

FORM CD-451 (REV 10-98) LF DAO 203-26 U. S. DEPARTMENT OF COMMERCE AMENDMENT TO FINANCIAL ASSISTANCE AWARD		<input checked="" type="checkbox"/> GRANT <input type="checkbox"/> COOPERATIVE AGREEMENT		
		ACCOUNTING CODE		
		AWARD NUMBER NT10BIX5570084		
RECIPIENT NAME Iowa Health System		AMENDMENT NUMBER 3		
STREET ADDRESS 1200 Pleasant Street		EFFECTIVE DATE 01/14/2012		
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	\$14,746,630.00	\$0.00	\$0.00	\$14,746,630.00
RECIPIENT SHARE OF COST	\$9,355,655.00	\$0.00	\$0.00	\$9,355,655.00
TOTAL ESTIMATED COST	\$24,102,285.00	\$0.00	\$0.00	\$24,102,285.00
REASON(S) FOR AMENDMENT This amendment was created to add the Compliance with Environmental Protocols SAC				
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.				
<input checked="" type="checkbox"/> Special Award Conditions (Attachment B)				
<input type="checkbox"/> Line Item Budget (Attachment A)				
<input type="checkbox"/> Other(s)				
SIGNATURE OF DEPARTMENT OF COMMERCE GRANTS OFFICER Alan Conway		TITLE Grants Officer		DATE 02/14/2012
TYPE NAME AND SIGNATURE OF AUTHORIZED RECIPIENT OFFICIAL Stephanie Young		TITLE Grants Administrator		DATE 02/16/2012