



| | | | | | | | | | | | | | | | | | |
|--|--|------|-----------------------------|------|--------------------------|------|------------------------|------|--|---------------------------|-------------|-----------------------------|------|--------------------------|--------------------|------------------------|-------------|
| Minnesota Department of Public Safety ("State") Homeland Security and Emergency Management Division 445 Minnesota Street Suite 223 St. Paul, MN 55101-6223 | Grant Program: 2014 State Homeland Security Program (SHSP) Grant Agreement No.: A-SHSP-2014-STPBOMB-00017 Grant Amendment No.: 2 | | | | | | | | | | | | | | | | |
| Grantee: City of St. Paul, Police Department, Bomb Disposal Unit 367 Grove Street St. Paul, MN 55038 | Grant Agreement Term: Effective Date: January 1, 2015 Expiration Date: June 15, 2016 August 31, 2016 | | | | | | | | | | | | | | | | |
| Grant Matching Requirement: <table><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><tr><td>Original Agreement Amount</td><td>\$63,000.00</td></tr><tr><td>Previous Amendment(s) Total</td><td>0.00</td></tr><tr><td>Current Amendment Amount</td><td><u>\$20,000.00</u></td></tr><tr><td>Total Agreement Amount</td><td>\$83,000.00</td></tr></table> | Original Agreement Amount | \$63,000.00 | Previous Amendment(s) Total | 0.00 | Current Amendment Amount | <u>\$20,000.00</u> | Total Agreement Amount | \$83,000.00 |
| Original Agreement Amount | 0.00 | | | | | | | | | | | | | | | | |
| Previous Amendment(s) Total | 0.00 | | | | | | | | | | | | | | | | |
| Current Amendment Amount | 0.00 | | | | | | | | | | | | | | | | |
| Total Agreement Amount | 0.00 | | | | | | | | | | | | | | | | |
| Original Agreement Amount | \$63,000.00 | | | | | | | | | | | | | | | | |
| Previous Amendment(s) Total | 0.00 | | | | | | | | | | | | | | | | |
| Current Amendment Amount | <u>\$20,000.00</u> | | | | | | | | | | | | | | | | |
| Total Agreement Amount | \$83,000.00 | | | | | | | | | | | | | | | | |

In this Amendment deleted agreement terms will be struck out and added agreement terms will be underlined.

Exhibit A of the Original Grant Agreement is replaced by Revised Exhibit A, which is attached and incorporated into this Grant Agreement. Any references to Exhibit A in the Original Grant Agreement now refer to Revised Exhibit A.

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-2014-STPBOMB-00017/P0 #:3000030965

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: Chief of Police

Date: _____

By: _____

Title: City Attorney

Date: _____

By: _____

Title: Director of the Office of Financial Service

Date: _____

By: _____

Title: Mayor

Date: _____

By: _____

Title: Director of Human Rights and Equal
Economic Opportunity

Date: _____

Budget Summary (Report)

| SHSP-2014-Investment #02: CBRNE/State Teams | | | |
|--|-------------|--|--|
| Budget Category | Awarded | | |
| Equipment | | | |
| Ultra portable xray system, underwater equipment and tools | \$72,000.00 | | |
| Total | \$72,000.00 | | |
| Training | | | |
| Training | \$5,000.00 | | |
| Total | \$5,000.00 | | |
| Planning | | | |
| Planning for training and logistics | \$1,000.00 | | |
| Total | \$1,000.00 | | |
| Exercises | | | |
| Exercises for state response | \$5,000.00 | | |
| Total | \$5,000.00 | | |
| Total | \$83,000.00 | | |
| Allocation | \$83,000.00 | | |
| Balance | \$0.00 | | |



| | | | | | | | | | | | | | | | | | | |
|---|-------------|--|------|-----------------------------|------|--------------------------|------|------------------------|------|---|---------------------------|-------------|-----------------------------|------|--------------------------|------|------------------------|-------------|
| Minnesota Department of Public Safety ("State") Homeland Security and Emergency Management Division 445 Minnesota Street Suite 223 St. Paul, MN 55101-6223 | | Grant Program: 2014 State Homeland Security Program (SHSP) Grant Agreement No.: A-SHSP-2014-STPBOMB-00017 Grant Amendment No.: 1 | | | | | | | | | | | | | | | | |
| Grantee: City of St. Paul, Police Department, Bomb Disposal Unit 367 Grove Street St. Paul, MN 55038 | | Grant Agreement Term: Effective Date: January 1, 2015 Expiration Date: December 31, 2015 June 15, 2016 | | | | | | | | | | | | | | | | |
| 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>\$63,000.00</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>\$63,000.00</td></tr></table> | Original Agreement Amount | \$63,000.00 | Previous Amendment(s) Total | 0.00 | Current Amendment Amount | 0.00 | Total Agreement Amount | \$63,000.00 |
| Original Agreement Amount | 0.00 | | | | | | | | | | | | | | | | | |
| Previous Amendment(s) Total | 0.00 | | | | | | | | | | | | | | | | | |
| Current Amendment Amount | 0.00 | | | | | | | | | | | | | | | | | |
| Total Agreement Amount | 0.00 | | | | | | | | | | | | | | | | | |
| Original Agreement Amount | \$63,000.00 | | | | | | | | | | | | | | | | | |
| Previous Amendment(s) Total | 0.00 | | | | | | | | | | | | | | | | | |
| Current Amendment Amount | 0.00 | | | | | | | | | | | | | | | | | |
| Total Agreement Amount | \$63,000.00 | | | | | | | | | | | | | | | | | |

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: [Signature]

Date: 2/29/16

3. STATE AGENCY

By: [Signature]
(with delegated authority)

Title: Director, DPS-HSEM

Date: 2/16/2016

Grant Agreement No. A-SHSP-2014-STPBOMB-00017/P0 #: 3000030965

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: 1/31/2016

By: [Signature]

Title: City Attorney

Date: 1-26-2016

By: [Signature]

Title: Director of the Office of Financial Services

Date: 1/27/2016

By: [Signature]

Title: Mayor

Date: 2-1-2016

By: [Signature]

Title: Director of Human Rights and Equal Economic Opportunity

Distribution: DPS/FAS

Grantee

State's Authorized Representative



| | |
|--|---|
| Minnesota Department of Public Safety ("State") Homeland Security and Emergency Management Division 445 Minnesota Street Suite 223 St. Paul, MN 55101-6223 | Grant Program: 2014 State Homeland Security Program (SHSP) Grant Agreement No.: A-SHSP-2014-STPBOMB-00017 |
| Grantee: City of St Paul, Police Department, Bomb Disposal Unit 367 Grove Street St Paul, MN 55101 | Grant Agreement Term: Effective Date: January 1, 2015 Expiration Date: December 31, 2015 |
| Grantee's Authorized Representative: Amy Brown St Paul Bomb Disposal Unit 367 Grove Street St. Paul, MN 55038 Phone: (651) 266-5768 Email: amy.brown@stcl.stpaul.mn.us | Grant Agreement Amount: Original Agreement \$ 63,000.00 Matching Requirement \$ 0.00 |
| State's Authorized Representative: Jill Hughes, Grant Program Administrator 445 Minnesota Street Suite 223 St. Paul, MN 55101-6223 Phone: 651-201-7451 Email: jill.hughes@state.mn.us | Federal Funding: CFDA 97.067 State Funding: None Special Conditions: None |

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 2014 State Homeland Security Program (SHSP) Application ("Application") which is incorporated by reference into this grant agreement and on file with the State at 445 Minnesota Street, Suite 223, St. Paul, MN 55101-6223. The Grantee shall also comply with all requirements referenced in the 2014 State Homeland Security Program (SHSP) Guidelines and Application which includes the Terms and Conditions and Grant Program Guidelines (<https://app.dps.mn.gov/EGGrants>), 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.13 and 16C.03.

Signed: Gale Rott

Date: 3/9/15

Grant Agreement No. A-SHSP-2014-STPBOMB-00017/P0 #: 3000030965

3. STATE AGENCY

By: [Signature]
(with delegate) **BRANCH DIRECTOR**

Title: _____
Date: 3/6/15

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: _____

By: [Signature]
Title: City Attorney

Date: _____

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

Date: 2/23/15

By: Kristin Burkman
Title: Mayor

Date: 2-23-15

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

Date: 2/27/15

Distribution: DPS/FAS
Grantee
State's Authorized Representative

RECEIVED
2015 MAR -6 P 12:12
DPS - HSEH

Budget Summary

EXHIBIT A
A-SHSP-2014-STPBOMB-00017

| SHSP-2014-Investment #02: CBRNE/State Teams | | | |
|--|--|-------------|--|
| Budget Category | | Request | |
| Equipment | | | |
| Ultra portable xray system, underwater equipment and tools | | \$52,000.00 | |
| Total | | \$52,000.00 | |
| Training | | | |
| Training | | | |
| Total | | \$5,000.00 | |
| Planning | | \$5,000.00 | |
| Planning for training and logistics | | | |
| Total | | \$1,000.00 | |
| Exercises | | \$1,000.00 | |
| Exercises for state response | | | |
| Total | | \$5,000.00 | |
| Total | | \$5,000.00 | |
| Allocation | | \$63,000.00 | |
| Balance | | \$63,000.00 | |
| | | \$0.00 | |