#  STATE OF MINNESOTA

#  GRANT CONTRACT AGREEMENT AMENDMENT

**SWIFT Contract Number:** Click or tap here to enter text.

**Amendment Number:** Click or tap here to enter text.

**Instructions:** Instructions for completing this form are in **red**. Fill in every blank and **delete all instructions** before sending this to the grantee. Include an encumbrance worksheet in order to assist with encumbering the money for this grant contract agreement amendment.

IF THIS FORM DOES NOT FIT YOUR NEEDS, CONTACT YOUR AGENCY’S LEGAL DIVISION, ADMIN’S OFFICE OF GRANTS MANAGEMENT, OR YOUR ASSISTANT ATTORNEY GENERAL.

## Recitals

This State of Minnesota, acting through its Department of \_\_\_\_\_\_\_\_ ("State") and Give the full name of the grantee including its address ("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

Clearly indicate what is being amended. Amendments altering cost without changing duties should contain an explanation. This can be done by ~~striking out information~~ the granting agency wants deleted and underlining the information the granting agency adds.

### Award and Amendment Information

* 1. **Original Agreement.** The Agreement has an original term from Spell out full date (e.g., July 1, 2023) to Spell out full date (e.g., June 30, 2025).
	2. **Prior Amendments**. List all prior amendments to the Agreement. Indicate “N/A” if none.
		1. Amendment Number, Effective Date OR N/A
	3. **Items Altered.** Identify which of the following Agreement elements are amended herein. Check any that apply.

[ ] Exhibit A: Specifications, Duties, and Scope of Work

[ ] Specifications, Duties, and Scope of Work as detailed in Clause 2

[ ] Exhibit B: Payment Schedule

[ ] Exhibit C: Other Provisions

[ ] Other Exhibit Specify

[ ] Award Term (end date)

[ ] Award Amount

[ ] Budget

[ ] Other: Specify

* 1. **Effective Date.** This Amendment shall be effective on Spell out full date (e.g., July 1, 2023), or the date the State obtains all required signatures, whichever is later.

### Amendments

For each item checked in paragraph 1.3 above, enumerate the changes here. For example:

* 1. **Exhibit A Changes.** Exhibit A is amended as detailed in the attached new Exhibit A: Specifications, Duties, and Scope of Work.
	2. **Award Amount.** The total obligation of the State under this Grant Contract Agreement, including all compensation and reimbursements, is not to exceed ~~$XXX. (strike through the previous amount~~), $XXX (enter new amount),which shall be paid in accordance with the terms outlined in Exhibit B: Payment Schedule, which is attached and incorporated into this Grant Contract Agreement.
	3. **Award Term.** The Term of the Grant Contract Agreement is amended as follows:
		1. **Expiration Date.** ~~December 10, 2024~~ (enter new date Month, Date, Year - i.e. September 30, 2025), or until all obligations have been satisfactorily fulfilled, whichever occurs first.

## Exhibits

The following Exhibits are attached and incorporated into this Grant Contract Agreement Amendment. In the event of a conflict between the terms of this Grant Contract Agreement Amendment and its Exhibits, or between Exhibits, the order of precedence is first the Grant Contract Agreement Amendment, and then in the following order:

**Exhibit A: Specifications, Duties, and Scope of Work** Strike if not required

**Exhibit B: Payment Schedule** Strike if not required

**Exhibit C: Other Provisions** Strike if not required. Exhibit may be used for special funding requirements or other contract terms not already included in this Contract. **This includes any additional conditions as needed to mitigate any risks identified in the preaward risk assessment.**

## 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.

**Grantee**

*With delegated authority*

Print Name:

Signature:

Title: Date:

**State Agency**

*With delegated authority*

Print Name:

Signature:

Title: Date: