



Minnesota Department of Public Safety ("State") Homeland Security and Emergency Management Division 445 Minnesota Street, Suite 223 St. Paul, Minnesota 55101-2190	Grant Program: 2019 Urban Area Security Initiative Grant Contract Agreement No.: A-UASI-2019-STPAULCI-012 Grant Contract Amendment No.: 2																
Grantee: City of St. Paul 15 West Kellogg Boulevard Suite 700 St. Paul, MN 55101-1691	Grant Contract Agreement Term: Effective Date: 01/01/2020 Expiration Date: 12/31/2021 05/31/2022																
Grant Matching Requirement: <table><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	Grantee Contract Agreement Amount: <table><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.

Signed: _____

Print Name: _____

Title: _____

Date: _____

Signed: _____

Print Name: _____

Title: _____

Date: _____

Distribution: DPS/FAS

Grantee

State's Authorized Representative