FORM CD-451 (REV 10-98) IF DAO 203-26 U. S. DEPARTMENT OF COMMERCE			[X]GRANT []COOPERATIVE AGREEMENT		
FINANCIAL ASSISTANCE AWARD			award number NT10BIX5570054		
STREET ADDRESS 117 South Court Street CITY, STATE, ZIP CODE			EFFECTIVE DATE 11/18/2011 EXTEND WORK COMPLETION TO		
CFDA NO. AND PROJECT 11.557 Recovery Act - Page B	FITLE BA Broadband Project				
COSTS ARE REVISED AS FOLLOWS	PREVIOUS ESTIMATED COST	ADD		DEDUCT	TOTAL ESTIMATED COST
FEDERAL SHARE OF COST	\$1,648,941.00	\$0.00		\$0.00	\$1,648,941.00
RECIPIENT SHARE OF COST	\$412,235.00	\$0.00		\$0.00	\$412,235.00
TOTAL ESTIMATED COST	\$2,061,176.00	\$0.00		\$0.00	\$2,061,176.00
 The purpose of this Amendment is to change the method of payment under this Award from Automated Standard Application for Payment (ASAP) to a Re-Imbursement-Only status due to a history of unsatisfactory performance. Therefore, the method of payment for this award is the Standard Form 270, Request for Advance Reimbursement. The recipient must use this form as the mechanism to request funding. The request for funding must be submitted at most monthly, or at least quarterly. The form must be completed and sent to the Grants Officer for approval. 					
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 Amendment 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. [X] Special Amard Conditions (Attachment B) [] Line Item Budget (Attachment A) [] Other(s)					
SIGNATURE OF DEPARTMENT OF COMMERCE GRANTS OFFICER			TITLE Grants Office	cer	DATE
Janet Russell			Claims Office		11/18/2011
TYPE NAME AND SIGNATURE OF AUTHORIZED RECIPIENT OFFICIAL Martha Shickle			TITLE		DATE 12/05/2011