

FORM CD-451
(REV 10-98) LF
DAO 203-26

U. S. DEPARTMENT OF COMMERCE

**AMENDMENT TO
FINANCIAL ASSISTANCE AWARD**

GRANT COOPERATIVE AGREEMENT

ACCOUNTING CODE

AWARD NUMBER

NT10BIX5570084

RECIPIENT NAME
Iowa Health System

AMENDMENT NUMBER

1

STREET ADDRESS
1200 Pleasant Street

EFFECTIVE DATE

07/01/2010

CITY, STATE, ZIP CODE
Des Moines IA 50309-1406

EXTEND WORK COMPLETION TO

N/A

CFDA NO. AND PROJECT TITLE
11.557 Recovery Act - Iowa Healthcare Plus Broadband Extension Project

COSTS ARE REVISED AS FOLLOWS	PREVIOUS ESTIMATED COST	ADD	DEDUCT	TOTAL ESTIMATED COST
FEDERAL SHARE OF COST	\$17,714,919.00	\$0.00	\$2,968,289.00	\$14,746,630.00
RECIPIENT SHARE OF COST	\$9,853,848.00	\$0.00	\$498,193.00	\$9,355,655.00
TOTAL ESTIMATED COST	\$27,568,767.00	\$0.00	\$3,466,482.00	\$24,102,285.00

REASON(S) FOR AMENDMENT

The recipient is decreasing the federal share by 2,968,289 and recipient's share by 498,193 from cash match and changing the project scope per recipient's request.

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

Alan Conway

TITLE

Grants Officer

DATE

06/13/2011

TYPE NAME AND SIGNATURE OF AUTHORIZED RECIPIENT OFFICIAL

Cathy Simmons

TITLE

IHS Grants Manager

DATE

06/13/2011