

PUBLIC SAFETY COMMITTEE

11-0355R

RESOLUTION AUTHORIZING PROPER CITY OFFICIALS TO ACCEPT A GRANT FROM THE NE MN STATEWIDE HEALTH IMPROVEMENT PROGRAM (SHIP), IN THE AMOUNT OF \$9,000 FOR THE PURCHASE OF TWO RADAR SPEED CONTROL SIGNS.

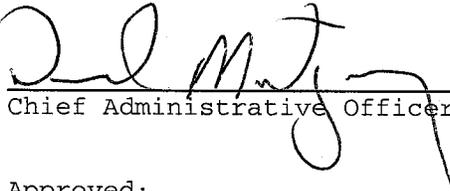
CITY PROPOSAL:

RESOLVED, that the proper city officials are hereby authorized to accept a grant from the NE MN statewide health improvement program (SHIP) in the amount of \$9,000 for the purchase of two radar speed control signs, funds to be deposited in fund number 110-160-1640-2233-4270 (General, Police, Police Special Accounts, DWI Forfeitures), and to execute a grant agreement substantially the same as that on file in the office of the city clerk as Public Document No. _____.

Approved:


Department Director

Approved for presentation to council:


Chief Administrative Officer

Approved as to form:


Attorney

Approved:


Auditor

DPD/ATTY TL:dma 06/27/2011

STATEMENT OF PURPOSE: This resolution authorizes the proper city officials to accept a grant from the NE MN Statewide Health Improvement Program (SHIP) in the amount of \$9,000. This grant will be used to purchase two radar speed control signs that will provide driver feedback and act as an awareness alert to drivers entering the neighborhoods. One driver feedback speed sign will be located on the upper portion of Sixth Avenue East and the other sign will be located on Arrowhead Road west of the Kenwood Avenue intersection. These locations have been carefully chosen to enhance driver, transit, bicyclist and pedestrian safety.



**Carlton – Cook – Lake – St. Louis
Community Health Board**

404 West Superior Street, Suite 220
Duluth, MN 55802
Phone: 218 733-2860 • Fax 218 723-4679

June 21, 2011

City of Duluth, Police Department
City Hall
Attn: Gordon Ramsey
411 W. 1st Street
Duluth, MN 55802

Dear Mr. Ramsey,

We are pleased to inform you that your organization has been awarded a grant for \$9000.00 through the NE MN Statewide Health Improvement Program (SHIP) to fund the purchase of two radar speed control signs. The grant review team views this project as having the potential to make a significant impact on improving active living in your community.

As a SHIP grant recipient, your organization is required to adhere to the conditions outlined below:

1. Notify the Community Health Board of any proposed changes to the scope of work outlined in the grant application prior to implementing the change.
2. Maintain a detailed accounting of grant funds by the line items listed in the grant application budget. Notify the Community Health Board for approval to move 10% or more of the funds between budget line items. Receipts for purchases exceeding \$500 will be requested in the final report once the project is completed.
3. Submit a report of grant activities along with an accounting of funds spent within 30 days of completion of the project. The SHIP Coordinator you are working with on this project will provide this document to you and assist in filling it out. (If the grant requires more than 6 months to be completed an interim report may be requested.)
4. Respond to periodic requests from the Community Health Board staff for information related to grant activities.

The Community Health Board funding is pursuant to an Agreement between the Community Health Board and the Minnesota Department of Health, effective July 2009, and subsequently amended. That Agreement applies to all, including grantees. Those provisions include limitations on lobbying and otherwise. We would be happy to answer any questions you have regarding these items, and will furnish you with a copy of the Agreement, the amendments, and a formal Agreement form on request.

**Director: Julie Myhre – JulieM@communityhealthboard.org
Finance & Information Specialist: Stacy Stuber – StacyS@communityhealthboard.org
NE MN ATOD Prevention Coordinator Laura Bennett: LauraB@communityhealthboard.org
Regional SHIP Coordinator: Patrick Maloney PatrickM@communityhealthboard.org**

We ask that the authorized representative of your organization sign this letter and return a copy to us at the address listed below. (The signee should be the same individual that signed the grant application.) Please keep one copy for your records.

Carlton-Cook-Lake-St. Louis (C – C – L – STL) Community Health Board
Attn: Elissa Hansen
404 West Superior St. Suite 220
Duluth MN 55802

We wish you well as you move to implementing this project. Please contact me anytime throughout the grant period if you have questions, 218-733-2865 or ElissaH@communityhealthboard.org

Sincerely,

Patrick Maloney
Regional SHIP Coordinator

Marv Bodie
Chair
C – C – L – STL Community Health Board

Julie Myhre
Director
C – C – L – STL Community Health Board

The undersigned acknowledges and agrees to the foregoing as a condition of receipt of funds.

Authorized Signature

Print Name

Title

Organization

Date

Director: Julie Myhre – JulieM@communityhealthboard.org
Finance & Information Specialist: Stacy Stuber – StacyS@communityhealthboard.org
NE MN ATOD Prevention Coordinator Laura Bennett: LauraB@communityhealthboard.org
Regional SHIP Coordinator: Patrick Maloney PatrickM@communityhealthboard.org

CITY OF DULUTH

By _____
Mayor

Attest: _____
City Clerk

Countersigned:

City Auditor

Approved as to form:

City Attorney