** | **Match** | | |
| (PLNG) Registration Fees | | | | |
| Cold Zone Registration | $13,000.00 | $0.00 | | |
| **Total** | $13,000.00 | $0.00 | | |
| (PLNG) Personnel | | | | |
| Cold Zone Conference Personnel | $0.00 | $3,250.00 | | |
| **Total** | $0.00 | $3,250.00 | | |
| **Total** | $13,000.00 | $3,250.00 | | |