

Board of County Commissioners Agenda Request



Requested Meeting Date: January 25, 2022

Title of Item: OJP Grant

REGULAR AGENDA	Action Requested:	Direction Requested
CONSENT AGENDA	Approve/Deny Motion	Discussion Item
INFORMATION ONLY	Adopt Resolution (attach dr	aft) Hold Public Hearing* e copy of hearing notice that was published
Submitted by: Department:		
County Attorney James Ratz		County Attorney
Presenter (Name and Title): James Ratz		Estimated Time Needed:
Summary of Issue:		
Requesting a resolution authorizing the Aitkin County Attorney to execute the Office of Justice Programs grant agreements and amendments. The 2022 grant funds the majority of the Crime Victim Coordiniator salary/program. The OJP grant monies help fund the Aitkin County Crime Victim Services Program.		
Alternatives, Options, Effects on Others/Comments:		
Recommended Action/Motion:		
Financial Impact: Is there a cost associated with this What is the total cost, with tax and Is this budgeted? Yes		No Nain:

JAMES P. RATZ

AITKIN COUNTY ATTORNEY 209 SECOND STREET N.W., ROOM 268 AITKIN, MINNESOTA 56431

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SENIOR ASSISTANT COUNTY ATTORNEY LISA ROGGENKAMP RAKOTZ

ASSISTANT COUNTY ATTORNEYS
SARAH WINGE
TOM KLOSOWSKI
DEVEN NICE

PARALEGALS TAMMY K. MILLER SONDRA L. SWANSON

CRIME VICTIM COORDINATOR
GABREA ANDERSON
TELEPHONE (218) 927-7446

MEMORANDUM

TO:

Aitkin County Board

FROM:

James P. Ratz, County Attorney

DATE:

January 7, 2022

RE:

Office of Justice Programs Grant

Attached please find the Consent Agenda Request and Resolution Authorizing Execution of Agreement for the Office of Justice Programs grant. Please complete the resolution authorizing the Aitkin County Attorney to execute the Office of Justice Programs grant agreements and amendments, and provide me with a copy of the resolution once complete. Thank you.

JPR:tkm

RESOLUTION AUTHORIZING EXECUTION OF AGREEMENT

Authorization to execute grant ag 1) Statute, 2) Bylaws, or 3) this	reements can be conferred by Resolution
These officials may confer their gra are the only acceptable signatures or	orized officials below are signing the grant agreement. nt signing authority to others by this resolution, and they n this form:
Statutory Cities Ma	yor and City Clerk
County Box	ard chair and Clerk of the Board
	ard chair, or official authorized in bylaws
Non-profits: Please attach and high whether the resolution is needed or a	nlight your bylaws to document signing authority, not. You cannot authorize yourself.
Be it resolved that Athin	County will enter into a cooperative
agreement with the Office of Just	ice Programs in the Minnesota Department of Public
Safety.	
5)	hereby authorized to execute such agreements and implement the project on behalf of
(Name of your organization)	•
I certify that the above resolution Athen County (Name of your organization)	was adopted by the board of Commissioners of One Saving 25, 2022
SIGNED:	WITNESSETH:
(Signature)	(Signature)
(Tule)	(Title)
(Date)	(Date)