



Minnesota Department of Public Safety ("State") Office of Justice Programs 445 Minnesota Street, Suite 2300 St. Paul, MN 55101-2139	Grant Program: Crime Victim Services 2024 Grant Contract Agreement No.: A-CVS-2024-RAMS-SOS-041
Grantee: Ramsey County, Sexual Offense Services (SOS) 555 Cedar Street St Paul, Minnesota 55101-2260	Grant Contract Agreement Term: Effective Date: 10/1/2023 Expiration Date: 9/30/2024
Grantee's Authorized Representative: Emily Huemann, Program Supervisor Ramsey County, Sexual Offense Services (SOS) 90 West Plato St. Paul, Minnesota 55101 (651) 249-9894 emily.huemann@co.ramsey.mn.us	Grant Contract Agreement Amount: Original Agreement \$347,314.00 Matching Requirement \$0.00
State's Authorized Representative: Casey Cashman, Grant Manager Office of Justice Programs 445 Minnesota Street, Suite 2300 St. Paul, MN 55101-2139 (651) 231-8739 Casey.cashman@state.mn.us	Federal Funding: CFDA/ALN: 16.588 FAIN: 15JOVW-23-GG-00581-STOP State Funding: Minnesota Session Laws of 2023, Chapter 52, Article 2, Section 3, Subdivision 8. 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 contract agreement.

Term: The creation and validity of this grant contract agreement conforms with Minn. Stat. § 16B.98 Subdivision 5. Effective date is the date shown above or the date the State obtains all required signatures under Minn. Stat. § 16B.98, Subdivision 7, whichever is later. 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 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 Crime Victim Services 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 AGENCYSigned: _____
(with delegated authority)

Title: _____

Date: _____

Grant Contract Agreement No./ P.O. No. A-CVS-2024-RAMS-SOS-041 / 3-90879Project 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: Trista MartinsonTitle: Chair, Ramsey County Board of Commissioners

Date: _____

Signed: _____

Print Name: Mee ChengTitle: Chief Clerk, Ramsey County Board of Commissioners

Date: _____

Signed: _____

Print Name: _____

Title: Assistant County Attorney

Date: _____

Distribution: DPS/FAS
Grantee
State's Authorized Representative



Special Conditions

1. Special Duties:

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

Budget		Federal	State	Match
Budget Category				
Personnel				
#1 Medical Services Coordinator		\$48,517.47	\$9,147.28	\$0.00
#2 Outreach Coordinator		\$70,227.00	\$0.00	\$0.00
#3 Client Services Coordinator		\$46,909.00	\$10,000.00	\$0.00
#4 Volunteer Coordinator		\$0.00	\$67,516.00	\$0.00
Total		\$165,653.47	\$86,663.28	\$0.00
Payroll Taxes & Fringe				
Taxes and Fringe		\$62,368.53	\$32,628.72	\$0.00
Total		\$62,368.53	\$32,628.72	\$0.00
Total		\$228,022.00	\$119,292.00	\$0.00