

**Amendment #1 for SC #172740**

**State and/or Federal Master Grant Contract Agreement: RAMSEY2020M**

Contract Start Date:	<u>04/01/2020</u>	Total Contract Amount:	<u>\$0</u>
Original Contract Expiration Date:	<u>03/31/2025</u>	Original Contract:	<u>\$0</u>
Current Contract Expiration Date:	<u>03/31/2025</u>	Previous Amendment(s) Total:	<u>\$0</u>
Requested Contract Expiration Date:	<u>N/A</u>	This Amendment:	<u>\$0</u>

This amendment is by and between the State of Minnesota, acting through its Commissioner of Employment and Economic Development (DEED), Employment and Training Programs ("State") and Ramsey County, 2266 2<sup>nd</sup> Street North, North St. Paul, MN 55109 ("Grantee").

**Recitals**

1. The State has a grant contract with the Grantee identified as Master Grant Contract Number RAMSEY2020M ("Original Master Grant Contract") to provide employment and training services.
2. The Master Grant Contract is being amended to update the address of the Grantee.
3. The State and the Grantee are willing to amend the Original Master Grant Contract as stated below.

**Grant Contract Amendment**

In this Amendment, changes to pre-existing Contract language will use ~~strike through~~ for deletions and underlining for insertions.

**REVISION 1.** Grantee address in opening statement is changed from ~~2266 2<sup>nd</sup> Street North, North St. Paul, MN 55109~~ to 160 E. Kellogg Blvd., Suite 6700, St. Paul, MN 55101.

Except as amended herein, the terms and conditions of the Original Master Grant Contract and all previous amendments remain in full force and effect.

**1. STATE ENCUMBRANCE VERIFICATION**

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

By: N/A, no costs associated with Master

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

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

SWIFT Contract/PO No.(s): SC #172740, PR 52250

**2. GRANTEE:**

**Ramsey County**

*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.*

By: \_\_\_\_\_  
(WITH DELEGATED AUTHORITY)

Title: Chair

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

By: \_\_\_\_\_  
(WITH DELEGATED AUTHORITY)

Title: Director

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

**3. STATE: MINNESOTA DEPARTMENT OF EMPLOYMENT AND ECONOMIC DEVELOPMENT (EMPLOYMENT AND TRAINING PROGRAMS)**

By: \_\_\_\_\_  
(WITH DELEGATED AUTHORITY)

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

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

By: \_\_\_\_\_  
(WITH DELEGATED AUTHORITY)

Title: Chief Clerk – County Board

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

Approved as to form:

By: \_\_\_\_\_  
(WITH DELEGATED AUTHORITY)

Title: Assistant County Attorney

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

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