



<b>Minnesota Department of Public Safety (“State”)</b> Homeland Security and Emergency Management Division 445 Minnesota Street, Suite 223 St. Paul, Minnesota 55101-2190	<b>Grant Program:</b> 2019 Urban Area Security Initiative  <b>Grant Contract Agreement No.:</b> A-UASI-2019-STPAULCI-012  <b>Grant Contract Amendment No.:</b> 1																
<b>Grantee:</b> City of St. Paul 15 West Kellogg Boulevard Suite 700 St. Paul, MN 55101-1691	<b>Grant Contract Agreement Term:</b> <b>Effective Date:</b> 01/01/2020 <b>Expiration Date:</b> <del>06/30/2021</del> <b>12/31/2021</b>																
<b>Grant Matching Requirement:</b> <table border="0"> <tr><td>Original Agreement Amount</td><td>0.00</td></tr> <tr><td>Previous Amendment(s) Total</td><td>0.00</td></tr> <tr><td>Current Amendment Amount</td><td><u>0.00</u></td></tr> <tr><td>Total Agreement Amount</td><td>0.00</td></tr> </table>	Original Agreement Amount	0.00	Previous Amendment(s) Total	0.00	Current Amendment Amount	<u>0.00</u>	Total Agreement Amount	0.00	<b>Grantee Contract Agreement Amount:</b> <table border="0"> <tr><td>Original Agreement Amount</td><td>900,000.00</td></tr> <tr><td>Previous Amendment(s) Total</td><td>0.00</td></tr> <tr><td>Current Amendment Amount</td><td><u>0.00</u></td></tr> <tr><td>Total Agreement Amount</td><td>900,000.00</td></tr> </table>	Original Agreement Amount	900,000.00	Previous Amendment(s) Total	0.00	Current Amendment Amount	<u>0.00</u>	Total Agreement Amount	900,000.00
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*In this Amendment deleted agreement terms will be struck out and added agreement terms will be underlined.*

The Original Grant Contract Agreement and all previous amendments are incorporated into this amendment by reference.

**1. ENCUMBRANCE VERIFICATION**

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

Signed: \_\_\_\_\_

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

**3. STATE AGENCY**

Signed: \_\_\_\_\_

(with delegated authority)

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

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

Grant Agreement No./PO No: A-UASI-2019-STPAULCI-012/ 3000064816

Project No.(indicate N/A if not applicable): N/A

**2. GRANTEE**

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

Distribution: DPS/FAS  
Grantee  
State’s Authorized Representative

By: Rick Schute  
Rick Schute

Title: Emergency Management Director

By: Lisa L. Veith  
Lisa Veith

Title: City Attorney

By: John McCarthy  
John McCarthy

Title: Director of Financial Services

