



Minnesota Department of Public Safety ("State") Homeland Security and Emergency Management Division 445 Minnesota Street, Suite 223 St. Paul, Minnesota 55101	Grant Program: 2015 State Homeland Security Program (SHSP) Grant Agreement No.: A-SHSP-2015-BLOOMIPD-0002
Grantee: City of Bloomington, Police Department 1800 W Old Shakopee Road Bloomington, Minnesota 55431-3071	Grant Agreement Term: Effective Date: 01-01-2016 Expiration Date: 12-31-2016
Grantee's Authorized Representative: Andrew Risdall 1800 W. Old Shakopee Rd Bloomington, MN 55431 Phone: 952-563-8622 e-mail: arisdall@bloomingtonmn.gov	Grant Agreement Amount: Original Agreement \$65,000.00 Matching Requirement \$ 0.00
State's Authorized Representative: Kathryn Halling Homeland Security and Emergency Management 445 Minnesota St., Suite 223 St. Paul, Minnesota 55101 Phone: 651-201-7493 Kathryn.Halling@state.mn.us	Federal Funding: CFDA 97.067 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 2015 SHSP 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 2015 SHSP Guidelines and Application which includes the Terms and Conditions and Grant Program Guidelines, 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: _____

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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: [Signature]

Title: City Manager

Date: _____

By: ~~_____~~

Title: Mayor

Date: ~~_____~~

Distribution: DPS/EAS
Grantee
State's Authorized Representative

[Signature]
Reviewed & Approved by the Bloomington City Attorney

Budget Summary (Report)

SHSP-2015-Instrmnt #03: CBRNE				
Budget Category				
Equipment				
Med-Eng EOD-9 Bomb Suit, Thermo-Scientific RMX Chemical ID			\$65,000.00	
Total			\$65,000.00	
Total			\$65,000.00	
Allocation			\$65,000.00	
Balance			\$0.00	