



<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> 2
<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>12/31/2021</del> <b>05/31/2022</b>
<b>Grant Matching Requirement:</b> 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> 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

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