

Grant Agreement Amendment

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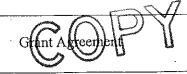
Minnesota Department of Public Safety ("State") Homeland Security and Emergency Management Division		Grant Program: HSEM Homeland Security Grant Program 2008		
St Paul, Minnesota 55101		Grant Agreement No.: 2009-HSGP-00480		
		Grant Amendment No.: 1		
Grantee:		Grant Agreement Term:		
City of St Paul, Fire and Safety Services		Effective Date: 9/1/2008		
100 E 11 th Street		Expiration Date: 3/31/2011 8/31/2011		
St Paul, Minnesota 55101		•		
Grant Matching Requirement:		Grantee Agreement Amount:		
Original Agreement Amount	\$0.00	Original Agreement Amount	\$70,000.00	
Previous Amendment(s) Total	\$0.00	Previous Amendment(s) Total	\$0.00	
Current Amendment Amount	\$0.00	Current Amendment Amount	<u>\$0.00</u>	
Total Agreement Amount	\$0.00	Total Agreement Amount	\$70,000.00	
		,		

In this Amendment deleted agreement terms will be struck out and added agreement terms will be <u>underlined</u>.

The Original Grant 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 and 16C.05. Signed:	3. STATE AGENCY By: (with delegated authority) Title: Date:			
Date:				
Grant Agreement No: <u>2009-HSGP-00480</u> /-2000-13179f				
2. GRANTEE	•			
The Grantee certifies that the appropriate person(s) have executed the grant agreement on behalf of the Grantee as hequired by applicable articles, bylaws, resolutions, or ordinances.				
Зу:				
Fitle:				
Date:				
Зу:				
Title:	Distribution: DPS/FAS Grantee			
Date:	State's Authorized Representative			





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Grantee after the Grantee presents an invoice for the services actually performed and the State's Authorized Representative accepts the invoiced services and in accordance with the Grant Program Guidelines. Payment will not be made if the Grantee has not satisfied reporting requirements.

Certification Regarding Lobbying: (If applicable.) Grantees receiving federal funds over \$100,000.00 must complete and return the Certification Regarding Lobbying form provided by the State to the Grantee.

•		•	•	
1. ENCUMBRANCE VERIFICATION	3. STATE AC	ENCY -	1/	
Individual certifies that funds have been ensumbered as required by Minn. So BEANGE SIGNED	By:	- HAM	KAN	
Signed:	(with dele	gate/Eul/81	TY DIRECTO	R
	Date:	W	109	
		. (7	
Grant Agreement No. 2009-HSGP-00480 / 2000-13179			V	
BY MARY ERICKSON				
2. GRANTEE			. '	
The Grantee certifies that the appropriate person(s) have executed the grant personent on behalf of the Grantee			•	
as required by applicable articles, pylgro, resolutions, pr ordinances.		•	,	
Ву:				•
Title: Emergency Management Director	•	•		
Date:	-			-
-UMP H	-	-		
By: July		Distribution:		-
Title: Fire Chief	,	•	Grantee State's Authorized Re	epresentative
Date: 08+ 9, 2009			ě	•
Ву:				
Title: City Attorney	*	,		
Date: 0-0-0	•	•		
By: Mily	,	-		
	ices			
Date: 16.23.09 CF09-1096 PR				
By: Chrildal		,		
Title: Mayor, /				•
Date: /0/26/09		,		
By:		•		
Title: Human Rights				
Date:			•	