



Minnesota Department of Public Safety ("State") Homeland Security and Emergency Management Division 445 Minnesota Street Suite 223 St. Paul, MN 55101-6223	Grant Program: 2015 State Homeland Security Program (SHSP) Grant Agreement No.: A-SHSP-2015-STPAULCI-00019 Grant Amendment No.: 1																
Grantee: City of St. Paul 15 W Kellogg Boulevard, City Hall Annex St. Paul, MN 55102-1615	Grant Agreement Term: Effective Date: January 1, 2016 Expiration Date: December 31, 2016 June 30, 2017																
Grant Matching Requirement: <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>0.00</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	0.00	Total Agreement Amount	0.00	Grantee Agreement Amount: <table border="0"> <tr><td>Original Agreement Amount</td><td>\$100,000.00</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>\$100,000.00</td></tr> </table>	Original Agreement Amount	\$100,000.00	Previous Amendment(s) Total	0.00	Current Amendment Amount	<u>0.00</u>	Total Agreement Amount	\$100,000.00
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In this Amendment deleted agreement terms will be struck out and added agreement terms will be underlined.

The Original Grant 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: _____

3. STATE AGENCY

By: _____
(with delegated authority)
Title: _____
Date: _____

Grant Agreement No. A-SHSP-2015-STPAULCI-00019/P0 #: 3000036552

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: Assistant Chief of Police
Date: _____

By: _____
Title: Director of the Office of Financial Services
Date: _____

By: _____
Title: Assistant City Attorney
Date: _____

By: _____
Title: Mayor
Date: _____

Distribution: DPS/FAS
Grantee
State's Authorized Representative

By: _____
Title: Director of Human Rights and Equal Economic Opportunity
Date: _____

Budget Summary (Report)

SHSP-2015-Invstmnt #08: LETP				
Budget Category				
Organization				
Outreach		\$90,590.00		
Program related costs		\$9,410.00		
Total		\$100,000.00		
Total		\$100,000.00		
Allocation		\$100,000.00		
Balance		\$0.00		

Amendment #1 12-21-16 is an amendment for grant performance time extension only. There is no budget change.

MINNESOTA DEPARTMENT OF PUBLIC SAFETY

A-SHSP-2015-STPAULCI-0019
 St Paul, City of

Date of Request: 12/16/2016

Please add additional information here:

\$77,000.00, Overtime Police Officer. Variable rate based on base salary, averaged at \$50 hr. x 1540 hours. Over time includes outreach, training, curricula development, community events.
 \$13,590.00, Overtime/Part-time Fringe. Police Officer-Medicare and PERA. Calculated at 17.65%
 Subtotal Officer Overtime: \$90,590.00

Program Related Costs

\$4,000.00 Outreach and Recruitment Materials/Flyers/Giveaways: Perforated tri fold Junior Academy Information Flyer: \$0.40 @ 3000 \$1,200; Information Folder \$0.91 @ 585= \$530; Giveaways with SPD # (ex. Fridge magnet) 0.59 @ 3000 = \$1,770; Educational Flyers/materials for meetings 2500 @ .2 = \$500.00
 \$2,500.00. Graphic designer contracted service.
 \$900.00 Community Booth fees: \$300 x 3 events
 \$1,310.00 Educational curricula materials. Junior academies classroom materials including pens, paper, activity costs average at approximately \$26 per youth.
 \$700.00 Youth Transportation— bus rental. \$350 bus rental per trip x 2 college campus visits
 Subtotal Program Related Costs = \$9,410

Total Budget = \$100,000

Line Item	Current Budget \$	Increase or (Decrease)	New Budget Amount	Additional Detail on Change
Organization (: \$100,000.00) - Outreach	\$100,000.00	(\$9,410.00)	\$90,590.00	Other Program related costs
TOTAL	\$100,000.00	\$0	\$90,590.00	

Please Note: The total of this grid only accounts for the changes you are making in this budget revision. If you would like to see your total budget, please select all line items even if they are not all affected by the budget revision. This will give you your correct award amount.

Grant Amendment Justification
(Must be initiated by HSEM Grant Manager): 12/19/2016

Date

12/19/2016

- Recent events in the Twin Cities have resulted in large public demonstrations and protests . Sworn officers of SPPD were placed on extensive overtime duties to manage the protests. This limited time that sworn officers could spend on special projects . Several planned activities for this grant did not take place resulting in a fund balance.
- The current budget structure for this grant has limited expenditures to officer overtime only . The project has several other expenses. The requested budget modification would help SPPD spend the fund balance by allowing the agency to request funds for existing program expenses we are currently unable to bill to this grant.



<p>Minnesota Department of Public Safety ("State") Homeland Security and Emergency Management Division 445 Minnesota Street, Suite 223 St. Paul, Minnesota 55101</p>	<p>Grant Program: 2015 State Homeland Security Program (SHSP) Grant Agreement No.: A-SHSP-2015-STPAULCI-0019</p>				
<p>Grantee: City of St. Paul 15 W Kellogg Boulevard City Hall Annex St Paul, Minnesota 55102-1615</p>	<p>Grant Agreement Term: Effective Date: January 1, 2016 Expiration Date: December 31, 2016</p>				
<p>Grantee's Authorized Representative: Richard J Larkin 367 Grove Street, Fifth Floor Saint Paul, MN 55101 Phone: 651-266-5490 e-mail: rick.larkin@ci.stpaul.mn.us</p>	<p>Grant Agreement Amount:</p> <table border="0"> <tr> <td>Original Agreement</td> <td style="text-align: right;">\$100,000.00</td> </tr> <tr> <td>Matching Requirement</td> <td style="text-align: right;">\$ 0.00</td> </tr> </table>	Original Agreement	\$100,000.00	Matching Requirement	\$ 0.00
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<p>State's Authorized Representative: Kathryn Halling Homeland Security and Emergency Management 445 Minnesota St., Suite 223 St. Paul, Minnesota 55101 Phone: 651-201-7493 Kathryn.Halling@state.mn.us</p>	<p>Federal Funding: CFDA 97.067 State Funding: none Special Conditions: None</p>				

Under Minn. Stat. § 299A.01, Subd 2 (4) the State is empowered to enter into this grant agreement.

Term: Effective date is the date shown above or the date the State obtains all required signatures under Minn. Stat. § 16B.98, subd. 7, whichever is later. Once this grant agreement is fully executed, the Grantee may claim reimbursement for expenditures incurred pursuant to the Payment clause of this grant agreement. Reimbursements will only be made for those expenditures made according to the terms of this grant agreement. Expiration date is the date shown above or until all obligations have been satisfactorily fulfilled, whichever occurs first.

The Grantee, who is not a state employee will:
 Perform and accomplish such purposes and activities as specified herein and in the Grantee's approved 2015 SHSP Application ("Application") which is incorporated by reference into this grant agreement and on file with the State at Homeland Security and Emergency Management Division, 445 Minnesota Street, Suite 223, St. Paul, Minnesota 55101. The Grantee shall also comply with all requirements referenced in the 2015 SHSP Guidelines and Application which includes the Terms and Conditions and Grant Program Guidelines, which are incorporated by reference into this grant agreement.

Budget Revisions: The breakdown of costs of the Grantee's Budget is contained in Exhibit A, which is attached and incorporated into this grant agreement. As stated in the Grantee's Application and Grant Program Guidelines, the Grantee will submit a written change request for any substitution of budget items or any deviation and in accordance with the Grant Program Guidelines. Requests must be approved prior to any expenditure by the Grantee.



Matching Requirements: (If applicable.) As stated in the Grantee's Application, the Grantee certifies that the matching requirement will be met by the Grantee.

Payment: As stated in the Grantee's Application and Grant Program Guidance, the State will promptly pay the 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.

Signed: Grafobde
Date: 1/28/16

3. STATE AGENCY

By: [Signature]
(with delegated authority)
Title: Branch Director, Grants
Date: 1/19/16

Grant Agreement No. A-SHSP-2015-STPAULCI-0019 / PO #3000036552

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: [Signature]
Title: Chief of Police

Date: 12/16/2015

By: [Signature]
Title: Director of the Office of Financial Service

Date: 12/29/15

Distribution: DPS/FAS
Grantee
State's Authorized Representative

By: Nancy P. Hornan
Title: Mayor

Date: 12.30.2015

By: [Signature]
Title: City Attorney

Date: 12-22-2015

By: [Signature]
Title: Director of Human Rights and Equal Employment Opportunity

Date: 12-31-2015

Budget Summary (Report)

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