



Minnesota Department of Public Safety (“State”) Homeland Security and Emergency Management Division 444 Cedar Street 445 Minnesota Street , Suite 223 St Paul, Minnesota 55101	Grant Program: 2011 Metropolitan Medical Response System (MMRS) Grant Agreement No.: A-MMRS-2011-STPAULCI-00002 Grant Amendment No.: 1																
Grantee: City of Saint Paul 15 West Kellogg Boulevard, City Hall Annex Saint Paul, MN 55102	Grant Agreement Term: Effective Date: 1/1/2012 Expiration Date: 12/31/2013 7/31/2014																
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>\$274,648.00</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>\$274,648.00</td></tr> </table>	Original Agreement Amount	\$274,648.00	Previous Amendment(s) Total	\$0.00	Current Amendment Amount	<u>\$0.00</u>	Total Agreement Amount	\$274,648.00
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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-MMRS-2011-STPAULCI-00002/SWIFT Contract #40058/PO # 3-14112

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: _____

Distribution: DPS/FAS
Grantee
State’s Authorized Representative