FORM CD-451 (REV 10-98) LF DAO 203-26 U. S. DEPARTMENT OF COMMERCE			[X]GRANT []COOPERATIVE AGREEMENT		
RECIPIENT NAME Columbia, County of			AMENDMENT NUMBER 8		
STREET ADDRESS 630 Ronald Reagan DR			EFFECTIVE DATE 02/01/2010		
CITY, STATE, ZIP CODE Evans GA 30809-7603			EXTEND WORK COMPLETION TO N/A		
CFDA NO. AND PROJECT TITLE 11.557 Recovery Act: Columbia County Community Broadband Network (CCCBN)					
COSTS ARE REVISED AS FOLLOWS	PREVIOUS ESTIMATED COST	ADD		DEDUCT	TOTAL ESTIMATED COST
FEDERAL SHARE OF COST	\$13,483,004.00	\$0.00		\$0.00	\$13,483,004.00
RECIPIENT SHARE OF COST	\$4,519,127.00	\$0.00		\$0.00	\$4,519,127.00
TOTAL ESTIMATED COST	\$18,002,131.00	(\$-0.00)		\$0.00	\$18,002,131.00
While riding the fiber routes for pre-construction activities, we discovered alternate routes to reduce construction and operational costs while reducing potential environmental impact. The revised routes will create two rings to provide network redundancy while providing better coverage to the areas of the county that have been designated ?underserved/unserved?, which will allow for better coverage where service is needed more. I have also included maps showing the original and revised routes including the unserved and underserved areas of the project. The project budget and timely completion of the project will not be affected. The revised routes are included in the Environmental Assessment that has not been completed yet.					
This Amendment approved by the Grants Officer is issued in triplicate and constitute an obligation of Federal funding. By signing the three documents, the Recipient agrees to comply with the Amendment provisions checked below and attached, as well as previous provisions incorporated into the Award. Upon acceptance by the Recipient, two signed Amendment documents shall be returned to the Grants Officer and the third document shall be retained by the Recipient. If not signed and returned without modification by the Recipient within 30 days of receipt, the Grants Officer may unilaterally terminate this Amendment.					
[] Special Award Conditions (Attachment B)					
[] Line Item Budget (Attachment A)					
[] Other(s)					
SIGNATURE OF DEPARTMENT OF COMMERCE GRANTS OFFICER			TITLE Grants Office	er	DATE
Sonja Wyatt TYPE NAME AND SIGNATURE OF AUTHORIZED RECIPIENT OFFICIAL TITLE					01/19/2011 DATE