FORM CD-451 (REV 10-98) IF DAO 203-26 U. S. DEPARTMENT OF COMMERCE AMENDMENT TO FINANCIAL ASSISTANCE AWARD RECIPIENT NAME Executive Office of the State of Mississippi STREET ADDRESS 550 High Street Stillers Building CITY, STATE, ZIP CODE Jackson MS 39201-1113 CFDA NO. AND PROJECT TITLE 11.557 Recovery Act - Mississippi Education, Safety and Health Network			[X]GRANT []COOPERATIVE AGREEMENT ACCOUNTING CODE AWARD NUMBER NT10BIX5570094 AMENDMENT NUMBER 2 EFFECTIVE DATE 08/01/2011 EXTEND WORK COMPLETION TO N/A		
COSTS ARE REVISED AS FOLLOWS	PREVIOUS ESTIMATED COST	ADD		DEDUCT	TOTAL ESTIMATED COST
FEDERAL SHARE OF COST	\$70,055,000.00	\$0.00		\$0.00	\$70,055,000.00
RECIPIENT SHARE OF COST	\$13,932,788.00	\$0.00		\$0.00	\$13,932,788.00
TOTAL ESTIMATED COST	\$83,987,788.00	\$3,987,788.00 \$0.00		\$0.00	\$83,987,788.00
To add BTOP Programmatic Special Award 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.					
[X] Special Award Conditions (Attachment B) [] Line Item Budget (Attachment A)					
[] Other(s)					
SIGNATURE OF DEPARTMENT OF COMMERCE GRANTS OFFICER Alan Conway			TITLE Grants Office	eer	DATE 08/18/2011
TYPE NAME AND SIGNATURE OF AUTHORIZED RECIPIENT OFFICIAL Nicole Stofer			TITLE		DATE 11/21/2011