



## Official Grant Award Amendment

### Grantee Information

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Organization Name: Duluth School District #709

Identified Official with Authority Name and Title: William Gronseth, Superintendent

Address: 215 N. 1<sup>st</sup> Ave. E.

City/State/ZIP+4: Duluth, MN 55802-2058

Phone and Email: 218-336-8752; [william.gronseth@isd709.org](mailto:william.gronseth@isd709.org)

### Grantee Project Staff

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Program Contact Name: Jason Crane

Phone and Email: 218-336-8741; [jason.crane@isd709.org](mailto:jason.crane@isd709.org)

Business Manager or Accountant Name: Peggy Blalock

Phone and Email: 218-336-8752; [peggy.blalock@isd709.org](mailto:peggy.blalock@isd709.org)

**Grant Project Title: Special Education: SPDG – Single Source**

### Funding/Encumbrance Information

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GMS NUMBER: 3664

SWIFT Contract Number: 105083

SWIFT Vendor Number: 0000194009

Purchase Order Number: 3000012377

Funding Source/Legislative Authority: PL 108-466 Individuals with Disabilities Education Act

Federal Award Number: H323A150010

Federal Award Year: 2020

Federal CFDA Number: 84.323

Grantee DUNS Number: 02504114

## Funding/Encumbrance Information Continued

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State Fiscal Year: SFY2020

Fund: 3000

FinDeptID: E373D230

AppropID: E370660

Account: 441402

PC Bus Unit: E3701

Project ID: E370661505

Activity ID: D

Source: REIMB

Amount: \$160,000.00

### Award Period

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Start Date: 1/22/2016

End Date: ~~09/30/2017~~ ~~09/30/2019~~ 9/30/2020

### Action Type: Amendment #1

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Original/Initial Award:	\$ 320,000.00	
Amendment #1	\$ 320,000.00	10/01/2017
Amendment #2	\$ 20,000.00	01/01/2018
Amendment #3	\$ 160,000.00	10/01/2019
<b>Total Amended Award</b>	<b>\$ 820,000.00</b>	

### MDE Authorized Representative

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Name: Thomas Delaney

Division and Office Location: Special Education, Q02

Phone: 651-582-8324

Email: [thomas.delaney@state.mn.us](mailto:thomas.delaney@state.mn.us)

### Grant Specialist

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Name: Norrita Rech

Division and Office Location: Grant Services, K20

Phone: 651-582-8222

Email: [norrita.rech@state.mn.us](mailto:norrita.rech@state.mn.us)

## Official Grant Amendment Approval

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This amendment is now effective as it has been fully executed and approved by the same parties who executed and approved the original grant award, or their successors in office. Therefore, with respect to the terms and conditions of the original application materials associated with this award and any amendments thereto, this amendment request is made for the purpose of:

Addition of funds                      Change of date(s)/extension

The justification for this amendment is as follows (*attach revised work plan and budget*):

- To fund Year 5 of a 5-year single source grant.
- The addition of funding and date extension is to ensure the grantee has sufficient time and funding necessary to meet the project's goals and objectives to improve graduation rates for Black and American Indian children and youth with disabilities through the implementation of evidence-based practices.

### **Reporting Dates:**

- Financial Reporting Forms (FRF) summarizing grant expenditures to date, shall be submitted quarterly:
  - October 31, 2019** for expenditures incurred from July 1, 2019 – September 30, 2019.
  - January 31, 2020** for expenditures incurred from October 1, 2019 – December 31, 2019.
  - April 30, 2020** for expenditures incurred from January 1, 2020 – March 30, 2020.
  - July 15, 2020** for expenditures incurred from April 1, 2020 – June 30, 2020.
  - October 31, 2020** for expenditures incurred from July 1, 2020 – September 30, 2020.
- If this grant goes beyond the state fiscal year end date of **June 30** or ends June 30 of that state fiscal year, all expenditures incurred through June 30 must be submitted by **July 31** of that same state fiscal year.
- Expenditures incurred on or after July 1 must be submitted on a new and separate FRF.

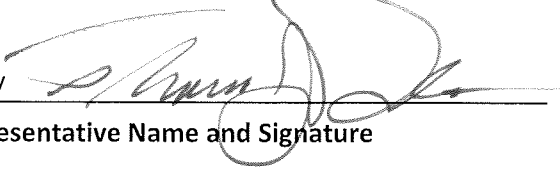
Except as herein amended, the provisions of the original OGAN and amendments thereto, are expressly reaffirmed and remain in full force and effect.

## MDE Signatures

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I, the Authorized Representative, acknowledge by signing below that I have reviewed all documentation and documents related to this award to ensure that adequate oversight and appropriate internal controls to properly administer grant funds have been measured.

Thomas Delaney/



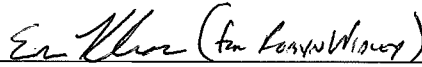
Authorized Representative Name and Signature

9/19/2019

Date

I, the Division Director, by signing below verify that agency policies and procedures were followed in the awarding of this grant and do hereby approve this award and attest to the Authorized Representative's review of said documentation and documents related to this award.

Robyn Widley/



Division Director Name and Signature

9/19/19

Date

As the Grantee Official with authority to sign, I hereby certify that I have executed this award notification on behalf of the Grantee as required by applicable articles, bylaws, resolution or ordinances.

William Gronseth/

Identified Official with Authority Name and Signature

Date

I hereby certify that funds have been encumbered as required by Minnesota Statutes, section 16A.15 and 16C.05. *(Signature is for current fiscal year only.)*

Joel Bergevin/

Encumbrance Agent Name and Signature

Date

As representative of the Minnesota Department of Education, I hereby certify that this award notification and release of funds are therefore approved, legal, binding and valid.

Andre Prah/

Authorized Representative Name and Signature

Date