



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: State Miscellaneous Funding 2024 Grant Contract Agreement No.: A-STATEM-2024-RAMSEYCO-012 Grant Contract Amendment No.: 1																
Grantee: Ramsey County 121 E 7 th Place, Suite 4000 St Paul, Minnesota 55101	Grant Contract Agreement Term: Effective Date: 5/1/2024 Expiration Date: 6/30/2025 <u>6/30/2026</u>																
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 Contract Agreement Amount: <table><tr><td>Original Agreement Amount</td><td>\$4,640,675.00</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>\$4,640,675.00</td></tr></table>	Original Agreement Amount	\$4,640,675.00	Previous Amendment(s) Total	\$0.00	Current Amendment Amount	\$0.00	Total Agreement Amount	\$4,640,675.00
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In this Amendment deleted agreement terms will be struck out and added agreement terms will be underlined.

The Original Grant 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-STATEM-2024-RAMSEYCO-012 / 3-94623

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

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