



Official Grant Award Notice

GRANTEE Information

Organization Name: City of Shakopee
Identified Official with Authority Name and Title: Bill Reynolds, City Administrator
Address: 485 Gorman St.

City/State/ZIP+4: Shakopee, MN 55379
Phone: 952-233-9311
Email: BReynolds@ShakopeeMN.gov
SWIFT Vendor Number: 0000197716

GRANTEE Project Staff

Program Contact Name: Andrea Harrell, Grants & Special Projects Coordinator
Phone: 952-233-9321
Email: aharrell@shakopeemn.gov

Business Manager or Accountant Name: Melissa Schlingman, Accounting Manager
Phone: 952-233-9329
Email: mschlingman@shakopeemn.gov

Grant Project Title: AGE-FRIENDLY MINNESOTA COMMUNITY GRANTS

Award Period

Start Date: **May 26, 2023**

End Date: **March 31, 2024**

Per Minn. Stat. §16B.98, Subd. 5, GRANTEE must not begin work until this grant award 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.

This is a ten (10) month grant.

Options for extensions/continuation awards will be considered at the STATE's discretion.

Original/Initial Award: \$ 33,115.00

State Authorized Representative

Name: Natasha Merz
Division: Aging and Disability Services Administration
Phone: 651-431-4360

State Grant Manager

Name: Brenda Mesaros
Division: Age-Friendly
Phone: 651-431-3587

Email: natasha.m.merz@state.mn.us

Email: Brenda.Mesaros@state.mn.us

Terms of Acceptance

This award is made with respect to the terms and conditions of the application materials for the identified grant project under which the GRANTEE has a mutually agreed upon Grant Application and Assurances. By accepting this award the GRANTEE agrees to comply with all provisions of the award including all assurances and certifications made in the Grant Application and Assurances and all applicable state or federal statutes, regulations and guidelines. The GRANTEE agrees to administer the program in accordance with the approved Grant Application and Assurances, budget, timelines, and other supplemental information submitted in support of the approved Grant Application and Assurances. All terms not defined below are as set forth in the Grant Application and Assurances.

1. PURPOSE OF FUNDING/GRANT

The purpose of this grant is to offer Community Grants to help communities work on age-friendly projects and become better places for all Minnesotans to grow older. (Note: AFMN Technical Assistance Provider (TAP) Grants were recently funded through a separate grants process and are designed to assist Community Grantees.) The Council is committed to making Diversity, Equity, Inclusion, and Accessibility (DEIA) the foundation of AFMN, including in this grants program. These targeted groups include, but are not limited to, older adults who:

- a. are low-income;
- b. identify as indigenous American Indian;
- c. identify as Black, African American, Asian, Latinx;
- d. identify as Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual (LGBTQIA+);
- e. are new immigrants and/or refugees;
- f. have limited English proficiency;
- g. live in rural areas;
- h. are veterans; and
- i. have disabilities.

2. COVERAGE OF SUPPLEMENTAL COSTS

GRANTEES are required to attend approximately 6-8 events (such as webinars, conferences, meetings, etc.) led by the Age-Friendly Minnesota Team (AFMN) Team. Events will include both virtual and in-person formats, including a regional conference, and will focus on peer-to-peer learning among AFMN GRANTEES.

3. INVOICING

Invoices summarizing grant activities accomplished and services performed are due to STATE within ten (10) business days after the end of each quarter as follows:

In accordance with **Attachment A: Cost Detail/Proposal Due Dates** which is attached and incorporated into this Official Grant Award Notification (OGAN) for activities completed and occurring in the grant period of May 26,

2023-March 31, 2024. Payments will be made on approved invoices within thirty (30) days. GRANTEE invoices must also include documentation for purchases made related to projects.

4. PROGRAM REPORTING

4.1. Progress Reports, summarizing grant activities and outcomes, including any data collected/requested related to the grant program, are due to STATE, as follows:

The Progress Report must be received **quarterly and in accordance with Attachment B: Invoice and Progress Report Schedule** which is attached and incorporated into this Official Grant Award Notification (OGAN) for activities occurring for the grant period of May 26, 2023-March 31, 2024.

4.2. Final Program and Financial Reporting Forms are due by April 30, 2024. Final reporting may include, but is not limited to, the following items:

- a. A final program report summarizing activities completed, as requested by STATE, along with supporting data requested by the program staff or federal or state funding.
- b. Final Financial Reporting Form (FRF) with a budget narrative describing expenditures.
- c. Expenditure detail report, such as general ledger, from accounting system.

5. FINANCIAL RECONCILIATION/MONITORING AND SUPPORTING DOCUMENTATION

- a. **A financial reconciliation or desk review** of reported expenditures to supporting documentation will occur at least once during the award period on grants that exceed fifty thousand dollars (\$50,000). STATE will request supporting documentation for review and reconciliation of at least two (2) budget line item expenditures based on a financial reporting form (FRF) or invoice submitted by the GRANTEE.
- b. In the event **a monitoring visit(s)** is required by STATE, the GRANTEE shall cooperate with STATE and shall comply with STATE's request for documentation and other information, before, during and/or after the visit(s).
- c. Financial documentation to support expenditures incurred under this award must be maintained by the GRANTEE and provided to STATE upon request.

6. BUDGET REVISIONS

GRANTEE must obtain STATE written approval before changing any part of the budget. Notwithstanding Clause 6 of this Grant Award, shifting of funds between budget line items does not require an amendment if the amount shifted does not exceed ten percent (10%) of that budget year total and does not change the total obligation amount.

If GRANTEE's approved budget changes proceed without an amendment pursuant to this clause, GRANTEE must record the budget change in EGMS or on a form provided by STATE.

7. CANCELLATION

- a. **Cancellation With or Without Cause.** An award contract may be cancelled by STATE at any time, with or without cause, upon thirty (30) days' written notice to the GRANTEE. Upon termination, the GRANTEE will be entitled to payment, determined on a pro rata basis, for services satisfactorily performed and for approvable expenditures.
- b. **Cancellation Due to Discontinued or Insufficient Funding.** It is expressly understood and agreed that in the event the funding to the STATE from Federal sources or appropriations by the Minnesota Legislature are not obtained and/or continued at an aggregate level sufficient to allow for the GRANTEE's program to continue operating, the grant shall immediately be terminated upon written notice by the STATE to the GRANTEE. The STATE is not obligated to pay for any services that are provided after notice and effective date of termination. However, the GRANTEE will be entitled to payment, determined on a pro-rata basis, for services satisfactorily performed and approvable expenditures incurred prior to termination to the extent that funds are available. The STATE will not be assessed any penalty if the grant is terminated because of a decision of the Minnesota Legislature, or other funding source, not to appropriate funds. The STATE must provide the GRANTEE notice within a reasonable time of the STATE receiving notice.
- c. **Cancellation Due to Failure to Comply.** The STATE may cancel an award contract immediately if the STATE finds that there has been a failure to comply with the provisions of an award, that reasonable progress has not been made or that the purposes for which the funds were awarded/granted have not been or will not be fulfilled. The STATE may take action to protect the interests of the STATE, including the refusal to disburse additional funds and requiring the return of all or part of the funds already disbursed.

8. AMENDMENTS

Any amendments to this award shall be in writing and shall be executed by the same parties who executed the original award, or their successors.

9. FEDERAL FUNDING REQUIREMENTS

Federal funds. N/A

State Signatures

1. STATE ENCUMBRANCE VERIFICATION *Individual certifies that funds have been encumbered as required by Minnesota Statutes, chapter 16A and section 16C.05.*

By:  _____
5457B11AE8BB49D...

Date: 5/26/2023

Contract No: 229773

2. STATE AGENCY

By (with delegated authority): _____

Title: _____

Date: _____

3. GRANTEE

Signatory certifies that GRANTEE's articles of incorporation, by-laws, or corporate resolutions authorize Signatory both to sign on behalf of and bind the GRANTEE to the terms of this Agreement (Grant Application and Assurances and Notice of Award). GRANTEE and Signatory agree that the Minnesota Department of Human Services (STATE) relies on the Signatory's certification herein.

By: _____

Title: _____

Date: _____

Age-Friendly Minnesota Community Grants**ATTACHMENT A: Deliverables/Cost Detail (REQUIRED)****GRANTEE: City of Shakopee****Requested Amount: \$98,854.00****Contract Amount: \$33,115.00**

- a. The cost proposal below details deliverables by quarter and in total.
- b. GRANTEE's invoices must also include documentation for purchases made related to projects.
- c. GRANTEE is required to attend approximately 6-8 events (such as webinars, conferences, meetings, etc.) led by the Age-Friendly Minnesota (AFMN) Team. Events will include both virtual and in-person formats, including a regional conference, and will focus on peer-to-peer learning among AFMN GRANTEES.
- d. The STATE does not make regular payments based solely upon the passage of time; it only pays for services performed or work delivered after it is accomplished.

Deliverables/Project Activities	Associated Budget Item(s)	Timeframe of Activities	Associated Budget Amount
A. Activate outdoor space to expand senior programming in nicer weather & for additional outdoor programming activities such as gardening	1. Pour concrete slab: 1800 sq ft x \$10/sq ft = \$18,000 2. Street Scape Round Tables with backed seating: 4 x \$3,265 = \$13,060	CY23 Q2	\$31,060
B. Create gardening classes to provide therapeutic, social connection activities, in turn supporting the Edible Landscape Community Gardens Program	1. Staff planning: 2hrs x 10 classes x \$36.85/hr = \$737 2. Outdoors storage shed for gardening supplies = \$600	CY23 Q2-Q3	\$1,337
C. Plan and implement procedures to provide absentee voting events for Seniors in assisted-living facilities	1.. Absentee Voting Equipment: Large Locking Rolling Ballot Box = \$350 2. Rolling Ballot Supply Bag: \$184 x 2 = \$368	CY23 Q2	\$718

Deliverables/Project Activities	Associated Budget Item(s)	Timeframe of Activities	Associated Budget Amount
Total			\$33,115.00

Age-Friendly Minnesota Community Grants

ATTACHMENT B: INVOICE AND PROGRESS REPORT (REQUIRED QUARTERLY)

Invoices summarizing grant activities accomplished and services performed are due to STATE within ten (10) business days after the end of each quarter.

GRANTEES should submit documentation for purchases made related to their projects and included in **Attachment A, Work Plan** which is attached and incorporated into this Official Grant Award Notification (OGAN).

GRANTEE: City of Shakopee

Contract Amount: \$33,115.00

INVOICE AND PROGRESS REPORT SCHEDULE AND BUDGET CHANGE FORM

Invoice No.	Invoice Date	Actual Deliverables	Actual Invoice Amount:
Choose an item.	Click or tap to enter a date.	A: <i>copy and paste from Attachment A</i> B: <i>copy and paste from Attachment A</i> C: <i>copy and paste from Attachment A</i> D: <i>copy and paste from Attachment A</i> E: <i>copy and paste from Attachment A</i>	A: \$ B: \$ C: \$ D: \$ E: \$ Total: \$

1. List your community of practice:

2. Did you have activities/deliverables that were not completed according to the original timeline and workplan? ☐ Yes ☐ No

If yes:

- a. Provide a brief summary of unanticipated setbacks or challenges, and solutions planned or implemented:
- b. Briefly describe requested change to activities, deliverables and/or timeline:
- c. Changes have been approved by AFMN staff. ☐ Yes ☐ No

3. Briefly describe accomplishments and overview of work completed.

4. Describe your efforts to advance diversity, inclusion, equity, and/or accessibility (DEIA) in the work completed so far. For example, inclusion of community voices in planning, diversity hiring efforts, diverse images in marketing, discussing potentially inequitable impacts of the work, etc.
Date: Click or tap to enter a date. Submitted by: Click or tap here to enter text. Progress Report Choose an item.:
Final Program and Financial Reporting Forms are due by April 30, 2024.