



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-00350 Grant Amendment No.: 1																
Grantee: City of St. Paul City Hall Annex 15 W Kellogg Boulevard St. Paul, Minnesota 55102	Grant Agreement Term: Effective Date: 9/1/2008 Expiration Date: 3/31/2011 <u>8/31/2011</u>																
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>\$1,563,780.00</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>\$1,563,780.00</td></tr> </table>	Original Agreement Amount	\$1,563,780.00	Previous Amendment(s) Total	\$0.00	Current Amendment Amount	<u>\$0.00</u>	Total Agreement Amount	\$1,563,780.00
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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: _____

Grant Agreement No. 2000-HSGP-00350 / 2000-12949

3. STATE AGENCY

By: _____
(with delegated authority)

Title: _____

Date: _____

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