



Recitals

This State of Minnesota, acting through its Department of Natural Resources ("State") and City of Duluth, 411 West First Street, Duluth, MN 55802 ("Grantee") agree that this Amendment ("Amendment") will amend the Grant Contract Agreement ("Agreement") referenced herein. All terms and conditions set forth in the original Agreement and any subsequent amendment, but not amended herein, shall remain in full force and effect as written. In the event of conflict, the terms of this Amendment shall prevail.

Grant Contract Agreement Amendment

1 Award and Amendment Information

1.1 Original Agreement. The Agreement has an original term from October 15, 2024 to June 30, 2025 for FY19 funds and June 30, 2027 for FY25 funds.

1.2 Prior Amendments. N/A

A. N/A

1.3 Items Altered.

- | | |
|--|---|
| <input type="checkbox"/> Exhibit A: Specifications, Duties, and Scope of Work | <input type="checkbox"/> Other Exhibit Click or tap here to enter text. |
| <input type="checkbox"/> Specifications, Duties, and Scope of Work as detailed in Clause 2 | <input checked="" type="checkbox"/> Award Term (end date) |
| <input type="checkbox"/> Exhibit B: Payment Schedule | <input type="checkbox"/> Award Amount |
| <input type="checkbox"/> Exhibit C: Other Provisions | <input type="checkbox"/> Budget |
| | <input type="checkbox"/> Other: Click or tap here to enter text. |

1.4 Effective Date. This Amendment shall be effective on March 25, 2026, or the date the State obtains all required signatures, whichever is later.

2 Amendments

2.1 Award Term. The Term of the Grant Contract Agreement is amended as follows:

A. **Expiration Date.** June 30, ~~2025~~ 2027 for FY19 funds and June 30, 2027 for FY25 funds, or until all obligations have been satisfactorily fulfilled, whichever occurs first.

Grant Contract Agreement Amendment Signature Page

State Encumbrance Verification

Individual certifies that funds have been encumbered as required by Minnesota Statutes §§ 16A.15

Print Name: _____

Signature: _____

Title: _____ Date: _____

SWIFT Contract No. _____

State Agency

With delegated authority

Print Name: _____

Signature: _____

Title: _____ Date: _____

Grantee

With delegated authority

By:

Print Name: _____

Signature: _____

Title: City Administrator Date: _____

Attest:

Print Name: _____

Signature: _____

Title: City Clerk Date: _____

Countersigned:

Print Name: _____

Signature: _____

Title: City Auditor Date: _____

Approved as to form:

Print Name: _____

Signature: _____

Title: City Attorney Date: _____

DRAFT