

ORIGINAL

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Minnesota Department of Public Safety ("State") Office of Traffic Safety 445 Minnesota Street, Suite 150 Saint Paul, MN 55101-5150	Grant Program: 2015 National Highway Traffic Safety Administration (NHTSA): DWI Officers Project Number: 15-03-19 Grant Agreement No.: A-OFFICR15-2015-CNRPDSPD-00020				
Grantee: Coon Rapids Police Department 11155 Robinson Drive NW Coon Rapids, MN 55433-3761	Grant Agreement Term: Effective Date: 02/1/15 Expiration Date: 9/30/15				
Grantee's Authorized Representative: Chief Brad Wise Coon Rapids Police Department 11155 Robinson Drive NW Coon Rapids, MN 55433-3761 Phone: (763)-767-6401 Email: bwise@coonrapidsmn.gov	Grant Agreement Amount: <table style="width: 100%; border: none;"> <tr> <td style="padding: 2px;">Original Agreement</td> <td style="text-align: right; padding: 2px;">\$ 182,750.00</td> </tr> <tr> <td style="padding: 2px;">Matching Requirement</td> <td style="text-align: right; padding: 2px;">\$ 0.00</td> </tr> </table>	Original Agreement	\$ 182,750.00	Matching Requirement	\$ 0.00
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State's Authorized Representative: Michael Rugani 445 Minnesota Street, Suite 150 Saint Paul, MN 55101-5150 Phone: (651) 201-7082 Email: michael.rugani@state.mn.us	Federal Funding: CFDA 20.608, CFDA 20.600 and CFDA 20.616 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 2015 National Highway Traffic Safety Administration (NHTSA): DWI Officers Application ("Application") which is incorporated by reference into this grant agreement and on file with the State at 445 Minnesota Street, Suite 150 Saint Paul, MN 55101-5150. The Grantee shall also comply with all requirements referenced in the 2015 National Highway Traffic Safety Administration (NHTSA): DWI Officers 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: Gale Rotolo
Date: 6/5/15

3. STATE AGENCY

By: Susan J. Palmer
(with delegated authority)
Title: FPM
Date: 6-5-15

Grant Agreement No. A-OFFICR15-2015-CNRPDSPD-00020
PO No. 3-32813

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: Bruce Wier
Title: Police Chief
Date: 5-11-2015

By: _____
Title: _____
Date: _____

Distribution: DPS/FAS
Grantee
State's Authorized Representative

Budget Summary

Budget	State Reimbursement	Local Match	
Budget Category			
Equipment			
Handheld Laser	\$1,695.00	\$0.00	
In Squad Camera	\$1,500.00	\$0.00	
License Plates	\$25.00	\$0.00	
Preliminary Breath Test	\$600.00	\$0.00	
Squad Car	\$27,500.00	\$0.00	
Squad Equipment	\$7,995.00	\$0.00	
Squad Markings	\$400.00	\$0.00	
Squad Radio	\$4,500.00	\$0.00	
Total	\$44,215.00	\$0.00	
Salaries & Fringe			
Officer Pay	\$137,000.00	\$0.00	
Total	\$137,000.00	\$0.00	
In-State Travel			
TZD Conference/Required Meeting	\$1,500.00	\$0.00	
Total	\$1,500.00	\$0.00	
Other Expenses			
Miscellaneous Expenses	\$35.00	\$0.00	
Total	\$35.00	\$0.00	
Total	\$182,750.00	\$0.00	