



<b>Minnesota Department of Public Safety ("State")</b> Homeland Security and Emergency Management Division 444 Cedar Street, Suite 223 St Paul, Minnesota 55101	<b>Grant Program:</b> HSEM Homeland Security Grant Program 2008  <b>Grant Agreement No.:</b> 2009-HSGP-00480 <b>Grant Amendment No.:</b> 1																
<b>Grantee:</b> City of St Paul, Fire and Safety Services 100 E 11 <sup>th</sup> Street St Paul, Minnesota 55101	<b>Grant Agreement Term:</b> <b>Effective Date:</b> 9/1/2008 <b>Expiration Date:</b> <del>3/31/2011</del> <u>8/31/2011</u>																
<b>Grant Matching Requirement:</b> <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	<b>Grantee Agreement Amount:</b> <table border="0"> <tr><td>Original Agreement Amount</td><td>\$70,000.00</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>\$70,000.00</td></tr> </table>	Original Agreement Amount	\$70,000.00	Previous Amendment(s) Total	\$0.00	Current Amendment Amount	<u>\$0.00</u>	Total Agreement Amount	\$70,000.00
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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: \_\_\_\_\_

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

**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



COPY

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.01, subd. 1, FC.05

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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

ORIGINAL SIGNED  
NOV 10 2009  
BY MARY ERICKSON

3. STATE AGENCY

By: \_\_\_\_\_

(with delegated authority)

Title: \_\_\_\_\_

Date: \_\_\_\_\_

DEPUTY DIRECTOR

11/6/09

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: \_\_\_\_\_

By: \_\_\_\_\_

Title: City Attorney

Date: \_\_\_\_\_

By: \_\_\_\_\_

Title: Director of Financial Services

Date: 10-23-09 CF09-1096

By: \_\_\_\_\_

Title: Mayor

Date: \_\_\_\_\_

By: \_\_\_\_\_

Title: Human Rights

Date: \_\_\_\_\_

Distribution: DPS/FAS  
Grantee  
State's Authorized Representative