	Grant Contract Agreement Amendment Page 1 of 2

Minnesota Department of Public Safety ("State") Office of Justice Programs 445 Minnesota Street, Suite 2300 St. Paul, MN 55101-2139	**Grant Program:** Crime Victim Services 2026 **Grant Contract Agreement No.:** A-CVS-2026-DULUTHAO-095 **Grant Contract Amendment No.: 1**
Grantee: City of Duluth, Attorney's Office 411 W. 1st Street, 120 City Hall Duluth, Minnesota 55802	**Grant Contract Agreement Term:** **Effective Date:** 10/01/2025 **Expiration Date:** ~~9/30/2026~~ **12/31/2026**
Grant Matching Requirement: 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:** Original Agreement Amount $70,000.00 Previous Amendment(s) Total $0.00 Current Amendment Amount **$17,500.00** Total Agreement Amount **$87,500.00**
State's Authorized Representative: Aida Tosca, Grant Manager Office of Justice Programs 445 Minnesota Street, Suite 2300 St. Paul, MN 55101-2139 (763) 443-2567 Aida.tosca@state.mn.us	**Federal Funding:** CFDA/ALN: 16.575 **FAIN:** 15POVC-24-GG-00672-ASSI **State Funding**: None **Special Conditions:** Attached and incorporated into this grant contract agreement. See page 3.

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

Revision 1:

Special Conditions

1. Time limitations on funding use:

Federal funding
VOCA 2024 (15POVC-24-GG-00672-ASSI)
$87,500.00 is **available from October 1, 2025 through December 31, 2026.**

~~**1.**~~ **2.** Special Duties:

$70,000 for prosecutor-based victim services in St. Louis County.
$17,500.00 to provide crime victim services.

-continued-

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-CVS-2026-DULUTHAO-095 / 3-105585

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.

CITY OF DULUTH

By: _____
Mayor

Date: _____

Attest: _____
City Clerk

Date: _____

Countersigned:

_____
City Auditor

Approved as to form:

_____
City Attorney

Distribution: DPS/FAS

Grantee

State's Authorized Representative

Organization: Duluth City Attorney's Office

A-CVS-2026-DULUTHAO-095

Budget Summary

Budget				
Budget Category	**Federal**	**State**	**Match**	
Personnel				
Victim Service Coordinator	$67,500.00	$0.00	$0.00	
Total	$67,500.00	$0.00	$0.00	
Payroll Taxes & Fringe				
Victim Service Coordinator - taxes/fringe benefits	$20,000.00	$0.00	$0.00	
Total	$20,000.00	$0.00	$0.00	
Total	$87,500.00	$0.00	$0.00	