



Minnesota Department of Public Safety (“State”) Homeland Security and Emergency Management Division 445 Minnesota Street, Suite 223 Saint Paul, MN 55101-2190	Grant Program: 2023 (SHSP) State Homeland Security Program Grant Contract Agreement Number: A-SHSP-2023-STPBOMB-014 Grant Contract Amendment Number (e.g. 1, 2): 1
Grantee: City of Saint Paul Police Department 367 Grove Street Saint Paul, MN 55101-2416	Grant Contract Agreement Term: Effective Date: 01/01/2024 Expiration Date: 12/31/2024 06/30/2025
Grant Matching Requirement: Original Agreement Amount 0.00 Previous Amendment(s) Total 0.00 Current Amendment Amount <u>0.00</u> Total Agreement Amount 0.00	Grantee Contract Agreement Amount: Original Agreement Amount \$185,000.00 Previous Amendment(s) Total 0.00 Current Amendment Amount <u>0.00</u> Total Agreement Amount \$185,000.00
State’s Authorized Representative: Homeland Security and Emergency Management ATTN: Brittany Wilber 445 Minnesota Street, Suite 223 Saint Paul, MN 55101-2190 Phone: 651-201-7451 E-mail: brittany.wilber@state.mn.us	Federal Funding: CFDA/ALN: 97.067 FAIN: EMW-2023-SS-00009 State Funding: N/A Special Conditions: None

The Original Grant Contract Agreement and all previous amendments are incorporated into this amendment by reference.

-continued-

1. ENCUMBRANCE VERIFICATION

Individual certifies that funds have been encumbered as required by Minn. Stat. § 16A.15.

Signed: _____

Date: _____

3. STATE AGENCY

Signed: _____
(with delegated authority)

Title: _____

Date: _____

Grant Agreement No./PO No: A-SHSP-2023-STPBOMB-014 / PO# 3000092839

Project No.(indicate N/A if not applicable): N/A

2. GRANTEE

The Grantee certifies that the appropriate person(s) have executed the grant contract agreement on behalf of the Grantee as required by applicable articles, bylaws, resolutions, or ordinances.



Grant Contract Agreement Amendment

Signed: _____

Print Name: _____

Title: _____

Date: _____

Signed: _____

Print Name: _____

Title: _____

Date: _____

Signed: _____

Print Name: _____

Title: _____

Date: _____

Distribution: DPS/FAS

Grantee

State's Authorized Representative