

## Grant Contract Agreement Amendment

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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: 1/2/31/2024 06/30/2025	
Grant Matching Requirement:		Grantee Contract Agreement Amount:	
Original Agreement Amount	\$102,152.00	Original Agreement Amount	\$306,455.00
Previous Amendment(s) Total	\$0.00	Previous Amendment(s) Total	\$0.00
Current Amendment Amount	\$0.00	Current Amendment Amount	\$0.00
Total Agreement Amount	\$102,152.00	Total Agreement Amount	\$306,455.00

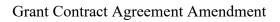
In this Amendment deleted agreement terms will be struck out and added agreement terms will be <u>underlined.</u>

**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.

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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	3. STATE AGENCY	
required by Minn. Stat. § 16A.15.	Signed: (with delegated authority)	
0. 1	(with delegated authority)	
Signed:	Title:	—
Date:	Date:	
Grant Agreement No./PO No: <u>A-VAWA-2023-RAMS-SOS-000</u>	<u>004 / 3-84969</u>	
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:	Distribution: DPS/FAS	
Title:	Grantee	
Date:	State's Authorized Representative	e