| FORM CD-451 (REV 10-98) IF DAO 203-26 U. S. DEPARTMENT OF COMMERCE | | | [X]GRANT []COOPERATIVE AGREEMENT | | |
|---|---|-----------|--------------------------------------|------------|-------------------------|
| | | | | | |
| AMENDMENT TO FINANCIAL ASSISTANCE AWARD | | | award number NT10BIX5570106 | | |
| | | | | | |
| STREET ADDRESS | | | EFFECTIVE DATE | | |
| 208 Capitol HL | | | 08/01/2013 | | |
| CITY, STATE, ZIP CODE Nixon NV 89424 | | | EXTEND WORK COMPLETION TO 10/31/2013 | | |
| CFDA NO. AND PROJECT 11.557 Recovery Act - Pyram | TITLE id Lake Paiute: Natukwena Nagw | esenoo | • | | |
| COSTS ARE REVISED AS FOLLOWS | PREVIOUS ESTIMATED COST | ADD | | DEDUCT | TOTAL ESTIMATED COST |
| FEDERAL SHARE OF COST | \$7,070,006.00 | \$0.00 | | \$0.00 | \$7,070,006.00 |
| RECIPIENT SHARE OF COST | \$2,432,000.00 | \$0.00 | | \$0.00 | \$2,432,000.00 |
| TOTAL ESTIMATED COST | \$9,502,006.00 | (\$-0.00) | | \$0.00 | \$9,502,006.00 |
| 1. To extend the award project through 10/31/13 in accordance with the recipients request dated 07/17/2013 which is incorporated by reference. 2. To incorporate DOC Financial Assistance Standard Terms and Conditions. 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. [] Special Award Conditions (Attachment B) | | | | | |
| [] Line Item Budget (Attachment A) | | | | | |
| [X] Other(s) FRN Vol 77, No. 242, page 74634, December 17, 2012 | | | | | |
| SIGNATURE OF DEPARTMENT OF COMMERCE GRANTS OFFICER | | | TITLE Grants Officer | | DATE |
| Alan Conway | | | | | 07/29/2013 |
| TYPE NAME AND SIGNATURE OF AUTHORIZED RECIPIENT OFFICIAL Sandra Hicks | | | TITLE Grants Adm | inistrator | DATE 07/29/2013 |