



Minnesota Department of Public Safety (“State”) Office of Justice Programs 445 Minnesota Street, Suite 2300 St. Paul, MN 55101-2139	Grant Program: VAWA STOP Special Projects 2023 Grant Contract Agreement No.: A-VAWA-2023-RAMS-SOS-00004
Grantee: St. Paul - Ramsey County Department of Public Health, Sexual Offense Services (SOS) 90 W Plato Boulevard St Paul, Minnesota 55107	Grant Contract Agreement Term: Effective Date: 1/1/2023 Expiration Date: 12/31/2024 <u>06/30/2025</u>
Grant Matching Requirement: Original Agreement Amount \$102,152.00 Previous Amendment(s) Total \$0.00 Current Amendment Amount \$0.00 Total Agreement Amount \$102,152.00	Grantee Contract Agreement Amount: Original Agreement Amount \$306,455.00 Previous Amendment(s) Total \$0.00 Current Amendment Amount \$0.00 Total Agreement Amount \$306,455.00

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

Revision 1. Special Conditions of the Original Grant Agreement is amended as follows:

1. Time limitations on funding use:

- ~~\$132,000.00 is available from January 1, 2023 through June 30, 2023.~~
- ~~\$174,455.00 is available from January 1, 2023 through December 31, 2024.~~
- \$306,455.00 is available from January 1, 2023 through June 30, 2025.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK



The Original Grant Contract 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.

Signed: _____

Date: _____

3. STATE AGENCY

Signed: _____
(with delegated authority)

Title: _____

Date: _____

Grant Agreement No./PO No: A-VAWA-2023-RAMS-SOS-00004 / 3-84969

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.

Signed: _____

Print Name: _____

Title: _____

Date: _____

Signed: _____

Print Name: _____

Title: _____

Date: _____

Distribution: DPS/FAS

Grantee

State's Authorized Representative