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# Le Sueur County, MN

Tuesday, November 3, 2015

Board Meeting

## Item 7

**9:50 a.m. Vicki Walechka (5 min)**

*RE: Grant Agreement*

Staff Contact:



<b>Minnesota Department of Public Safety (“State”)</b> Commissioner of Public Safety Office of Justice Programs 445 Minnesota Street, Suite 2300 St. Paul, MN 55101-2139	<b>Grant Program:</b> Crime Victim Services 2016  <b>Grant Agreement No.:</b> A-CVS-2016-LESUEAO-00062
<b>Grantee:</b> Le Sueur County Attorney's Office 88 South Park Avenue PO Box 156 Le Center, Minnesota 56057	<b>Grant Agreement Term:</b> <b>Effective Date:</b> 10/1/2015 <b>Expiration Date:</b> 9/30/2016
<b>Grantee’s Authorized Representative:</b> Vicki Walechka, Coordinator Le Sueur County Attorney’s Office-Victim/Witness Prog 88 South Park Avenue Le Center, Minnesota 56057 (507) 357-8512	<b>Grant Agreement Amount:</b> Original Agreement \$75,200.00 Matching Requirement \$6,519.00
<b>State’s Authorized Representative:</b> Jean Miller, Grant Manager Crime Victim Services 445 Minnesota Street Suite 2300, Bremer Tower St. Paul, Minnesota 55101 (651) 201-7328	Federal Funding: CFDA 16.575 State Funding: Minnesota Laws of 2015, Chapter 65, Article 1, Section 11, Subdivision 6 Special Conditions: Attached and incorporated into this grant agreement. See page 3.

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 Crime Victim Services 2016 Application (“Application”) which is incorporated by reference into this grant 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 Crime Victim Services 2016 Guidelines and Application which includes the Terms and Conditions and Grant Program Guidelines (<http://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: \_\_\_\_\_

Date: \_\_\_\_\_

Grant Agreement No. A-CVS-2016-LESUEAO-00062/ 3-37152

**3. STATE AGENCY**

By: \_\_\_\_\_  
(with delegated authority)

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**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: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Distribution: DPS/FAS  
Grantee  
States’ Authorized Representative



Special Conditions

1. Special Duties:

\$75,200 for general crime services in Le Sueur County.

Budget Summary

Budget Category	VOCA-Eligible	Other	Match
Personnel			
Administrative Assistant 1: Victim - Witness	\$4,608.00	\$0.00	\$0.00
Victim/Witness Coordinator	\$42,000.00	\$0.00	\$6,519.00
<b>Total</b>	\$46,608.00	\$0.00	\$6,519.00
Payroll Taxes & Fringe			
Payroll Taxes & Fringe	\$12,392.00	\$0.00	\$0.00
<b>Total</b>	\$12,392.00	\$0.00	\$0.00
Travel & Training			
Travel & Training	\$2,200.00	\$0.00	\$0.00
<b>Total</b>	\$2,200.00	\$0.00	\$0.00
Office & Program Expenses			
Office & Program Expenses	\$6,000.00	\$500.00	\$0.00
<b>Total</b>	\$6,000.00	\$500.00	\$0.00
Equipment Purchases			
Equipment Purchases	\$6,500.00	\$0.00	\$0.00
<b>Total</b>	\$6,500.00	\$0.00	\$0.00
Direct Client Assistance			
Direct Client Assistance	\$0.00	\$1,000.00	\$0.00
<b>Total</b>	\$0.00	\$1,000.00	\$0.00
<b>Total</b>	\$73,700.00	\$1,500.00	\$6,519.00