

FORM CD-451 (REV 10-98) LF DBO 203-26  U. S. DEPARTMENT OF COMMERCE  <p style="text-align: center;"><b>AMENDMENT TO FINANCIAL ASSISTANCE AWARD</b></p>		<input checked="" type="checkbox"/> GRANT <input type="checkbox"/> COOPERATIVE AGREEMENT <hr/> ACCOUNTING CODE  <hr/> AWARD NUMBER NT10BIX5570004  <hr/> AMENDMENT NUMBER 3  <hr/> EFFECTIVE DATE 12/01/2009  <hr/> EXTEND WORK COMPLETION TO N/A  <hr/> CFDA NO. AND PROJECT TITLE 11.557 Recovery Act - North Georgia Network		
RECIPIENT NAME North Georgia Network Cooperative, Inc.		AMENDMENT NUMBER 3		
STREET ADDRESS 6135 State Hwy 115		EFFECTIVE DATE 12/01/2009		
CITY, STATE, ZIP CODE Clarkesville GA 30523-0095		EXTEND WORK COMPLETION TO N/A		
CFDA NO. AND PROJECT TITLE 11.557 Recovery Act - North Georgia Network				
COSTS ARE REVISED AS FOLLOWS	PREVIOUS ESTIMATED COST	ADD	DEDUCT	TOTAL ESTIMATED COST
FEDERAL SHARE OF COST	\$33,490,537.00	\$0.00	\$0.00	\$33,490,537.00
RECIPIENT SHARE OF COST	\$8,823,812.00	\$0.00	\$0.00	\$8,823,812.00
TOTAL ESTIMATED COST	\$42,314,349.00	\$0.00	\$0.00	\$42,314,349.00
REASON(S) FOR AMENDMENT Create a Global SAC Amendment reflecting the following: - Whistleblower Protection Act Requirement: New SAC - Interest-Bearing Accounts : New SAC - Davis-Bacon Act Requirement: New SAC				
<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 Sonja Wyatt		TITLE Grants Officer		DATE 07/09/2010
TYPE NAME AND SIGNATURE OF AUTHORIZED RECIPIENT OFFICIAL Lee Ann Roy		TITLE Grant Manager		DATE 07/12/2010