

FORM CD-451 (REV 10-98) LF DAO 203-26 U. S. DEPARTMENT OF COMMERCE <p style="text-align: center;">AMENDMENT TO FINANCIAL ASSISTANCE AWARD</p>		<input checked="" type="checkbox"/> GRANT <input type="checkbox"/> COOPERATIVE AGREEMENT ACCOUNTING CODE AWARD NUMBER NT10BIX5570103		
RECIPIENT NAME Nevada Hospital Association		AMENDMENT NUMBER 4		
STREET ADDRESS 5250 Neil Rd., Ste 302		EFFECTIVE DATE 08/10/2012		
CITY, STATE, ZIP CODE Reno NV 89502-6568		EXTEND WORK COMPLETION TO N/A		
CFDA NO. AND PROJECT TITLE 11.557 Recovery Act Nevada Broadband Telemedicine Initiative				
COSTS ARE REVISED AS FOLLOWS	PREVIOUS ESTIMATED COST	ADD	DEDUCT	TOTAL ESTIMATED COST
FEDERAL SHARE OF COST	\$19,643,717.00	\$0.00	\$0.00	\$19,643,717.00
RECIPIENT SHARE OF COST	\$5,327,550.00	\$0.00	\$0.00	\$5,327,550.00
TOTAL ESTIMATED COST	\$24,971,267.00	(\$-0.00)	\$0.00	\$24,971,267.00
REASON(S) FOR AMENDMENT 1. To inform NHA that their Department of Treasury Automated Standard Application for Payments (ASAP) account has been placed on reimbursement-only status to enable the National Telecommunications and Information Administration (NTIA) and the National Oceanic and Atmospheric Administration (NOAA) to review requests for payment on your BTOP award				
<p><small>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.</small></p> <p><input checked="" type="checkbox"/> Special Award Conditions (Attachment B)</p> <p><input type="checkbox"/> Line Item Budget (Attachment A)</p> <p><input type="checkbox"/> Other(s)</p>				
SIGNATURE OF DEPARTMENT OF COMMERCE GRANTS OFFICER Alan Conway		TITLE Grants Officer		DATE 08/13/2012
TYPE NAME AND SIGNATURE OF AUTHORIZED RECIPIENT OFFICIAL Eva LaBarge on behalf of Bill Welch		TITLE President/CEO		DATE 08/13/2012