

FORM CD-451 (REV 10-98) LF DAO 203-26  U. S. DEPARTMENT OF COMMERCE  <b>AMENDMENT TO          FINANCIAL ASSISTANCE AWARD</b>		<input checked="" type="checkbox"/> GRANT <input type="checkbox"/> COOPERATIVE AGREEMENT		
		ACCOUNTING CODE		
		AWARD NUMBER NT10BIX5570120		
RECIPIENT NAME MCNC		AMENDMENT NUMBER 1		
STREET ADDRESS 3021 Cornwallis Road		EFFECTIVE DATE 08/01/2010		
CITY, STATE, ZIP CODE Research Triangle Park NC 27709-2889		EXTEND WORK COMPLETION TO N/A		
CFDA NO. AND PROJECT TITLE 11.557 Recovery Act - North Carolina Rural Broadband Initiative				
COSTS ARE REVISED AS FOLLOWS	PREVIOUS ESTIMATED COST	ADD	DEDUCT	TOTAL ESTIMATED COST
FEDERAL SHARE OF COST	\$75,757,289.00	\$0.00	\$0.00	\$75,757,289.00
RECIPIENT SHARE OF COST	\$30,334,680.00	\$0.00	\$0.00	\$30,334,680.00
TOTAL ESTIMATED COST	\$106,091,969.00	\$0.00	\$0.00	\$106,091,969.00
<b>REASON(S) FOR AMENDMENT</b> This amendment is to approve MCNC's request for approval of a route modification in Allegheny County North Carolina involving the acquisition of an IRU in lieu of construction. This modification is in the best interest of the project and addresses concerns of potential duplication of Federal funds between BTOP and BIP projects. The attached memo from the BTOP Program office confirms their analysis and agreement with the requested change.				
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 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 08/03/2011
TYPE NAME AND SIGNATURE OF AUTHORIZED RECIPIENT OFFICIAL Patricia Moody		TITLE Chief Financial Officer		DATE 08/03/2011