Minnesota Department of Public Safety ("State") Homeland Security and Emergency Management Division 444 Cedar Street, Suite 223 St Paul, Minnesota 55101	**Grant Program:** HSEM Homeland Security Grant Program 2008 **Grant Agreement No.:** 2009-HSGP-00480 **Grant Amendment No.:** 1
Grantee: City of St Paul, Fire and Safety Services 100 E 11th Street St Paul, Minnesota 55101	**Grant Agreement Term:** **Effective Date:** 9/1/2008 **Expiration Date:** ~~3/31/2011~~ 8/31/2011

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	$0.00
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 underlined.

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: _____

Date: _____

Grant Agreement No: 2009-HSGP-00480 / ~~2000-13179f~~

2. GRANTEE

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

By: _____

Title: _____

Date: _____

By: _____

Title: _____

Date: _____

3. STATE AGENCY

By: _____
(with delegated authority)

Title: _____

Date: _____

Distribution: DPS/FAS
Grantee
State's Authorized Representative

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

Individual certifies that funds have been encumbered as required by Minn. Stat. §§ 16A.15 and 16C.05.

ORIGINAL SIGNED
NOV 10 2009
BY MARY ERICKSON

Signed: _____

Date: _____

Grant Agreement No. 2009-HSGP-00480 / 2000-13179

2. GRANTEE

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

By: _____

Title: Emergency Management Director

Date: _____

By: _____

Title: Fire Chief

Date: Oct 9, 2009

By: _____

Title: City Attorney

Date: 10-13-09

By: _____

Title: Director of Financial Services

Date: 10.23.09 CT09-1096

By: _____

Title: Mayor

Date: 10/26/09

By: _____

Title: Human Rights

Date: _____

3. STATE AGENCY

By: _____
(with delegated authority)

Title: DEPUTY DIRECTOR

Date: 11/6/09

Distribution: DPS/FAS
Grantee
State's Authorized Representative