



Minnesota Department of Public Safety (“State”) State Fire Marshal Division 445 Minnesota Street, Suite 145 St. Paul, MN 55101-2190	Grant Program: 2024 Fire Service Planning Grant Grant Contract Agreement Number: A-SFM-FSPG-2024- LONGLKCI-004 Grant Contract Amendment Number (e.g. 1, 2): 1
Grantee: City of Long Lake 450 Virginia Avenue Long Lake, MN 55356	Grant Contract Agreement Term: Effective Date: 02/18/2025 Expiration Date: 06/30/2025 06/30/2026
Grant Matching Requirement: Original Agreement Amount \$ 4,000.00 Previous Amendment(s) Total 0.00 Current Amendment Amount <u>0.00</u> Total Agreement Amount \$ 4,000.00	Grantee Contract Agreement Amount: Original Agreement Amount \$ 40,000.00 Previous Amendment(s) Total 0.00 Current Amendment Amount <u>0.00</u> Total Agreement Amount \$ 40,000.00
State’s Authorized Representative: MN State Fire Marshal Division ATTN: Sonya Borgeson-Bethke 445 Minnesota Street, Suite 145 St. Paul, MN 55101-2190 Phone: 651-201-7206 E-mail: sonya.borgeson-bethke@state.mn.us	Federal Funding: None FAIN: N/A State Funding: Minn. Stat. §299F.012, Subd. 2 (3) Special Conditions: None

The Original Grant Contract Agreement and all previous amendments are incorporated into this amendment by reference.

-continued-



1. ENCUMBRANCE VERIFICATION

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

Signed: _____

Date: _____

3. STATE AGENCY

Signed: Tate A Mills
(with delegated authority)

Title: Chief Deputy State Fire Marshal

Date: 7/1/25

Grant Contract Agreement No. A-SFM-FSPG-2024-LONGLKCI-004 / P.O. No. 3000101503

Project No.: 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.

Signed: Charlie Miner

Print Name: Charlie Miner

Title: Mayor

Date: 6/19/2025

Signed: Moeller

Print Name: Jeanette Moeller

Title: City Clerk

Date: 6/18/2025

Signed: _____

Print Name: _____

Title: _____

Date: _____

Distribution: DPS/FAS
Grantee
State's Authorized Representative