



State of Minnesota  
Department of Finance

400 Centennial Building  
658 Cedar Street  
St. Paul, Minnesota 55155  
Voice: (651) 296-5900  
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03 - 0252

April 9, 2003

To: Senator John Hottinger  
Senator Richard Cohen  
Senator Lawrence Pogemiller  
Representative Steve Sviggum  
Representative Jim Knoblach  
Representative Ron Abrams

From: Dan McElroy  
Commissioner

Subject: Supplemental Budget Update #3 – Additional Federal Funds

The purpose of this letter is to advise you and your colleagues that, due to additional anticipated federal funds being received by various departments, the Governor's budget as submitted for the 2004-05 biennium should be increased by \$2,838,900 for FY 2003, \$28,727,100 for FY 2004 and \$9,828,200 for FY 2005.

Attached to this memorandum is an agency summary table and copies of policy notes from agencies for review under M.S. 3.3005, Subd. 2.

Individual agency staffs, along with Finance executive budget officers, are prepared to answer questions you may have on the changes.

cc: Finance and Appropriation Chairs  
Mark Misukanis  
Bill Marx



## FEDERAL GRANTS

Agency/GrantTitle	\$ in Thousands (\$000)			
	FY 2003	FY 2004	FY 2005	Total
<b>HEALTH AND HUMAN SERVICES</b>				
<b>Health Department</b>				
Genotyping Mycobacterium - Tuberculosis Isolates	\$101.9	\$605.2	\$579.1	\$1,286.2
<b>CRIMINAL JUSTICE</b>				
<b>Public Safety</b>				
Citizen Corps/Community Emergency Response Training	370.0	4.3	0.0	374.3
Emergency Operations Center - Phase 1	50.0	0.0	0.0	50.0
Emergency Operations Center - Phase 1a	0.0	18.0	0.0	18.0
National Forensic Science Improv Act	37.6	56.5	18.8	112.9
No Suspect Casework DNA Backlog Reduction Program	67.8	203.4	0.0	271.2
2003 Supplemental Appropriation	0.0	22,500.0	7,500.0	30,000.0
Mn CriMNet Program	0.0	993.5	0.0	993.5
CriMNet/Technology Opportunities Program	0.0	350.0	350.0	700.0
Project Safe Neighborhoods	0.0	700.0	230.3	930.3
<b>ENVIRONMENT &amp; AGRICULTURE</b>				
<b>Natural Resources Department</b>				
National Recreation Trails Program	1,000.0	1,000.0	1,000.0	3,000.0
<b>TRANSPORTATION</b>				
<b>Transportation Department</b>				
Southwest Minnesota Regional Railroad Rehabilitation Project	1,000.0	987.0	0.0	1,987.0
Dakota County, Cedar Avenue Project	0.0	983.7	0.0	983.7
<b>Public Safety</b>				
Social Security Number Verification	150.0	300.5	150.0	600.5
Electronic Verification of Identification Documents	0.0	25.0	0.0	25.0
Motor Carrier Safety Assistance Program - New Entrant Program	61.6	0.0	0.0	61.6
<b>GRAND TOTAL</b>	<b>\$2,838.9</b>	<b>\$28,727.1</b>	<b>\$9,828.2</b>	<b>\$41,394.2</b>





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**Policy Notice**  
Notice of Application for  
Federal Grant Assistance

Contact your agency Executive Budget Officer if you have questions. Please provide attachments to this form for items where space is inadequate. **NOTE: If filling this out electronically, make sure you are in "typeover" mode and not "Insert" mode. This is vital for structural and format integrity.**

Department Name: Minnesota Department of Health Title of Project/Proposal: Genotyping <i>Mycobacterium</i> tuberculosis Isolates Federal Catalog Number: Solicitation No. 2003-N-00706		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
This request is in the following state: <input type="checkbox"/> Pre-Application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, state the page and current budget volume for reference.	This award/proposal: Start Date: 5-1-03 End Date: 4-30-08 Pending annual renewal Funding Amount: \$ <u>1,286,169</u> Indicate the break-down below: FY: <u>2003</u> \$ Amt: 101,860 FY: <u>2004</u> \$ Amt: 605,183 FY: <u>2005</u> \$ Amt: 579,126 FTE: 3.10

1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.

The Minnesota Department of Health was provided complete latitude in the preparation of this application.

2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.

The grant application proposes a unique public/private partnership for tuberculosis prevention and control. It proposes to utilize the combined expertise and facilities of two nationally recognized laboratories, the Minnesota Department of Health, Public Health Laboratory and the Mayo Clinic, Mycobacteriology Laboratory. The MDH will conduct VNTR and RFLP analyses, and the Mayo Clinic, functioning as a subcontractor, will be responsible for spoligotyping, courier service, and technical consultation. All results will be reported to the Centers for Disease Control. MDH will function as the primary Contractor/Offeror, and will be responsible for project management, quality control, and communication with tuberculosis control programs nationwide.

3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.

The proposed program will be integrated into existing TB Prevention and Control program and will help to expand the existing state program.

4. If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required. ☒

1st year \$ _____	% of total grant: _____ %	Hard _____ %	Soft _____ %	Fund _____	Appropriation
2nd year \$ _____	% of total grant: _____ %	Hard _____ %	Soft _____ %	Fund _____	Appropriation
3rd year \$ _____	% of total grant: _____ %	Hard _____ %	Soft _____ %	Fund _____	Appropriation

If the grant runs longer than three years, include information for each additional year.

FI-00211-04 (09/00)

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes  
If yes, please provide the base year \_\_\_\_\_, the amount \$ \_\_\_\_\_ and account information (fund/appropriation) \_\_\_\_\_.

b. What short and long term commitments is the state making by acceptance of this grant?

The grant period is from May 1, 2003 through April 30, 2008 with annual renewals.

6. Are indirect costs included in the proposal? ☒ Yes ☐ No.  
a. If indirect costs are not included in the proposal, indicate reason.  
b. If indirect costs are included in the proposal, indicate the indirect cost rate. 19.4%  
c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ☐ Yes ☒ No
8. How many positions are needed to carry out this program? 3.10 New ☐ Existing
9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None
10. Will new positions be funded entirely by the grant award? ☒ Yes ☐ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No  
b. Is continuation of positions a condition of receiving the federal grant? Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
☒ Yes ☐ No  
b. If yes, has provision been made to provide the necessary funding? ☒ Yes ☐ No
13. Legal authority to apply for and accept grant. MS 144.074
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No

*Mark B...*  
Accounting Coordinator's Signature

4/7/03  
Date

*Jim Jahnke*  
Executive Budget Officer's Signature

4/7/03  
Date

## CDC TB Genotyping Contract Offer

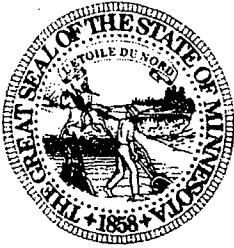
MDH  
Genotyping Mycobacterium  
Tuberculosis Isolates

	SFY 2003	SFY 2004	SFY 2005
Salaries	25,135	151,814	157,887
Fringe	6,535	39,472	41,051
PT Contract - Mayo Clinic	41,667	246,329	229,492
Travel Out State	500	3,020	3,141
Supplies	14,447	87,258	90,748
Equipment	4,533	22,667	0
Indirect	9,044	54,623	56,808
Total	101,860	605,183	579,126

4/7/2003







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## Policy Note

Notice of Application for  
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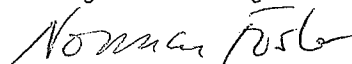
Department Name: Dept. of Public Safety Title of Project/Proposal: 2002 Supplemental Appropriation Federal Catalog Number: Citizen Corps/Community Emergency Response Training 83.564		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
This request is in the following state:  <input type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input checked="" type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal:  Start Date: <u>1/1/03</u> End Date: <u>12/31/03</u> Funding Amount: \$ <u>374,265.00</u> Indicate the break-down below:  FY: <u>03</u> \$ Amt.: <u>\$370,015.00</u> FY: <u>04</u> \$ Amt.: <u>\$4,250.00</u> FY: <u>    </u> \$ Amt.: <u>            </u> FTE: <u>.5</u>

<p>1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.</p> <p>Specific guidance is provided to this agency on the deliverables to meet program goals; however, some latitude is given to the state on how to best meet those program goals.</p> <p>2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.</p> <p>This grant is for the administration and completion of approved Citizen Corps and Community Emergency Response Team (CERT) programs. The goal is to assist 40 Minnesota communities with the development of new Citizen Corps Councils or assisting them to improve already-existing local programs. In addition, a large corps of certified CERT instructor/trainers will be developed to provide CERT training throughout Minnesota. Sub-grants to local jurisdictions will support both Citizen Corps and CERT activities at the local level.</p> <p>3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.</p> <p>This program, though different, must work closely with other FEMA-funded and non-FEMA-funded emergency management programs.</p> <p>4. If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required. <input checked="" type="checkbox"/> No match required.</p> <p>1st year \$ <u>          </u> % of total grant: <u>          </u> % Hard <u>          </u> % Soft <u>          </u> % Fund <u>          </u> Appropriation 2nd year \$ <u>          </u> % of total grant: <u>          </u> % Hard <u>          </u> % Soft <u>          </u> % Fund <u>          </u> Appropriation 3rd year \$ <u>          </u> % of total grant: <u>          </u> % Hard <u>          </u> % Soft <u>          </u> % Fund <u>          </u> Appropriation</p> <p>If the grant runs longer than three years, include information for each additional year.</p>
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**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

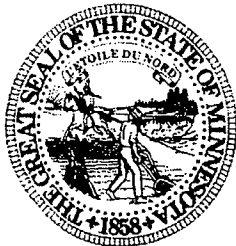
5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes  
If yes, please provide the base year \_\_\_\_\_, the amount \$ \_\_\_\_\_ and account information (fund/appropriation) \_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?  
To fulfill the work activities proposed in the FY2003 Emergency Management Performance Grant application.
6. Are indirect costs included in the proposal? ☒ Yes ☐ No.  
a. If indirect costs are not included in the proposal, indicate reason.  
  
b. If indirect costs are included in the proposal, indicate the indirect cost rate. 9.44 %  
  
c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ☐ Yes N/A No
8. How many positions are needed to carry out this program? 0 New .5 Existing
9. Will the award supply funding of present positions? ☒ Partial ☐ Full ☐ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☒ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No  
b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
X Yes ☐ No  
b. If yes, has provision been made to provide the necessary funding? ☒ Yes ☐ No
13. Legal authority to apply for and accept grant.  
M.S. 12.22
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No

  
Accounting Coordinator's Signature

  
Executive Budget Officer's Signature

4/7/03  
Date

4/8/03  
Date



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Department Name: Dept. of Public Safety Title of Project/Proposal: 2002 Supplemental Appropriation Federal Catalog Number: Emergency Operations Center Phase 1 83.563		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
This request is in the following state:  <input type="checkbox"/> Pre-Application  <input type="checkbox"/> Application  <input type="checkbox"/> Negotiation  <input checked="" type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal:  Start Date: 1/1/03 End Date: 6/30/03  Funding Amount: \$ 50,000.00 Indicate the break-down below:  FY: 03 \$ Amt.: \$50,000.00 FY: \$ Amt.: FY: \$ Amt.: FTE: 1.7

1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area. Specific guidance is provided to this agency on the deliverables to meet program goals; however, some latitude is given to the state on how to best meet those program goals.

2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.

This grant is for the administration and completion of an approved program for Emergency Operations Center (EOC) Phase 1 Risk Assessment. The assessment will allow the state to identify hazards, vulnerabilities, risks and intra/inter-operability issues and/or deficiencies that would interfere with or disrupt operations of the EOC.

3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.

This program, though different, must work closely with other FEMA-funded and non-FEMA-funded emergency management programs.

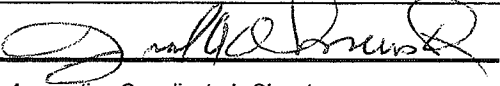
4. If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required. ☒

1st year \$ % of total grant: % Hard % Soft % Fund Appropriation  
2nd year \$ % of total grant: % Hard % Soft % Fund Appropriation  
3rd year \$ % of total grant: % Hard % Soft % Fund Appropriation

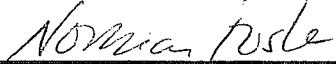
If the grant runs longer than three years, include information for each additional year.

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

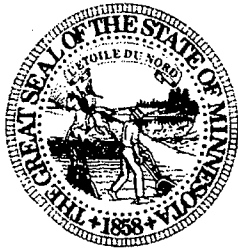
5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes  
If yes, please provide the base year \_\_\_\_\_, the amount \$ \_\_\_\_\_ and account information (fund/appropriation) \_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?  
To fulfill the work activities proposed in the FY2003 Emergency Management Performance Grant application.
6. Are indirect costs included in the proposal? ☒ Yes ☐ No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 9.44 %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ☐ Yes ☒ No
8. How many positions are needed to carry out this program? 0 New 1.7 Existing
9. Will the award supply funding of present positions? ☒ Partial ☐ Full ☐ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☒ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
☒ Yes ☐ No
- b. If yes, has provision been made to provide the necessary funding? ☒ Yes ☐ No
13. Legal authority to apply for and accept grant.  
M.S. 12.22
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No

  
Accounting Coordinator's Signature

4/7/03  
Date

  
Executive Budget Officer's Signature

4/8/03  
Date



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Department Name: Dept. of Public Safety Title of Project/Proposal: 2002 Supplemental Appropriation Federal Catalog Number: Emergency Operations Center Phase 1a 83.563		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
This request is in the following state:  <input type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input checked="" type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal:  Start Date: <u>5/1/03</u> End Date: <u>12/31/03</u>  Funding Amount: \$ <u>18,000.00</u> Indicate the break-down below:  FY: <u>04</u> \$ Amt.: <u>\$18,000.00</u> FY: _____ \$ Amt.: _____ FY: _____ \$ Amt.: _____ FTE: <u>0</u>

1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area. Specific guidance is provided to this agency on the deliverables to meet program goals; however, some latitude is given to the state on how to best meet those program goals.

2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.

This grant is for the administration and completion of an approved program for Emergency Operations Center (EOC) Phase 1a physical modifications for providing secure communications in the State EOC. The physical modifications to be performed will provide for a secure room to receive top-secret communications from the federal government in the event of a national emergency.

3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.

This program, though different, must work closely with other FEMA-funded and non-FEMA-funded emergency management programs.

4. If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required.

1st year \$ 6,000.00 % of total grant: 25 % Hard 100 % Soft \_\_\_\_\_ % Fund 200 Appropriation 201  
2nd year \$ \_\_\_\_\_ % of total grant: \_\_\_\_\_ % Hard \_\_\_\_\_ % Soft \_\_\_\_\_ % Fund \_\_\_\_\_ Appropriation  
3rd year \$ \_\_\_\_\_ % of total grant: \_\_\_\_\_ % Hard \_\_\_\_\_ % Soft \_\_\_\_\_ % Fund \_\_\_\_\_ Appropriation


If the grant runs longer than three years, include information for each additional year.

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5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes  
If yes, please provide the base year \_\_\_\_\_, the amount \$ \_\_\_\_\_ and account information (fund/appropriation) \_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?
- To fulfill the work activities proposed in the FY2003 Emergency Management Performance Grant application.
6. Are indirect costs included in the proposal? ☐ Yes ☒ No.
- a. If indirect costs are not included in the proposal, indicate reason.
- No salaries are being paid with these funds.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. \_\_\_\_\_ %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ☐ Yes ☒ N/A ☐ No
8. How many positions are needed to carry out this program? ☐ 0 New ☐ 0 Existing
9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☒ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☐ No
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☐ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
☐ Yes ☐ No
- b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.
- M.S. 12.22
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No

  
Accounting Coordinator's Signature

4/7/03  
Date

  
Executive Budget Officer's Signature

4/8/03  
Date

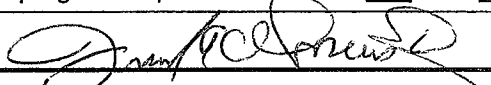
## Policy Note

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Federal Grant Assistance

Department Name: DPS/BCA/Forensic Lab		Type of Grant: <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):																		
Title of Project/Proposal:	National Forensic Science Improv Act																			
Federal Catalog Number:	16.560																			
This request is in the following state:  <input checked="" type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input checked="" type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal:  Start Date: 03/04/03 End Date: 09/30/04 Funding Amount: \$ <u>\$112,884</u> Indicate the break-down below:  FY: <u>03</u> \$ Amt.: <u>\$37,628</u> FY: <u>04</u> \$ Amt.: <u>56,442</u> FY: <u>05</u> \$ Amt.: <u>18,814</u> FTE: _____																		
<p>1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.          Agency has discretion within control of established state-wide consolidated plan to improve forensic science service with state and local forensic laboratories and medical examiners .</p> <p>2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program. The laboratory has received \$56,442 to be utilized by 9/30/03. This money will be utilized by both the BCA lab and local government crime laboratories to fund improvements. Continuation of the NFSIA Grant is anticipated in federal fiscal year 04. It is anticipated that the State of Minnesota would apply for these funds, when available. The grant is made available to all laboratories and medical examiners within the state to improve turn around time analysis of forensic evidence submitted for examination and to help the same entities to become accredited by national governing bodies. Funds will be distributed based on formula developed by state-wide consolidated plan that is being written by all labs and medical examiners office within the state.</p> <p>3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.          This grant provides funding for all agencies to work together to improve forensic science services. This money is earmarked as a fund for all agencies to use under the consolidated plan. The actual amount of money each agency could receive is dependent upon its use within the framework of the state-wide plan.</p> <p>4. If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required. X</p> <table border="0"> <tr> <td>1st year \$ _____</td> <td>% of total grant: _____ %</td> <td>Hard _____ %</td> <td>Soft _____ %</td> <td>Fund _____</td> <td>Appropriation</td> </tr> <tr> <td>2nd year \$ _____</td> <td>% of total grant: _____ %</td> <td>Hard _____ %</td> <td>Soft _____ %</td> <td>Fund _____</td> <td>Appropriation</td> </tr> <tr> <td>3rd year \$ _____</td> <td>% of total grant: _____ %</td> <td>Hard _____ %</td> <td>Soft _____ %</td> <td>Fund _____</td> <td>Appropriation</td> </tr> </table> <p>If the grant runs longer than three years, include information for each additional year.</p>			1st year \$ _____	% of total grant: _____ %	Hard _____ %	Soft _____ %	Fund _____	Appropriation	2nd year \$ _____	% of total grant: _____ %	Hard _____ %	Soft _____ %	Fund _____	Appropriation	3rd year \$ _____	% of total grant: _____ %	Hard _____ %	Soft _____ %	Fund _____	Appropriation
1st year \$ _____	% of total grant: _____ %	Hard _____ %	Soft _____ %	Fund _____	Appropriation															
2nd year \$ _____	% of total grant: _____ %	Hard _____ %	Soft _____ %	Fund _____	Appropriation															
3rd year \$ _____	% of total grant: _____ %	Hard _____ %	Soft _____ %	Fund _____	Appropriation															

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes  
If yes, please provide the base year \_\_\_\_\_, the amount \$ \_\_\_\_\_ and account information (fund/appropriation) \_\_\_\_\_ / \_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?  
To utilize the money to improve turn around time. Long term commitment to participating in state wide planning with local government authorities to help distribute future monies (if available)
6. Are indirect costs included in the proposal? ☐ Yes ☒ No.  
a. If indirect costs are not included in the proposal, indicate reason.  
N/A
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. \_\_\_\_\_ %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ☐ Yes ☒ No
8. How many positions are needed to carry out this program? 0 \_\_\_\_\_ New 0 Existing
9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☐ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☐ No  
b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☐ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
☐ Yes ☐ No  
b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.  
MS 4.07
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No

  
Accounting Coordinator's Signature

4/7/03

Date

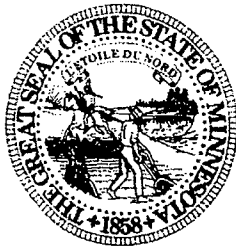


Executive Budget Officer's Signature

4/8/03

Date





Department of Finance  
400 Centennial Building  
658 Cedar Street  
St. Paul, Minnesota 55155

## Policy Note

Notice of Application for  
Federal Grant Assistance

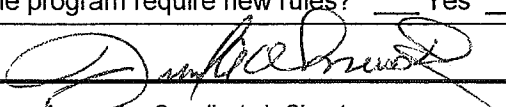
Contact your agency Executive Budget Officer if you have questions. Please provide attachments to this form for items where space is inadequate. **NOTE: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode. This is vital for structural and format integrity.**

Department Name: DPS/BCA/Forensic Lab		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
Title of Project/Proposal: No Suspect Casework DNA Backlog Reduction Program		
Federal Catalog Number: 16-564		
This request is in the following state:  <input type="checkbox"/> Pre-Application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal:  Start Date: 3-1-03 Date: 2-29-04  Funding Amount: \$ <u>\$271,205</u> Indicate the break-down below:  FY: <u>03</u> \$ Amt.: 67,801 FY: <u>04</u> \$ Amt.: 203,404 FY: _____ \$ Amt.: _____ FTE: <u>0</u>

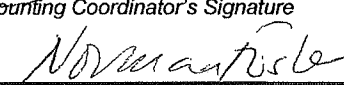
- Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.  
Discretion was limited to utilizing this funding for the purposes of examining no suspect casework related to DNA analyses and improving the law enforcement's knowledge base with respect to these types of examinations.
- Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.  
This grant will provide appropriate funding to identify cases previously examined at the BCA Lab that would benefit by having STR analyses performed, to more effectively educate the law enforcement community in the possibilities of this type of testing, to assist them in evaluating non-suspect cases and to assist the Hennepin County Sheriff's Crime Laboratory with the same process.
- Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.  
This will provide the State with a mechanism to properly review and evaluate non suspect casework that currently exists at the BCA Laboratory, at the Hennepin County Sheriff's Crime Laboratory, and throughout the entire Law enforcement community within Minnesota.
- If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required. ☒ X  
  
1st year \$ \_\_\_\_\_ % of total grant: \_\_\_\_\_ % Hard \_\_\_\_\_ % Soft \_\_\_\_\_ % Fund \_\_\_\_\_ Appropriation  
2nd year \$ \_\_\_\_\_ % of total grant: \_\_\_\_\_ % Hard \_\_\_\_\_ % Soft \_\_\_\_\_ % Fund \_\_\_\_\_ Appropriation  
3rd year \$ \_\_\_\_\_ % of total grant: \_\_\_\_\_ % Hard \_\_\_\_\_ % Soft \_\_\_\_\_ % Fund \_\_\_\_\_ Appropriation  
  
If the grant runs longer than three years, include information for each additional year.

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

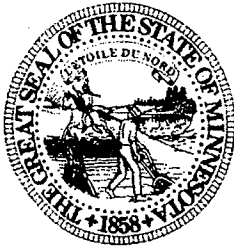
5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes  
If yes, please provide the base year \_\_\_\_\_, the amount \$ \_\_\_\_\_ and account information (fund/appropriation) \_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?  
This will enable the State to appropriately examine and report the no suspect DNA casework samples throughout Minnesota. It will also develop and enhance a positive working relationship with the Hennepin County Sheriff's Crime Lab.
6. Are indirect costs included in the proposal? ☒ Yes ☐ No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 9.44 %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ☐ Yes ☒ No
8. How many positions are needed to carry out this program? \_\_\_\_\_ New 0 \_\_\_\_\_ Existing
9. Will the award supply funding of present positions? ☒ (Overtime) Partial ☐ Full ☐ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☒ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
☐ Yes ☐ No
- b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.  
MN 4.07
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No

  
Accounting Coordinator's Signature

  
Date

  
Executive Budget Officer's Signature

  
Date



Department of Finance  
400 Centennial Building  
658 Cedar Street  
St. Paul, Minnesota 55155

## Policy Note

Notice of Application for  
Federal Grant Assistance

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Department Name: Dept. of Public Safety		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
Title of Project/Proposal: 2003 Supplemental Appropriation		
Federal Catalog Number: CFDA Not Yet Assigned		
This request is in the following state:  <input checked="" type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal:  Estimated Start Date: <u>9/30/03</u> End Date: <u>9/30/04</u> Estimated Funding Amount: <u>\$30,000,000.00</u> Indicate the break-down below:  FY: <u>04</u> \$ Amt.: <u>\$22.5 million</u> FY: <u>05</u> \$ Amt.: <u>\$7.5 million</u> FY: _____ \$ Amt.: _____ FTE: _____

1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.

Specific guidance is provided to this agency on the deliverables to meet program goals; however, some latitude is given to the state on how to best meet those program goals.

2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.

This grant is to further support enhancements to state and local terrorism preparedness efforts as well as coordinated prevention and security enhancement for first responders. These new funds will allow state and local governments to continue to strengthen the first responder community. The grant will be for equipment, training, exercises and planning, and will require that 80 percent be passed through to local units of government.

3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.

This program, though different, must work closely with other emergency management programs.

4. If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required. ☒

1st year \$ _____	% of total grant: _____%	Hard _____%	Soft _____%	Fund _____	Appropriation
2nd year \$ _____	% of total grant: _____%	Hard _____%	Soft _____%	Fund _____	Appropriation
3rd year \$ _____	% of total grant: _____%	Hard _____%	Soft _____%	Fund _____	Appropriation

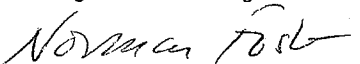
If the grant runs longer than three years, include information for each additional year.

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

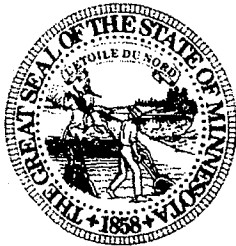
5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes  
If yes, please provide the base year \_\_\_\_\_, the amount \$ \_\_\_\_\_ and account information (fund/appropriation) \_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?  
To fulfill the work activities proposed in the FY2003 Supplemental Grant application.
6. Are indirect costs included in the proposal? ☐ Yes ☒ No.  
a. If indirect costs are not included in the proposal, indicate reason.  
b. If indirect costs are included in the proposal, indicate the indirect cost rate. 9.44 %  
c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ☐ Yes ☒ No
8. How many positions are needed to carry out this program? ☐ New ☐ Existing
9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☐ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☐ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☐ No  
b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☐ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
☐ Yes ☐ No  
b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.  
M.S. 12.22
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No

  
Accounting Coordinator's Signature

4/7/03  
Date

  
Executive Budget Officer's Signature

4/8/03  
Date



Department of Finance  
400 Centennial Building  
658 Cedar Street  
St. Paul, Minnesota 55155

## Policy Note

Notice of Application for  
Federal Grant Assistance

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Department Name: Public Safety		Type of Grant:
Title of Project/Proposal: MN CriMNet Program		<input checked="" type="checkbox"/> New*
Federal Catalog Number: Not available yet		<input type="checkbox"/> Continuation
		<input type="checkbox"/> Other (if other, please explain):
		*Congressional Earmark for CriMNet

This request is in the following state:  <input checked="" type="checkbox"/> Pre-Application  <input type="checkbox"/> Application  <input type="checkbox"/> Negotiation  <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal:  Start Date: <u>10/1/03</u> End Date: <u>9/30/05</u> <small>estimated</small> Funding Amount: \$ <u>993,500</u> Indicate the break-down below:  FY: <u>04</u> \$Amt.: <u>993,500</u> FY: _____ \$ Amt.: _____ FY: _____ \$ Amt.: _____ FTE: _____
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.

*These funds are available to the CriMNet Project in MN via a specific FY03 Congressional earmark. Through this process, the discretion for programmatically applying these funds is not specified.*

2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.

*The CriMNet Project is a broad, statewide, enterprise architecture initiative that seeks to connect information from every criminal justice system in every city, county and state agency. The scope of the project is likely to extend well over the next four years (based on available funding). The goals and objectives of the project break down logically by design and further by priorities, into numerous sub-projects. The order and magnitude of these projects are considered, and are addressed as available funding is assigned to each under the direction of the project's governance board. Specifically, during the immediate timeframe respective to this earmark, projects requiring funds include: The build and installation of "local adapters", the infrastructure assistance to local units of government, and the business process re-engineering of information exchanges between CJ systems in CriMNet.*

3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.

*All of the CriMNet Projects (and sub-projects) are coordinated across the statewide CJ enterprise to further the effective scope of the CriMNet architecture. The statewide CriMNet architecture models ensure that all components and initiatives (both pre-existing and emerging) are considered and integrated, to achieve the larger enterprise goals and, further, to avoid duplication of effort or expenditures of development that would be otherwise at cross-purposes with other endeavors within the Criminal Justice enterprise, or within the State's Information Technology standards and infrastructure.*

4. If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required. **X** No Match Required

1st year \$ \_\_\_\_\_ % of total grant: \_\_\_\_\_ % Hard \_\_\_\_\_ % Soft \_\_\_\_\_ % Fund \_\_\_\_\_ Appropriation  
2nd year \$ \_\_\_\_\_ % of total grant: \_\_\_\_\_ % Hard \_\_\_\_\_ % Soft \_\_\_\_\_ % Fund \_\_\_\_\_ Appropriation  
3rd year \$ \_\_\_\_\_ % of total grant: \_\_\_\_\_ % Hard \_\_\_\_\_ % Soft \_\_\_\_\_ % Fund \_\_\_\_\_ Appropriation

If the grant runs longer than three years, include information for each additional year.

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes  
If yes, please provide the base year \_\_\_\_\_ the amount \$ \_\_\_\_\_ and account information (fund/appropriation) \_\_\_\_\_ / \_\_\_\_\_.

- b. What short and long term commitments is the state making by acceptance of this grant?

*Acceptance of this earmark enhances existing CrimNet activities by focusing funds toward improving sharing of criminal and juvenile justice information between city, county, state and national agencies and criminal justice communities.*

6. Are indirect costs included in the proposal? ☐ Yes ☒ No.

- a. If indirect costs are not included in the proposal, indicate reason.

*Funds will not support new or existing positions, so indirect costs are not and allowable budget item.*

- b. If indirect costs are included in the proposal, indicate the indirect cost rate. \_\_\_\_\_ %

- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.

7. Are indirect costs part of any match? ☐ Yes ☒ No

8. How many positions are needed to carry out this program? 0 New 2 Existing

9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None

10. Will new positions be funded entirely by the grant award? ☐ Yes ☐ No

11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☐ No

- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☐ No

12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
☐ Yes ☐ No

- b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No


13. Legal authority to apply for and accept grant.  
MN 4.07

14. Will the program involve a change in existing rules? ☐ Yes ☒ No

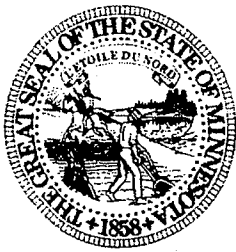
15. Will the program require new rules? ☐ Yes ☒ No

  
Accounting Coordinator's Signature

4/7/03  
Date

  
Executive Budget Officer's Signature

4/5/03  
Date



Department of Finance  
400 Centennial Building  
658 Cedar Street  
St. Paul, Minnesota 55155

## Policy Note

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Department Name: Public Safety		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
Title of Project/Proposal: CriMNet/Technology Opportunities Program		
Federal Catalog Number: 11.551		
This request is in the following state:  <input checked="" type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal:  Start Date: <u>10/1/03</u> End Date: <u>9/30/06</u> <small>estimated</small> Funding Amount: <u>\$700,000</u> Indicate the break-down below:  FY: <u>04</u> \$ Amt.: <u>350,000</u> FY: <u>05</u> \$ Amt.: <u>350,000</u> FY: <u>      </u> \$ Amt.: <u>      </u> FTE: <u>0</u>

1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.  
*The application and budget proposal must fit within the program guidelines contained in the federal funds solicitation for the Technology Opportunities Program for model projects to demonstrate innovative use of network technologies.*

2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.  
*The CriMNet Project is a broad, statewide, enterprise architecture initiative that seeks to connect information from every criminal justice system in every city, county and state agency. The program proposed in this grant application will facilitate statewide participation in the Multi-Jurisdiction Network Organization (MJNO). MJNO is one of the source applications considered critical to the success of CriMNet. Using MJNO, concrete leads in criminal cases will be identified, and law enforcement will only have to call those agencies that have information relating to the leads, thereby reducing the time needed to follow an investigation. Grant funds will be used to achieve statewide expansion of the system from about 150 jurisdictions to 300+ jurisdictions.*

3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.  
*All of the CriMNet Projects (and sub-projects) are coordinated across the statewide CJ enterprise to further the effective scope of the CriMNet architecture. The statewide CriMNet architecture models ensure that all components and initiatives (both pre-existing and emerging) are considered and integrated, to achieve the larger enterprise goals and, further, to avoid duplication of effort or expenditures of development that would be otherwise at cross-purposes with other endeavors within the Criminal justice enterprise, or within the State's Information Technology standards and infrastructure.*

4. If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required.

1st year \$350,000 % of total grant: 50 % Hard 20 % Soft 80 % Fund        Appropriation  
2nd year \$350,000 % of total grant: 50 % Hard 20 % Soft 80 % Fund        Appropriation  
3rd year \$        % of total grant:        % Hard        % Soft        % Fund        Appropriation

If the grant runs longer than three years, include information for each additional year.

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes  
If yes, please provide the base year \_\_\_\_\_, the amount \$ \_\_\_\_\_ and account information (fund/appropriation) \_\_\_\_\_.

b. What short and long term commitments is the state making by acceptance of this grant?

*Acceptance of the grant enhances existing CriMNet activities by focusing funds toward improving sharing of criminal and juvenile justice information between city, county, state and national agencies and criminal justice communities.*

6. Are indirect costs included in the proposal? ☐ Yes ☒ No.

a. If indirect costs are not included in the proposal, indicate reason.

*Funds will not support new or existing positions, so indirect costs are not and allowable budget item.*

b. If indirect costs are included in the proposal, indicate the indirect cost rate. \_\_\_\_\_ %

c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.

7. Are indirect costs part of any match? ☐ Yes ☒ No

8. How many positions are needed to carry out this program? 0 \_\_\_\_\_ New \_\_\_\_\_ 2 \_\_\_\_\_ Existing

9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None

10. Will new positions be funded entirely by the grant award? ☐ Yes ☐ No

11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☐ No

b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☐ No

12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
☐ Yes ☐ No

b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No

13. Legal authority to apply for and accept grant.  
MS 4.07

14. Will the program involve a change in existing rules? ☐ Yes ☒ No

15. Will the program require new rules? ☐ Yes ☒ No

Accounting Coordinator's Signature

4/7/03

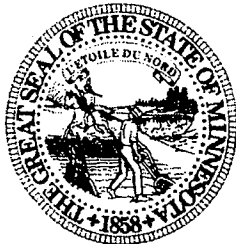
Date

Executive Budget Officer's Signature

4/8/03

Date





Department of Finance  
400 Centennial Building  
658 Cedar Street  
St. Paul, Minnesota 55155

## Policy Note

Notice of Application for  
Federal Grant Assistance

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Department Name: Public Safety Title of Project/Proposal: Project Safe Neighborhoods Federal Catalog Number: 16.609		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
This request is in the following state:  <input type="checkbox"/> Pre-Application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal:  Start Date: <u>May 1, 2003</u> End Date: <u>April 2006</u>  Funding Amount: \$ <u>930,274</u> Indicate the break-down below:  FY:03 <u>          </u> \$Amt.: \$ <u>0</u> FY:04 <u>          </u> \$ Amt.: \$ <u>700,000</u> FY: 05 <u>          </u> \$ Amt.: \$ <u>230,274</u> FTE: <u>          </u>

1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.

Project Safe Neighborhood is a national gun violence prevention/intervention grant program offered by the U.S. Department of Justice. The Minnesota Department of Public Safety Office of Drug Policy and Violence Prevention (ODPVP) submitted an application for \$930,274 on behalf of the U.S. Attorney's Office and the Minnesota Safe Neighborhood Task Force. The U.S. Attorney for Minnesota and the task force decided on the grant application parameters and ODPVP submitted the grant application on their behalf.

2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.

The grant will be used to begin to address the complex issue of gun violence in Indian Country. The Minnesota Project Safe Neighborhood Task Force proposes a multi-disciplinary strategy that employs law enforcement, corrections, prosecution and community-based approaches.

3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.

This program will be coordinated with the State Departments of Public Safety and Corrections as well as Tribal Government. It is a program complementary to the grant funding administered through the Office of Drug Policy and Violence Prevention.

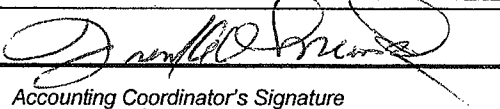
4. If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required. ☒

1st year \$ \_\_\_\_\_ % of total grant: \_\_\_\_\_ % Hard \_\_\_\_\_ % Soft \_\_\_\_\_ % Fund \_\_\_\_\_ Appropriation  
 2nd year \$ \_\_\_\_\_ % of total grant: \_\_\_\_\_ % Hard \_\_\_\_\_ % Soft \_\_\_\_\_ % Fund \_\_\_\_\_ Appropriation  
 3rd year \$ \_\_\_\_\_ % of total grant: \_\_\_\_\_ % Hard \_\_\_\_\_ % Soft \_\_\_\_\_ % Fund \_\_\_\_\_ Appropriation


If the grant runs longer than three years, include information for each additional year.

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

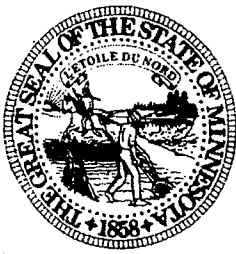
5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes  
 If yes, please provide the base year \_\_\_\_\_, the amount \$ \_\_\_\_\_ and account information (fund/appropriation) \_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?
6. Are indirect costs included in the proposal? ☒ Yes ☐ No.
  - a. If indirect costs are not included in the proposal, indicate reason.
  - b. If indirect costs are included in the proposal, indicate the indirect cost rate. 9.44 %  
 Agency is not charging a specific rate. \$64,860 is being received for salary, fringe, travel, supplies and related administrative costs.
  - c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ☐ Yes ☒ No
8. How many positions are needed to carry out this program? New .20 Existing
9. Will the award supply funding of present positions? ☒ Partial ☐ Full ☐ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☒ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No  
 b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
☐ Yes ☒ No  
 b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant. MS 4.07  
 The Office of Drug Policy and Violence Prevention is the State Administrative Agency designated by the Governor to receive U.S. Justice Bureau of Justice grant dollars.
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No

  
 Accounting Coordinator's Signature

4/7/03  
 Date

  
 Executive Budget Officer's Signature

4/8/03  
 Date



Department of Finance  
400 Centennial Building  
658 Cedar Street  
St. Paul, Minnesota 55155

## Policy Note

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Department Name: Natural Resources		Type of Grant: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
Title of Project/Proposal: National Recreation Trails Program		
Federal Catalog Number: 20.219		
This request is in the following state:  <input checked="" type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference. Previously approved amount p. 37 Rev. FY 04-05BB	This award/proposal:  Start Date: <u>July 1, 2002</u> End Date: <u>June 30, 2003</u>  Funding Amount: <u>\$3,000,000 (increase)</u> Indicate the break-down below:  FY: <u>2003</u> \$ Amt.: <u>\$1,000,000</u> FY: <u>2004</u> \$ Amt.: <u>\$1,000,000</u> FY: <u>2005</u> \$ Amt.: <u>\$1,000,000</u> FTE: <u>0.00</u>

<p>1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area. Trails &amp; Waterways will administer the funds for the development of trail recreation opportunities. As per Federal Legislation, the Trails Advisory Board has been formed to make recommendations on those projects to the federal government for acquisition, development, rehabilitation, and maintenance.</p> <p>2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program. The purpose of the grant is for trails and trail related projects that have been planned and developed under existing laws, policies, and administrative procedures through the State Recreational Trail Advisory Board.</p> <p>3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs. This program is similar to other DNR administered trail programs. Major differences include: Trail Advisory Board making recommendations; dollars to work directly with non-profit organizations and private individuals.</p> <p>4. If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required. <u>X (met by subgrantees)</u></p> <table><tr><td>1st year \$ _____</td><td>% of total grant: _____ %</td><td>Hard _____ %</td><td>Soft _____ %</td><td>Fund _____</td><td>Appropriation</td></tr><tr><td>2nd year \$ _____</td><td>% of total grant: _____ %</td><td>Hard _____ %</td><td>Soft _____ %</td><td>Fund _____</td><td>Appropriation</td></tr><tr><td>3rd year \$ _____</td><td>% of total grant: _____ %</td><td>Hard _____ %</td><td>Soft _____ %</td><td>Fund _____</td><td>Appropriation</td></tr></table> <p>If the grant runs longer than three years, include information for each additional year.</p>	1st year \$ _____	% of total grant: _____ %	Hard _____ %	Soft _____ %	Fund _____	Appropriation	2nd year \$ _____	% of total grant: _____ %	Hard _____ %	Soft _____ %	Fund _____	Appropriation	3rd year \$ _____	% of total grant: _____ %	Hard _____ %	Soft _____ %	Fund _____	Appropriation
1st year \$ _____	% of total grant: _____ %	Hard _____ %	Soft _____ %	Fund _____	Appropriation													
2nd year \$ _____	% of total grant: _____ %	Hard _____ %	Soft _____ %	Fund _____	Appropriation													
3rd year \$ _____	% of total grant: _____ %	Hard _____ %	Soft _____ %	Fund _____	Appropriation													

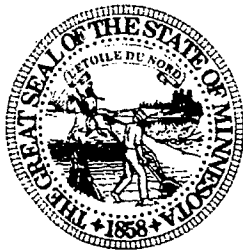
5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes  
If yes, please provide the base year \_\_\_\_\_, the amount \$ \_\_\_\_\_ and account information (fund/appropriation) \_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?  
The commitment is to provide the recreational trail user recreational opportunities with new development and continued maintenance on existing facilities.
6. Are indirect costs included in the proposal? ☐ Yes ☒ No.
- a. If indirect costs are not included in the proposal, indicate reason.  
All funds will be passed through to sub-grantees
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. \_\_\_\_\_ %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ☐ Yes ☒ No
8. How many positions are needed to carry out this program? \_\_\_\_\_ New 1.0 Existing
9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☒ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
☐ Yes ☒ No
- b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.  
  
M.S. 84.085, subd. 1b
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No

Accounting Coordinator's Signature

Date

Executive Budget Officer's Signature

Date



Department of Finance  
400 Centennial Building  
658 Cedar Street  
St. Paul, Minnesota 55155

## Policy Note

Notice of Application for  
Federal Grant Assistance

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Department Name: Mn/DOT Title of Project/Proposal: Southwest Minnesota Regional Railroad Rehabilitation Project (MVRRA) Federal Catalog Number: DTFR53-02-G-00013	Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):	
This request is in the following state:  <input type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input checked="" type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal:  Start Date: <u>05/15/2003</u> End Date: <u>05/05/2005</u>  Funding Amount: \$ <u>1,987,000</u> Indicate the break-down below:  FY: <u>2003</u> \$ Amt.: <u>1,000,000</u> FY: <u>2004</u> \$ Amt.: <u>987,000</u> FY: _____ \$ Amt.: _____ FTE: _____

- Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.  
The Federal Railroad Administration (FRA) has asked Mn/DOT to serve as the agent to disburse funds to the Minnesota Valley Regional Rail Authority (MVRRA). Discretion is limited to administration of funds and inspection of project.
- Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program.  
The MVRRA needs additional funds for additional work not included or limited in the State rehabilitation done in 2002. These additional items include tie disposal, additional ballast, resurfacing the line, rail relay and additional drainage improvements. The MVRRA will be able to operate more effectively with the additional funding.
- Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.  
This \$1,987,000 is a grant from the Federal Government. Mn/DOT executed a \$6,000,000 rehabilitation loan to MVRRA in 2002. The Federal Government also granted \$1,000,000 to MVRRA in 2002.
- If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required. No match required.  

1st year \$ _____	% of total grant: _____	% Hard _____	% Soft _____	Fund _____	Appropriation _____
2nd year \$ _____	% of total grant: _____	% Hard _____	% Soft _____	Fund _____	Appropriation _____
3rd year \$ _____	% of total grant: _____	% Hard _____	% Soft _____	Fund _____	Appropriation _____


If the grant runs longer than three years, include information for each additional year.

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes  
If yes, please provide the base year \_\_\_\_\_, the amount \$ \_\_\_\_\_ and account information (fund/appropriation) \_\_\_\_\_ / \_\_\_\_\_.
- b. What short and long term commitments is the state making by acceptance of this grant?
6. Are indirect costs included in the proposal? ☐ Yes ☒ No.
- a. If indirect costs are not included in the proposal, indicate reason.  
Pass-through grant requiring a minimum of administrative expense by the State of Minnesota.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. \_\_\_\_\_ %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ☐ Yes ☒ No
8. How many positions are needed to carry out this program? \_\_\_\_\_ New 2 Existing
9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☒ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☒ No
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☒ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
☐ Yes ☒ No
- b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.  
M.S. 4.07
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No

  
Accounting Coordinator's Signature

4/7/03  
Date

  
Executive Budget Officer's Signature

4/8/03  
Date



Department of Finance  
400 Centennial Building  
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Department Name: Transportation		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
Title of Project/Proposal:	Dakota County, Cedar Avenue Project	
Federal Catalog Number:	20.500	
This request is in the following state:  <input checked="" type="checkbox"/> Pre-Application <input type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal:  Start Date: <u>07/01/03</u> End Date: <u>06/30/04</u> Funding Amount: \$ <u>983,679</u> Indicate the break-down below:  FY: <u>2004</u> \$ Amt.: <u>\$983,679</u> FY: _____ \$ Amt.: _____ FY: _____ \$ Amt.: _____ FTE: _____

- Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area. These funds were specifically earmarked by Congress for continuation of work currently being done on the Cedar Avenue Corridor Transitway.
- Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program. The grant is to continue work being done on the Cedar Avenue Corridor Transitway Study and will be used to continue the environmental study and preliminary engineering. At completion, environmental and preliminary engineering documents will be produced.
- Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs. The Cedar Avenue Corridor, like other corridors in the region in will focus on optimizing multi modal transit opportunities and decreasing congestion while encouraging car-pooling and other shared modes of transportation.
- If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required.  
Local match of 20%, \$245,920.  
1st year \$ \_\_\_\_\_ % of total grant: \_\_\_\_\_ % Hard \_\_\_\_\_ % Soft \_\_\_\_\_ % Fund \_\_\_\_\_ Appropriation  
2nd year \$ \_\_\_\_\_ % of total grant: \_\_\_\_\_ % Hard \_\_\_\_\_ % Soft \_\_\_\_\_ % Fund \_\_\_\_\_ Appropriation  
3rd year \$ \_\_\_\_\_ % of total grant: \_\_\_\_\_ % Hard \_\_\_\_\_ % Soft \_\_\_\_\_ % Fund \_\_\_\_\_ Appropriation  
  
If the grant runs longer than three years, include information for each additional year.

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes

If yes, please provide the base year \_\_\_\_\_, the amount \$ \_\_\_\_\_ and account information\*  
(fund/appropriation) \_\_\_\_\_.

b. What short and long term commitments is the state making by acceptance of this grant?  
None.

6. Are indirect costs included in the proposal? \_\_\_ Yes x No.

a. If indirect costs are not included in the proposal, indicate reason.

This is a one-time appropriation, the funds flow through to the County. MnDOT does not utilize any of the funding.

b. If indirect costs are included in the proposal, indicate the indirect cost rate. \_\_\_\_\_ %

c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.

7. Are indirect costs part of any match? \_\_\_ Yes x No

8. How many positions are needed to carry out this program? 0 New 0 Existing

9. Will the award supply funding of present positions? \_\_\_ Partial \_\_\_ Full x None

10. Will new positions be funded entirely by the grant award? \_\_\_ Yes x No

11. a. Will the state be asked to pick up the positions when federal funds are discontinued? \_\_\_ Yes \_\_\_ No n/a

b. Is continuation of positions a condition of receiving the federal grant? \_\_\_ Yes \_\_\_ No

12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
\_\_\_ Yes \_\_\_ No n/a

b. If yes, has provision been made to provide the necessary funding? \_\_\_ Yes \_\_\_ No

13. Legal authority to apply for and accept grant.

M.S. 4.07, Subd. 3

14. Will the program involve a change in existing rules? \_\_\_ Yes x No

15. Will the program require new rules? \_\_\_ Yes x No

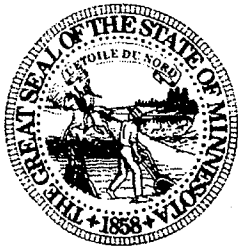
  
Accounting Coordinator's Signature

4/7/03  
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Department of Finance  
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Department Name: Public Safety		Type of Grant:
Title of Project/Proposal: Social Security Number Verification		<input checked="" type="checkbox"/> New
Federal Catalog Number:		<input type="checkbox"/> Continuation
		<input type="checkbox"/> Other (if other, please explain):

This request is in the following state:  <input type="checkbox"/> Pre-Application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal:  Start Date: FY2003 End Date: FY 2005 Funding Amount: \$ 600,500 Indicate the break-down below:  FY: 2003 \$ Amt.: 150,000 FY: 2004 \$ Amt.: 300,500 FY: 2005 \$ Amt.: 150,000 FTE: _____
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- Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.  
Collection of social security numbers on all CDL applications is mandated by US Code.
- Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities, which will take place and any products (reports, plans, etc.) which will result from the program.  
The goal of this project is to use a SSN to verify an applicant's identity and to deter applicants from obtaining fraudulent driver's licenses. This will be done through programming changes to allow interface with SSA, training of field staff on operating changes and supplying staff with reference materials after training is completed. Quarterly reports will be produced, as well as other reports, if requested.
- Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.  
Currently DVS collects a SSN from CDL applicants and send them through CDLIS, however DVS does not verify the validity of the numbers provided. Exam staff and DL Agents will use the SSA interface to validate a SSN when it is presented.
- If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required. ☒  
  
1st year \$ \_\_\_\_\_ % of total grant: \_\_\_\_\_ % Hard \_\_\_\_\_ % Soft \_\_\_\_\_ % Fund \_\_\_\_\_ Appropriation  
2nd year \$ \_\_\_\_\_ % of total grant: \_\_\_\_\_ % Hard \_\_\_\_\_ % Soft \_\_\_\_\_ % Fund \_\_\_\_\_ Appropriation  
3rd year \$ \_\_\_\_\_ % of total grant: \_\_\_\_\_ % Hard \_\_\_\_\_ % Soft \_\_\_\_\_ % Fund \_\_\_\_\_ Appropriation  
  
If the grant runs longer than three years, include information for each additional year.

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

5. a. Does the grant contain a maintenance of effort requirement? ☒ No ☐ Yes  
If yes, please provide the base year \_\_\_\_\_, the amount \$ \_\_\_\_\_ and account information (fund/appropriation) \_\_\_\_\_.

b. What short and long term commitments is the state making by acceptance of this grant?

6. Are indirect costs included in the proposal? ☐ Yes ☒ No.

a. If indirect costs are not included in the proposal, indicate reason.

All current forms and procedures will support this program.

b. If indirect costs are included in the proposal, indicate the indirect cost rate. \_\_\_\_\_ %

c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.

7. Are indirect costs part of any match? ☐ Yes ☒ No

8. How many positions are needed to carry out this program? \_\_\_\_\_ New \_\_\_\_\_ Existing

9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None

10. Will new positions be funded entirely by the grant award? ☐ Yes ☐ No

11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☐ No

b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☐ No

12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
☐ Yes ☐ No

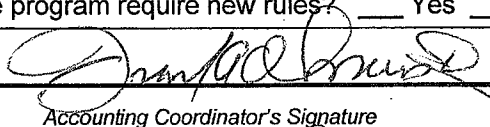
b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No

13. Legal authority to apply for and accept grant.

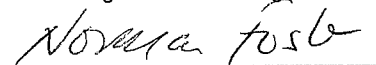
Minnesota Statute §4.07

14. Will the program involve a change in existing rules? ☐ Yes ☒ No

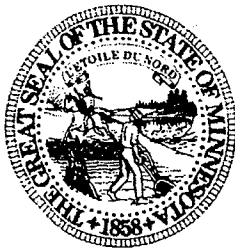
15. Will the program require new rules? ☐ Yes ☒ No

  
Accounting Coordinator's Signature

4/7/03  
Date

  
Executive Budget Officer's Signature

4/9/03  
Date



Department of Finance  
400 Centennial Building  
658 Cedar Street  
St. Paul, Minnesota 55155

## Policy Note

Notice of Application for  
Federal Grant Assistance

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Department Name: Public Safety		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
Title of Project/Proposal: Electronic Verification of Identification Documents		
Federal Catalog Number:		
This request is in the following state:  <input type="checkbox"/> Pre-Application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Negotiation <input type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal:  Start Date: tbd End Date: tbd  Funding Amount: \$ <u>up to \$25,000</u> Indicate the break-down below:  FY:03 \$ Amt.: _____ FY:04 \$ Amt.: \$25,000 FY: _____ \$ Amt.: _____ FTE: <u>0</u>

<p>1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area. Full discretion.</p> <p>2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program. AAMVA (American Association of Motor Vehicle Administrators) is working with FMCSA (Federal Motor Carrier Safety Administration) to implement a nation-wide Driver License fraud detection and prevention program. This program will focus on verifying that birth certificates presented and proof of identity by driver license applicants are valid documents.</p> <p>3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs. At this time we are unable to verify the authenticity of the birth certificate documents.</p> <p>4. If a state match is required for the grant, indicate the state match for each year, what percentage is hard (cash) and soft (in-kind), and what funds will be used. Check here if no match is required. <input checked="" type="checkbox"/></p> <p>1st year \$ _____ % of total grant: _____ % Hard _____ % Soft _____ % Fund _____ Appropriation 2nd year \$ _____ % of total grant: _____ % Hard _____ % Soft _____ % Fund _____ Appropriation 3rd year \$ _____ % of total grant: _____ % Hard _____ % Soft _____ % Fund _____ Appropriation</p> <p>If the grant runs longer than three years, include information for each additional year.</p>
<p><b>Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.</b></p>

5. a. Does the grant contain a maintenance of effort requirement? ☐ No ☐ Yes ☒ Unknown  
If yes, please provide the base year \_\_\_\_\_, the amount \$ \_\_\_\_\_ and account information  
(fund/appropriation) \_\_\_\_\_.

b. What short and long term commitments is the state making by acceptance of this grant?  
The State is piloting this program in conjunction with AAMVA and FMCSA and no short or long term commitments have been established.

6. Are indirect costs included in the proposal? ☐ Yes ☒ No.  
a. If indirect costs are not included in the proposal, indicate reason.  
Costs have not been determined.

b. If indirect costs are included in the proposal, indicate the indirect cost rate. \_\_\_\_\_ %

c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.

7. Are indirect costs part of any match? ☐ Yes ☒ No

8. How many positions are needed to carry out this program? \_\_\_\_\_ New 10 Existing

9. Will the award supply funding of present positions? ☐ Partial ☐ Full ☒ None

10. Will new positions be funded entirely by the grant award? ☐ Yes ☐ No

11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☐ No

b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☐ No

12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
☐ Yes ☐ No

b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No

13. Legal authority to apply for and accept grant.  
Minnesota Statute 4.07

14. Will the program involve a change in existing rules? ☐ Yes ☒ No

15. Will the program require new rules? ☐ Yes ☒ No

  
Accounting Coordinator's Signature

  
Executive Budget Officer's Signature

4/7/03  
Date

4/8/03  
Date



Department of Finance  
400 Centennial Building  
658 Cedar Street  
St. Paul, Minnesota 55155

## Policy Note

Notice of Application for  
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Department Name: Public Safety; State Patrol Division		Type of Grant: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Other (if other, please explain):
Title of Project/Proposal: Motor Carrier Safety Assistance Program (MCSAP); New Entrant Program Project # MH 03-27-1		
Federal Catalog #: CFDA 20.218		

This request is in the following state:  <input type="checkbox"/> Pre-Application  <input type="checkbox"/> Application  <input type="checkbox"/> Negotiation  <input checked="" type="checkbox"/> Awarded	Has the Legislature approved the expenditure of these funds by review in the biennial budget process? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes, state the page and current budget volume for reference.	This award/proposal:  Start Date: 04-01-03 End Date: 03-31-04 Funding Amount: \$ 61,644.00 FTE: 1
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1. Describe what discretion or latitude your agency was allowed in preparation of the application for federal assistance. Discretion may be in the administration/staffing or program selection area.

The grant must comply with the provisions of the MCSIA 1999 (Motor Carrier Safety Improvement Act) Interim Final Rule published May 13, 2002, effective January 1, 2003. This includes the enforcement of federal and State commercial vehicle safety regulations.

2. Summarize the purpose of the proposed grant, including a brief statement of the goals and objectives. Also, specify the activities which will take place and any products (reports, plans, etc.) which will result from the program

The goal of the New Entrant Program is to reduce the number and severity of commercial motor vehicle crashes. Activities which the grant funds include both educational and enforcement efforts. Activity reports are submitted quarterly. Other reports are produced as needed or when requested.

3. Describe how the proposed program relates to, or differs from, existing state programs, both within your agency and within other agencies and units of government. State how the proposed program will be coordinated with existing programs.

The New Entrant Program is an enhancement of the State Patrol's MCSAP (Motor Carrier Safety Assistance Program). The Minnesota Department of Transportation is a sub-grantee in the MCSAP & New Entrant Programs.

4. Indicate the state match required for each other year of the grant, also indicate what percentage is hard (cash) and what percentage is soft (in-kind). If the grant runs longer than three years, include information for each additional year.

1st year	\$	Percentage of total grant: ___%	Hard ___%	Soft ___%
2nd year	\$	Percentage of total grant: ___%	Hard ___%	Soft ___%
3rd year	\$	Percentage of total grant: ___%	Hard ___%	Soft ___%

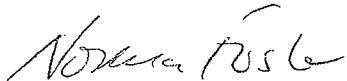
Check here if no match is required. ☒

**Reminder: If filling this out electronically, make sure you are in "typeover" mode and not "insert" mode.**

5. a. Does the grant contain a maintenance of effort requirement? ☒ No. ☐ Yes. If yes, please provide the base year \_\_\_\_\_ and the amount \$\_\_\_\_.
- b. What short and long-term commitments is the state making by acceptance of this grant?  
The state commits to re-align MCSAP monies (80/20 money) from other motor carrier safety activities to this New Entrant Program to the extent that the 100% monies are expended. Commitment to fulfill the obligations of the MCSAP Commercial Vehicle Safety Plan.
6. Are indirect costs included in the proposal? ☒ Yes ☐ No.
- a. If indirect costs are not included in the proposal, indicate reason.
- b. If indirect costs are included in the proposal, indicate the indirect cost rate. 9.44 %
- c. If rate charged is different than agency's approved rate, indicate reason. Please attach a copy of Budget Operations specific exemption.
7. Are indirect costs part of any match? ☐ Yes ☒ No
8. How many positions are needed to carry out this program? \_\_\_\_\_ New 1 Existing
9. Will the award supply funding of present positions? ☐ Partial ☒ Full ☐ None
10. Will new positions be funded entirely by the grant award? ☐ Yes ☐ No
11. a. Will the state be asked to pick up the positions when federal funds are discontinued? ☐ Yes ☐ No
- b. Is continuation of positions a condition of receiving the federal grant? ☐ Yes ☐ No
12. a. Will the state be asked to pay for unemployment compensation if individuals are laid off?  
☐ Yes ☐ No
- b. If yes, has provision been made to provide the necessary funding? ☐ Yes ☐ No
13. Legal authority to apply for and accept grant.  
  
MN MS 4.07
14. Will the program involve a change in existing rules? ☐ Yes ☒ No
15. Will the program require new rules? ☐ Yes ☒ No



Accounting Coordinator's Signature



Executive Budget Officer's Signature

4/8/03

Date

4/9/03

Date