

Minnesota Department of Public Safety ("State")	Grant Program:		
Office of Justice Programs	Crime Victim Services 2026		
445 Minnesota Street, Suite 2300	Grant Contract Agreement No.:		
St. Paul, MN 55101-2139	A-CVS-2026-RAMS-SOS-058		
Grantee:	Grant Contract Agreement Term:		
St. Paul-Ramsey County-Department of Public Health,	Effective Date: 10/01/2025		
Sexual Offense Services (SOS)	Expiration Date: 09/30/2026		
555 Cedar Street			
St Paul, Minnesota 55101-2260			
Grantee's Authorized Representative:	<b>Grant Contract Agreement Amount:</b>		
Kim Klose, Grant Manager	Original Agreement \$347,341.00		
St Paul - Ramsey County Department of Public Health,	Matching Requirement \$0.00		
Sexual Offense Services (SOS)			
121 7 <sup>th</sup> Place East, #4000			
St. Paul, Minnesota 55101			
(651) 266-8058			
Kim.Klose@co.ramsey.mn.us			
State's Authorized Representative:	Federal Funding: CFDA/ALN: 16.575		
Aya Johnson, Grant Manager	<b>FAIN:</b> 15POVC-23-GG-00443-ASSI		
Office of Justice Programs	State Funding: Minnesota Session Laws of 2025,		
445 Minnesota Street, Suite 2300	Chapter 35, Article 2, Section 3, Subdivision 7 and		
St. Paul, MN 55101-2139	section 12.		
(651) 274-1789	Special Conditions: Attached and incorporated into		
Aya.johnson@state.mn.us	this grant contract agreement. See page 3.		

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 Crime Victim Services 2026 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 Crime Victim Services 2026 Guidelines and Application which includes the Terms and Conditions and Grant Program Guidelines (<a href="https://app.dps.mn.gov/EGrants">https://app.dps.mn.gov/EGrants</a>), 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



#### **Grant Contract Agreement**

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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.

ENCUMBRANCE VERIFICATION     Individual certifies that funds have been encumbered as	3. STATE AGENCY			
required by Minn. Stat. § 16A.15.	Signed:			
	(wit	h delegated authority)		
Signed:	Title:	<del> </del>		
Date:	Date:			
Grant Contract Agreement No./ P.O. No. <u>A-CVS-2026-RAMS-S</u>	SOS-058 /3-106968			
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:				
Title:				
Date:				
Signed:	-			
Print Name:				
Title:	_			
Date:	_			
Cianal.				
Signed:				
Print Name:	. Distribution:	DPS/FAS		
Title:		Grantee State's Authorized Representative		



## **Grant Contract Agreement**

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### **Special Conditions**

#### 1. <u>Time limitations on funding use:</u>

Federal funding

\$175,000.00 is available from October 1, 2025 through September 30, 2026.

State funding

<u>\$172,314.00</u> is available from <u>October 1, 2025</u> through <u>September 30, 2026</u>. It is only available to the Grantee to spend upon availability in SWIFT and notification from the State.

#### 2. Special Duties:

\$347,314 for sexual assault services in Ramsey County.

# Organization: St Paul - Ramsey County Department of Public Health, Sexual Offense Services (SOS) Budget Summary

Budget			
Budget Category	Federal	State	Match
Personnel			
Advocacy Services - Anti-Violence Advocate	\$63,195.00	\$0.00	\$0.00
Client Services - Anti-Violence Advocate	\$51,346.00	\$15,799.00	\$0.00
Outreach Services - Anti-Violence Advocate	\$8,531.00	\$21,328.00	\$0.00
Volunteer Services - Anti-Violence Advocate	\$0.00	\$82,153.00	\$0.00
Total	\$123,072.00	\$119,280.00	\$0.00
Payroll Taxes & Fringe			
Payroll Tax and Fringe	\$49,567.00	\$48,040.00	\$0.00
Total	\$49,567.00	\$48,040.00	\$0.00
Office & Program Expenses			
Office and Program Expenses	\$361.00	\$3,021.00	\$0.00
Total	\$361.00	\$3,021.00	\$0.00
Direct Client Assistance			
Direct Client Assistance	\$2,000.00	\$2,000.00	\$0.00
Total	\$2,000.00	\$2,000.00	\$0.00
Total	\$175,000.00	\$172,341.00	\$0.00

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