

**TO:** Mayor and City Council  
**FROM:** Tim Malchow, EMS Chief  
**SUBJECT:** MDH COVID-19 Health Care Response Grant  
**DATE:** December 1, 2020

**BACKGROUND**

With the COVID-19 pandemic the Minnesota Department of Health made available a several grants for COVID response. The grants are intended to help cover cost related to planning, preparing, and responding to the COVID-19 outbreak. The Cannon Falls Ambulance applied for funding. After screening, the ambulance service was rewarded \$25,000.00.

**REQUESTED COUNCIL ACTION**

Request a motion to approving the acceptance of the \$25,000.00 grant for the COVID-19 health care response from the Minnesota Department of Health.

**CITY OF CANNON FALLS  
GOODHUE COUNTY, MINNESOTA**

**RESOLUTION NUMBER 2524**

**RESOLUTION AUTHORIZING ACCEPTANCE OF A  
GRANT FROM THE MINNESOTA DEPARTMENT OF HEALTH FOR PLANNING,  
PREPARING AND RESPONDING TO THE COVID-19 PANDEMIC**

**WHEREAS**, the Cannon Falls Ambulance Service was provided with a grant for the planning, preparing, and responding to the COVID-19 pandemic; and

**WHEREAS**, at times highly contagious and infectious diseases present opportunities to obtain new supplies and equipment that is new or beneficial to the community that was not anticipated for within the yearly budget; and

**WHEREAS**, Minnesota Department of Public Health has granted \$25,000.00 to be used towards planning, preparing, and responding to the COVID-19 pandemic;

**NOW, THEREFORE, BE IT RESOLVED**, that the City of Cannon Falls accepts the grant from Minnesota Department of Public Health, in the amount of \$25,000.00, to be used as outlined in the grant. The EMS Chief is hereby authorized to execute such agreements as are necessary to implement the acceptance of this grant on behalf of the City of Cannon Falls, DBA: Cannon Falls Ambulance.

**BE IT FURTHER RESOLVED**, that the EMS Chief of the City of Cannon Falls Ambulance is hereby authorized to be the fiscal agent and administer the grant on behalf of the Cannon Falls Ambulance Service.

**ADOPTED** by the City Council of Cannon Falls this 1<sup>st</sup> day of December 2020.

**CITY OF CANNON FALLS**

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John O. Althoff, Mayor

ATTEST: \_\_\_\_\_  
Neil L. Jensen, City Administrator



## Minnesota Department of Health Grant Award Cover Sheet

You have received a grant award from the Minnesota Department of Health (MDH). Information about the grant award, including funding details, are included below. Contact your MDH Grant Manager if you have questions about this cover sheet.

**DATE:** 3/18/2020

**ATTACHMENT:** Grant Agreement, COVID-19 Health Care Response Grant

**CONTACT FOR MDH:** Carol Gronfor, 651-201-3842, carol.gronfor@state.mn.us

Grantee SWIFT Information	Grant Agreement Information	Funding Information
<b>Legal Name of Grantee:</b> City of Cannon Falls  <b>Assumed Name of Grantee:</b> Cannon Falls Ambulance	<b>Applicant ID:</b> 1502632  <b>Grant Agreement:</b> 185526  <b>Purchase Order:</b> 3000080624	<b>Total Grant Funds (all funding sources):</b> \$25,000.00
<b>Grantee SWIFT Vendor Number:</b> 0000201404  <b>SWIFT Vendor Location Code:</b> 002	<b>Period of Performance Start Date:</b> Retroactive to March 18, 2020.  <b>Period of Performance End Date:</b> February 15, 2021; all expenditures must be made by December 30, 2020.	<b>Total State Grant Funds:</b> \$0  <b>Total Federal Grant Funds:</b> \$25,000.00

### Notice to Grantee about Federal Funds

You have received a sub-award of federal financial assistance from MDH. Information about the award is being shared with you per 2 CFR 200.331. Please keep a copy of this cover sheet with the grant project agreement.

Grantee Data Universal Numbering System (DUNS) Name and Number	<b>DUNS Name:</b> City of Cannon Falls <b>DUNS Number:</b> 007805000
Grantee's Approved Indirect Cost Rate for the Grant	N/A
Is The Award for Research and Development?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Project Description	COVID-19 Health Care Response grantee

Name of Federal Awarding Agency	U.S. Department of Treasury
CFDA Name and Number <i>(Catalog of Federal Domestic Assistance)</i>	<b>CFDA Name:</b> Coronavirus Relief Fund (CRF) <b>CFDA Number:</b> 21.019
Federal Award Identification Number (FAIN)/ Grantor's Pass-through Number	SLT0232
Federal Award Date <i>(Date MDH received federal grant)</i>	04/27/2020

## Minnesota Department of Health

# Grant Agreement

This grant agreement is between the State of Minnesota, acting through its Commissioner of the Department of Health (“MDH”) and City of Cannon Falls; Cannon Falls Ambulance(“Grantee”). Grantee’s address is 918 River Rd, Cannon Falls, MN 55009.

### Recitals

1. MDH is empowered to enter into this grant agreement under Minn. Stat. § 144.0742 and 2020 Minn. Laws Ch. 70.
2. MDH is in need of eligible health care entities to plan for, prepare for, or respond to the outbreak of SARS-CoV-2 virus and coronavirus disease (COVID-19).
3. On March 3, 2020, the Commissioner of Health notified the Minnesota legislature of the growing public health crisis related to COVID-19 and requested access to the Public Health Response Contingency Account.
4. The vision of the Department of Health is for health equity in Minnesota, where all communities are thriving and all people have what they need to be healthy. Health equity is achieved when every person has the opportunity to attain their health potential. Grantee agrees, where applicable, to perform its work with advancing health equity as a goal.
5. Grantee represents that it is duly qualified and will perform all the duties described in this agreement to the satisfaction of MDH. Grantee agrees to minimize administrative costs as a condition of this grant pursuant to Minn. Stat. § 16B.98, subd. 1.
6. The COVID-19 grant resources are intended to offer immediate financial support in order for grantees to implement a timely response to COVID-19; any funds that cannot be used by December 30, 2020 should be returned to MDH as soon as possible for redistribution to others with unmet need.

## Grant Agreement

### 1. Term of Agreement

#### 1.1. Effective Date

3/18/2020, or the date the State obtains all required signatures under Minnesota Statutes, section 16B.98, whichever is later.

Because of the public health crisis that began on March 3, 2020, the peacetime emergency declared by the Governor on March 13, 2020, and 2020 Session Laws, Ch. 70, which was signed into law on March 17, 2020, this grant agreement retroactively authorizes expenses incurred for qualified work performed and qualified expenses incurred on or after March 18, 2020.

Per Minn. Stat. § 12.36, during a peacetime emergency payments may be made to the Grantee prior to the contract being fully executed if such payments are determined by the Commissioner of Health to be in the best interests of the state.

#### 1.2. Expiration Date

This contract expires February 15, 2021, or until all obligations have been fulfilled to the satisfaction of MDH, whichever occurs first. Expenditures funded by this contract must be made by December 30, 2020.

#### 1.3. Survival of Terms

The following clauses survive the expiration or cancellation of this grant contract: 4.2 Terms of Payment; 8. Liability; 9. State Audits; 10. Government Data Practices and Data Disclosure; 11. Ownership of Equipment; 12. Intellectual Property; 14. Publicity and Endorsement; and 16. Governing Law, Jurisdiction, and Venue.

### 2. Grantee's Duties

Grantee, who is not a state employee, shall: Perform the duties specified in Exhibit A which is attached and incorporated into this grant agreement.

The Grantee agrees to comply with all applicable federal requirements, including those related to use of federal funds through the Coronavirus Relief Fund (CRF) and the CARES Act, and all applicable guidance as it may be updated. Grantee agrees that funds under this Grant Contract Agreement may only be used for eligible uses permitted by the CARES Act and the Program. CRF funds are subject to the following Uniform Guidance provisions: 2 C.F.R. § 200.303 regarding internal controls, §§ 200.330 through 200.332 regarding subrecipient monitoring and management, and subpart F regarding audit requirements.

### **3. Time**

Grantee must comply with all the time requirements described in this grant agreement. In the performance of this grant agreement, time is of the essence, and failure to meet a deadline may be a basis for a determination by MDH's Authorized Representative that Grantee has not complied with the terms of the grant.

Grantee is required to perform all of the duties recited above within the grant period. MDH is not obligated to extend the grant period.

### **4. Consideration and Payment**

#### **4.1. Consideration**

MDH will pay for all services performed by Grantee under this grant agreement as follows:

##### **4.1.1. Compensation.**

Grantee will be paid for expenditures occurring between March 18, 2020 and December 30, 2020, according to the Terms and Conditions of Funding and the breakdown of costs contained in Exhibit B, which is attached and incorporated into this agreement.

##### **4.1.2. Total Obligation**

The total obligation of MDH for all compensation and reimbursements to Grantee under this agreement will not exceed Twenty Five Thousand Dollars (\$25,000.00).

##### **4.1.3. Grant-Related Travel and Subsistence Expenses Precluded**

No grant funds may be used for the Grantee's travel or subsistence expenses incurred in connection with this Agreement.

##### **4.1.4. Budget Modifications**

Modifications greater than 25 percent of any budget line item in the most recently approved budget incorporated in Exhibit B requires prior written approval from MDH and must be indicated on submitted reports. Failure to obtain prior written approval for modifications greater than 25 percent of any budget line item may result in denial of modification request, loss of funds, or both. Modifications equal to or less than 25 percent of any approved budget line item are permitted without prior approval from MDH provided that such modification is indicated on submitted reports and that the total obligation of MDH for all compensation and reimbursements to Grantee shall not exceed the total obligation listed in 4.1.2.

#### **4.2. Terms of Payment**

##### **4.2.1. Advance Payment**

MDH will promptly pay Grantee an advance payment for the entire award amount upon grant agreement execution.

Grantee must maintain detailed documentation of all expenditures to submit to MDH when requested. MDH will provide guidance regarding the information to be submitted, the date to be submitted, and in what format the information should be submitted.

MDH reserves the right to reduce or rescind the grant agreement if grantee fails to timely submit required financial expenditure reports and a spenddown strategy, if applicable, that demonstrate the need for and ability to spend grant funds within the grant period.

#### **4.2.2. Federal Funds**

Payments under this Grant Contract Agreement will be made from federal funds obtained by the State on April 27, 2020 through the Coronavirus Relief Fund, CFDA number 21.019, Federal Award ID # SLT0232 which was authorized by the federal CARES Act. The Grantee is responsible for compliance with all federal requirements imposed on these funds and accepts full responsibility, financial or otherwise, for any obligations, requirements or penalties imposed by the Grantee's failure to comply with these federal requirements. The Grantee agrees to amend this Grant Contract Agreement as may be necessary for the parties to maintain compliance with the federal requirements governing the Coronavirus Relief Fund and the CARES Act.

#### **4.2.3. Reconciliation Requirements**

In order to maximize the benefits of the funds under this program, MDH will redistribute unspent grant funds if grantees received more funding than they can use within the time specified in Section 4.2.3. Grantees will be required to provide an interim financial report by the close of business on November 23, 2020. This report must include a spend-down strategy if any grant funds remain unspent, or alternatively, a statement of balance to be returned.

Grantee must track all expenditures and be able to account for all funds during a future financial reconciliation that must be completed prior to February 15, 2021.

#### **4.2.4. Return of Funds**

Grantee must return any funds not spent through December 30, 2020 to MDH. Grantee must also return any funds that were used for purposes not authorized under this agreement.

Any funds identified for return during the financial reconciliation must be repaid by grantee on or before 11:59 PM CST on February 15, 2021.

Outstanding balances not paid by the deadlines outlined in this section become a debt owed to MDH and will be referred to the Minnesota Department of Revenue for collection and revenue recapture.

#### **4.2.5. Funding or Assistance from Other Sources**

For costs funded under this grant that are subsequently supplanted by other sources of funding made available to Grantee, Grantee agrees to exhaust those other funding options first and either return any funds received under this agreement for those costs or submit a request to amend this contract to use this grant funding for other purposes, notwithstanding the flexibility allowed in Section 4.1.4. Funds returned to MDH must be received no later than February 15, 2021.

If Grantee receives reimbursement from another source for expenses paid for from the Public Health Response Contingency Funds and/or Health Care Response Funds, the Grantee will be required to repay the State in an amount equal to the reimbursement from the other funding source or seek an amendment to allow the funds to be used for a different eligible expense.

### **5. Conditions of Payment**

#### **5.1. Requirements of Receiving Grant Funds**

All services provided by Grantee pursuant to this agreement must be performed to the satisfaction of MDH, as determined in the sole discretion of its Authorized Representative. Further, all services provided by Grantee must be in accord with all applicable federal, state, and local laws, ordinances, rules and regulations. Requirements of receiving grant funds may include, but are not limited to: financial reconciliations of payments to Grantees, site visits of Grantee, programmatic monitoring of work performed by Grantee and program evaluation. Grantee will not be paid for work that MDH deems unsatisfactory, or performed in violation of federal, state or local law, ordinance, rule or regulation.

#### **5.2 Requirements for Accepting Grant funds**

As a condition for accepting a grant under this program to plan for, prepare for, or respond to the COVID-19 outbreak:

Grantees must agree not to bill uninsured patients for the cost of COVID-19 screening, testing or treatment.

In the provision of COVID-19 services, Grantees that do not participate in a patient's health care network must accept the median network rate as payment in full for the screening, testing or treatment provided to the patient; further, the grantee agrees not to bill the patient any amount in excess of the cost-sharing that would apply if the Grantee was in-network.

The Grantee is responsible for compliance with all federal requirements imposed on these funds through the Coronavirus Relief Fund or the CARES Act and accepts full financial responsibility due to the Grantee's, or any sub-grantee's, failure to comply with federal requirements. The Grantee agrees to amend this Grant Contract Agreement as may be necessary for the parties to maintain compliance with the federal requirements. The Grantee agrees to provide any reporting required related to the use



of the federal funds and to allow access to its records and financial statements to cooperate with any state or federal audit or review process related to use of the federal funds. According to federal guidance, payments to Grantee under this Grant Contract Agreement count toward the threshold of the Single Audit Act and 2 C.R.F. part 200, subpart F audit requirements and Grantee is obligated to comply with applicable requirements.

## **6. Authorized Representatives**

### **6.1. State's Authorized Representative**

MDH's Authorized Representatives for purposes of administering this agreement, Carol Gronfor, Supervisor, Office of Rural Health and Primary Care, P.O. Box 64882, St. Paul MN 55164-0882, 651.201.3842, [carol.gronfor@state.mn.us](mailto:carol.gronfor@state.mn.us), and Zora Radosevich, Director, Office of Rural Health and Primary Care, P.O. Box 64882, St. Paul MN 55164-0882, 651.201.3859 or their successors, have the responsibility to monitor Grantee's performance and the final authority to accept the services provided under this agreement.

### **6.2. Grantee's Authorized Representative**

Grantee's Authorized Representative is Tim Malchow, City of Cannon Falls, 918 River Rd, Cannon Falls, MN 55009; (507) 263-7027, [tmalchow@cannonfallsmn.gov](mailto:tmalchow@cannonfallsmn.gov), or their successor. Grantee's Authorized Representative has full authority to represent Grantee in fulfillment of the terms, conditions, and requirements of this agreement. If Grantee selects a new Authorized Representative at any time during this agreement, Grantee must immediately notify MDH in writing, via e-mail or letter.

## **7. Assignment, Amendments, Waiver, and Grant Agreement Complete**

### **7.1. Assignment**

Grantee shall neither assign nor transfer any rights or obligations under this agreement without the prior written consent of MDH.

### **7.2. Amendments**

If there are any amendments to this agreement, they must be in writing. Amendments will not be effective until they have been executed and approved by MDH and Grantee.

### **7.3. Waiver**

If MDH fails to enforce any provision of this agreement, that failure does not waive the provision or MDH's right to enforce it.

### **7.4. Grant Agreement Complete**

This agreement contains all the negotiations and agreements between MDH and Grantee. No other understanding regarding this agreement, whether written or oral, may be used to bind either party.

## **8. Liability**

Grantee must indemnify and hold harmless MDH, its agents, and employees from all claims or causes of action, including attorneys' fees incurred by MDH, arising from the performance of this agreement by Grantee or Grantee's agents or employees. This clause will not be construed to bar any legal remedies Grantee may have for MDH's failure to fulfill its obligations under this agreement. Nothing in this clause may be construed as a waiver by Grantee of any immunities or limitations of liability to which Grantee may be entitled pursuant to Minn. Stat. ch. 466, or any other statute or law.

## **9. State Audits**

The books, records, documents, and accounting procedures and practices of Grantee and any other party that are relevant to this agreement are subject to examination under Minn. Stat. § 16B.98, subd. 8, by MDH and the Minnesota State Auditor or the Minnesota Legislative Auditor, as appropriate, for a minimum of six years from the end of this grant agreement, receipt and approval of all final reports, or the required period of time to satisfy all state and program retention requirements, whichever is later.

## **10. Government Data Practices and Data Disclosure**

### **10.1. Government Data Practices**

Grantee and MDH must comply with the Minnesota Government Data Practices Act, Minn. Stat. ch. 13, as it applies to all data provided by MDH under this agreement, and as it applies to all data created, collected, received, stored, used, maintained, or disseminated by Grantee under this agreement Pursuant to Minn. Stat. § 13.05, subd. 11(a). The civil remedies of Minn. Stat. § 13.08 apply to the release of the data referred to in this clause by either Grantee or MDH.

If Grantee receives a request to release the data referred to in this clause, Grantee must immediately notify MDH. MDH will give Grantee instructions concerning the release of the data to the requesting party before any data is released. Grantee's response to the request must comply with the applicable law.

### **10.2. Data Disclosure**

Grantee consents to disclosure of its social security number, federal employee tax identification number, or Minnesota tax identification number – which may have already been provided to MDH – to federal and state tax agencies and state personnel involved in the payment of state obligations pursuant to Minn. Stat. § 270C.65, subd. 3, and all other applicable laws. These identification numbers may be used in the enforcement of federal and state tax laws which could result in action requiring Grantee to file state tax returns and pay delinquent state tax liabilities, if any.

### **10.3. Data Disclosure to Federal Agencies**

All grantees agree to provide federal agencies contributing to the funding of the grant access to grant related records, accounts, documents, information, facilities, and staff. Upon request, grantees must give federal agencies access to, and the right to examine

and copy, records, accounts, and other documents and sources of information related to the award and permit access to facilities, and personnel. All programmatic and financial records for the purposes of grant maintenance should comply with all federal regulations protecting patient data privacy defined for Healthcare providers, with grant records ensuring the protection of personally identifiable patient information.

## **11. Ownership of Equipment**

Disposition of all equipment purchased under this grant project agreement shall be in accordance with Code of Federal Regulations, Title 45, Part 74, Subpart C or, for Notice of Grant Awards issued on or after December 26, 2014, in accordance with Code of Federal Regulations, Title 2, Subpart A, Chapter II, Part 200. For all equipment having a current per unit fair market value of \$5,000 or more, the STATE shall have the right to require transfer of the equipment, including title, to the Federal Government or to an eligible non-Federal party named by the STATE. This right will normally be exercised by the STATE only if the project or program for which the equipment was acquired is transferred from one grantee to another.

## **12. Ownership of Materials and Intellectual Property Rights**

### **12.1. *Ownership of Materials***

MDH shall own all rights, title and interest in all of the materials conceived or created by Grantee, or its employees or subgrantees, either individually or jointly with others and which arise out of the performance of this grant agreement, including any inventions, reports, studies, designs, drawings, specifications, notes, documents, software and documentation, computer based training modules, electronically, magnetically or digitally recorded material, and other work in whatever form (“materials”).

Grantee hereby assigns to MDH all rights, title and interest to the materials. Grantee shall, upon request of MDH, execute all papers and perform all other acts necessary to assist MDH to obtain and register copyrights, patents or other forms of protection provided by law for the materials. The materials created under this grant agreement by Grantee, its employees or subgrantees, individually or jointly with others, shall be considered “works made for hire” as defined by the United States Copyright Act. All of the materials, whether in paper, electronic, or other form, shall be remitted to MDH by Grantee. Its employees and any subgrantees shall not copy, reproduce, allow or cause to have the materials copied, reproduced or used for any purpose other than performance of Grantee’s obligations under this grant agreement without the prior written consent of MDH’s Authorized Representative.

### **12.2. *Intellectual Property Rights***

Grantee represents and warrants that materials produced or used under this grant agreement do not and will not infringe upon any intellectual property rights of another including but not limited to patents, copyrights, trade secrets, trade names, and service marks and names. Grantee shall indemnify and defend MDH, at Grantee’s expense, from any action or claim brought against MDH to the extent that it is based on a claim that all or parts of the materials infringe upon the intellectual property rights of another. Grantee shall be responsible for payment of any and all such claims, demands,

obligations, liabilities, costs, and damages including, but not limited to, reasonable attorney fees arising out of this grant agreement, amendments and supplements thereto, which are attributable to such claims or actions. If such a claim or action arises or in Grantee's or MDH's opinion is likely to arise, Grantee shall at MDH's discretion either procure for MDH the right or license to continue using the materials at issue or replace or modify the allegedly infringing materials. This remedy shall be in addition to and shall not be exclusive of other remedies provided by law.

### **13. Workers' Compensation**

Grantee certifies that it is in compliance with Minn. Stat. § 176.181, subd. 2, which pertains to workers' compensation insurance coverage. Grantee's employees and agents, and any contractor hired by Grantee to perform the work required by this Grant Agreement and its employees, will not be considered State employees. Any claims that may arise under the Minnesota Workers' Compensation Act on behalf of these employees, and any claims made by any third party as a consequence of any act or omission on the part of these employees, are in no way MDH's obligation or responsibility.

### **14. Publicity and Endorsement**

#### **14.1. Publicity**

Any publicity given to the program, publications, or services provided resulting from this grant agreement, including, but not limited to, notices, informational pamphlets, press releases, research, reports, signs, and similar public notices prepared by or for Grantee or its employees individually or jointly with others, or any subgrantees shall identify MDH as the sponsoring agency and shall not be released without prior written approval by MDH's Authorized Representative, unless such release is a specific part of an approved work plan included in this grant agreement.

#### **14.2. Endorsement**

Grantee must not claim that MDH endorses its products or services.

### **15. Termination**

#### **15.1. Termination by MDH or Grantee**

MDH or Grantee may cancel this grant agreement at any time, with or without cause, upon thirty (30) days written notice to the other party.

#### **15.2. Termination for Cause**

If Grantee fails to comply with the provisions of this grant agreement, MDH may terminate this grant agreement without prejudice to the right of MDH to recover any money previously paid. The termination shall be effective five business days after MDH mails, by certified mail, return receipt requested, written notice of termination to Grantee at its last known address.

### **16. Governing Law, Jurisdiction, and Venue**

This grant agreement, and amendments and supplements to it, shall be governed by the laws of the State of Minnesota. Venue for all legal proceedings arising out of this grant agreement, or

for breach thereof, shall be in the state or federal court with competent jurisdiction in Ramsey County, Minnesota.

**17. Lobbying**

Ensure funds are not used for lobbying, which is defined as attempting to influence state or federal legislators or other public officials on behalf of or against proposed legislation. This requirement also applies to any subcontractors paid with these funds. Providing education about the importance of policies as a public health strategy is allowed. Education includes providing facts, assessment of data, reports, program descriptions, and information about budget issues and population impacts, but stopping short of making a recommendation on a specific piece of legislation. Education may be provided to legislators, public policy makers, other decision makers, specific stakeholders, and the general community.

[Signatures on following page]



**APPROVED:**

**1. State Encumbrance Verification**

Individual certifies that funds have been encumbered as required by Minn. Stat. §§ 16A.15 and 16C.05.

By: Maria Rodriguez Digitally signed by Maria Rodriguez  
Date: 2020.11.20 09:56:10 -0600'

Print name: Maria Rodriguez

Date: 11/20/2020

SWIFT Contract/PO No(s). 185526/3000080624

**2. Grantee**

Grantee certifies that the appropriate persons(s) have executed the grant agreement on behalf of Grantee as required by applicable articles, bylaws, resolutions, or ordinances.

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

Print name: TIM MALCHOW

Title: EMS Chief

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

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

Print name: \_\_\_\_\_

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

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

**3. Minnesota Department of Health**

Grant Agreement approval and certification that State funds have been encumbered as required by Minn. Stat. §§16A.15 and 16C.05.

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

Print name: \_\_\_\_\_

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

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

Distribution:

- Agency – Original (fully executed) Grant Agreement
- Grantee
- State Authorized Representative

**EXHIBIT A****COVID-19 EMERGENCY RESPONSE GRANT - GRANTEE'S DUTIES**

**Grantee Legal Name: City of Cannon Falls**  
**Grantee Assumed Name: Cannon Falls Ambulance**

In response to COVID-19, Grantee shall:

Committed	Activity	Activity Description
	1	Establish and operate temporary site(s) to provide testing, treatment beds, isolation or quarantine of affected individuals.
	2	Temporarily convert space for another purpose that will revert to its original use.
	3	Pay support staff overtime, hire additional staff, or both.
	4	Provide staff training, staff orientation, or both. (Does not include costs of layoffs, wages paid while on leave or in isolation or quarantined)
	5	Purchase consumable protective or treatment equipment or supplies to protect or treat staff, visitors or patients.
	6	Develop and implement screening and testing procedures.
	7	Conduct patient outreach activities.
	8	Provide emergency transportation of patients.
	9	Support patient triage, screening, and telemedicine activities with additional temporary information technology and systems.
X	10	Purchase replacement parts or filters for medical equipment that are necessary for the equipment's operation.
	11	Purchase specialty cleaning supplies for facilities and equipment.
	12	Provide space and necessary resources for the isolation or quarantine of staff, not including payment of wages for staff being isolated or quarantined.
	13	Other-
X	14	Track the following: <ul style="list-style-type: none"> <li>• Number of patients tested for COVID-19</li> <li>• Number of patients treated for COVID-19</li> <li>• Number of patients referred to another entity for treatment of COVID-19</li> <li>• Number of patients transported to another entity for treatment of COVID-19</li> </ul>
X	15	Provide the state with progress reports on project activities. The reporting schedule is as follows: <ul style="list-style-type: none"> <li>• Report 1 due August 30, 2020</li> <li>• Report 2 due October 20, 2020 with spenddown strategy</li> <li>• Report 3 due January 31, 2021. Final report.</li> </ul>
X	17	Provide the state with financial reports documenting expenditures with attached supporting proof of expenditures: <ul style="list-style-type: none"> <li>• Report 1 due August 30, 2020</li> <li>• Report 2 due October 30 with spenddown strategy for remainder of the year</li> <li>• A detailed spend down report is due only for requested grantees November 23, 2020, including expenses year to date.</li> <li>• Report 3 due January 31, 2021. Final report</li> <li>• Reconciliation and payback on unspent funds February 15, 2021</li> </ul>

**EXHIBIT B****COVID-19 EMERGENCY RESPONSE GRANT - GRANTEE'S DUTIES**

**Grantee Legal Name: City of Cannon Falls**  
**Grantee Assumed Name: Cannon Falls Ambulance**

***Funding Terms and Conditions***

- The Grantee **may** incur expense modifications that are **equal to or less than 25 percent** of any of the budget line items identified in this Exhibit **without** obtaining prior approval from one of the State's Authorized Representatives.
- The Grantee **may not** incur expense modifications that are **greater than 25 percent** of any budget line items identified in this Exhibit without first contacting one of the State's Authorized Representatives, as set forth in Article 6.1 of this Agreement. One of the State's Authorized Representatives must furnish the Grantee with written approval to proceed before the Grantee may incur an expense at this dollar level.
- Only expenses that are **related to grant-approved activities**, as defined in Exhibit A to this Agreement, **may be** billed to this grant.
- Grant funds may only be used for locations operating in Minnesota and for services provided exclusively in Minnesota.
- Expenses that are **unrelated to grant-approved activities**, as defined in Exhibit A, **will not** be reimbursed.
- Only work occurring **on or after March 18, 2020** qualifies as an approved expense.
- Other types of ineligible expenses include, but are not limited to:
  - Any expenses incurred **before March 18, 2020 or after December 30, 2020**;
  - Any expenses not tied directly to COVID-19 planning and response; Expenses covered or reimbursable by another funding source, including 5.2 defined as payment in full for medical services;
  - Fundraising;
  - Advertising or other general promotion of the Grantee;
  - Taxes, except sales tax on goods and services;
  - Lobbyists or political contributions;
  - Bad debts or late payment fees;
  - Medical claims expenses for staff, clients, patients or residents;
  - Bad debts, late payment fees, finance charges; and



- Contingency funds created to offset unknown future costs; food for staff; lost revenue due to COVID-19 epidemic; indirect costs; wages for staff in isolation or quarantine; and social supports for clients unrelated to medical care, such as cash assistance or housing subsidies.

Approved Expense/Activity		Total Amount
<b>Salaries &amp; Fringe:</b>		<b>\$0.00</b>
Clinical Services	\$0.00	
Training	\$0.00	
Transportation	\$0.00	
Testing	\$0.00	
Outreach	\$0.00	
Salaries Other:	\$0.00	
<b>Supplies:</b>		<b>\$0.00</b>
COVID-19 Test	\$0.00	
PPE	\$0.00	
Specialized Cleaning Supplies	\$0.00	
Supplies Other:	\$0.00	
<b>Equipment</b>		<b>\$25,000.00</b>
COVID-19 Test Lab Equipment	\$0.00	
Ventilator	\$25,000.00	
Equipment Other:	\$0.00	
<b>Construction:</b>		<b>\$0.00</b>
Temporary sites	\$0.00	
Conversion	\$0.00	
<b>Other:</b>		<b>\$0.00</b>
Shipping and Courier	\$0.00	
Temporary Technology	\$0.00	



Approved Expense/Activity		Total Amount
Emergency Client Transportation	\$0.00	
Associated Costs of Staff Isolation and Quarantine	\$0.00	
Temporary site non construction	\$0.00	
Other:	\$0.00	
<b>Total Expenses:</b>		<b>\$25,000.00</b>

## Certificate Of Completion

Envelope Id: 148EFEDCE7EE4D859A5A6373D2AA6C41	Status: Sent
Subject: Please DocuSign: COVID-19 Health Care Response Grant AppID#1502632.CityofCannonFalls	
Source Envelope:	
Document Pages: 17	Signatures: 0
Certificate Pages: 2	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Rose Christensen
Time Zone: (UTC-08:00) Pacific Time (US & Canada)	625 Robert St. N
	PO Box 64975
	St. Paul, MN 55164
	Rose.Christensen@state.mn.us
	IP Address: 156.98.136.27

## Record Tracking

Status: Original	Holder: Rose Christensen	Location: DocuSign
11/20/2020 3:59:26 PM	Rose.Christensen@state.mn.us	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Department of Health	Location: DocuSign

## Signer Events

Signature	Timestamp
TIM MALCHOW	Sent: 11/20/2020 4:02:14 PM
tmalchow@cannonfallsmn.gov	Viewed: 11/20/2020 4:35:30 PM
EMS Chief	
Security Level: Email, Account Authentication (None)	

**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

MDH FiM with Delegated Authority to Execute Grants/Contracts

Signing Group: MDH FiM with Delegated Authority to Execute Grants/Contracts  
Security Level: Email, Account Authentication (None)

**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp

Carol Gronfor  
carol.gronfor@state.mn.us  
Security Level: Email, Account Authentication (None)

**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

Carbon Copy Events	Status	Timestamp
Sabrina Sutter		
Sabrina.Sutter@state.mn.us		
Seth Rasmussen		
Seth.Rasmussen@state.mn.us		
Christina Mish		
christina.mish.c19@state.mn.us		
Sarah Jane Martin		
sarah.martin@state.mn.us		
Signing Group: MDH Encumbrance Officers		
Security Level: Email, Account Authentication (None)		
<b>Electronic Record and Signature Disclosure:</b>		
Not Offered via DocuSign		

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	11/20/2020 4:02:14 PM
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Payment Events	Status	Timestamps
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