Minnesota Department of Public Safety ("State") Office of Justice Programs 445 Minnesota Street, Suite 2300 St. Paul, MN 55101-2139	**Grant Program:** National Forensic Sciences Improvement 2024 **Grant Contract Agreement No.:** A-NFSIA-2025-SPPD-003
Grantee: City of St Paul, Police Department 367 Grove Street St Paul, Minnesota 55101-2416	**Grant Contract Agreement Term:** **Effective Date:** 7/1/2024 **Expiration Date:** 6/30/2025
Grantee's Authorized Representative: Paul Ford, Assistant Chief of Police City of St Paul, Police Department 367 Grove Street St Paul, Minnesota 55101-2416 (651) 266-5533 paul.ford@ci.stpaul.mn.us	**Grant Contract Agreement Amount:** Original Agreement $35,669.00 Matching Requirement $0.00
State's Authorized Representative: Kristin Lail, Grants Specialist Coordinator Office of Justice Programs 445 Minnesota Street, Suite 2300 St. Paul, MN 55101-2139 (651) 230-3358 Kristin.lail@state.mn.us	Federal Funding: CFDA 16.742 FAIN: 15PBJA-23-GG-01520-COVE State Funding: None 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 National Forensic Sciences Improvement 2024 Application ["Application"] which is incorporated by reference into this grant contract agreement and on file with the State at 445 Minnesota Street, Suite 2300, St. Paul, Minnesota 55101-2139. The Grantee shall also comply with all requirements referenced in the National Forensic Sciences Improvement 2024 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./ P.O. No. A-NFSIA-2025-SPPD-003

Project No.(*indicate N/A if not applicable*): 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: Paul Ford

Title: Assistant Chief of Police

Date: _____

Signed: _____

Print Name: David Hunt

Title: Assistant City Attorney

Date: _____

Signed: _____

Printed Name: Jamie Tincher

Title: Deputy Mayor

Date: _____

Signed: _____

Printed Name: John McCarthy

Title: Director - Office of Financial Services

Date: _____

Signed: _____

Printed Name: Andrea Ledger

Title: Deputy Director - HEERO

Date: _____

Distribution: DPS/FAS
Grantee
State's Authorized Representative

Organization: St Paul Police Department A-NFSIA-2025-SPPD-003

Budget Summary

Forensic Laboratory Improvement: SPPD Forensic Improvements for 2024				
Budget Category	**Award**			
Equipment over $5,000				
FSIS Unit	$35,669.00			
Total	$35,669.00			
Total	$35,669.00			