

FORM CD-451  
(REV. 12-14)

U.S. DEPARTMENT OF COMMERCE

X GRANT COOPERATIVE AGREEMENT

### AMENDMENT TO FINANCIAL ASSISTANCE AWARD

AWARD NUMBER  
06-10-S13006

**CFDA NO. AND NAME**

11.549 - State and Local Implementation Grant Program

**PROJECT TITLE**

California - FY 2013 State and Local Implementation Grant Program

**RECIPIENT NAME**

California Governor's Office of Emergency Services

**AMENDMENT NUMBER**

5

**STREET ADDRESS**

3650 Schriever Avenue

**EFFECTIVE DATE**

SEP 21 2015

**CITY, STATE ZIP**

Mather, CA 95655-4203

**EXTEND PERIOD OF PERFORMANCE TO  
(IF APPLICABLE)**

COSTS ARE REVISED AS FOLLOWS:	PREVIOUS ESTIMATED COST	ADD	DEDUCT	TOTAL ESTIMATED COST
FEDERAL SHARE OF COST	\$5,676,786.00	\$0.00	\$0.00	\$5,676,786.00
RECIPIENT SHARE OF COST	\$1,419,197.00	\$0.00	\$0.00	\$1,419,197.00
TOTAL ESTIMATED COST	\$7,095,983.00	\$0.00	\$0.00	\$7,095,983.00

**REASON(S) FOR AMENDMENT**

This grant is hereby amended to: (1) acknowledge the receipt and approval of the Phase 2 budget modification submitted July 31, 2015, (2) release the Phase 2 reserve of \$2,838,393.00 (50% of the federal funds), which was previously established in Special Award Condition #6; and (3) updates Grants Officer information listed under Special Award Condition No. 04.

ALL PREVIOUS TERMS AND CONDITIONS REMAIN IN EFFECT.

This Amendment Document (Form CD-451) signed by the Grants Officer constitutes an Amendment of the above-referenced Award, which may include an obligation of Federal funding. By signing this Form CD-451, the Recipient agrees to comply with the Amendment provisions checked below and attached, as well as previous provisions incorporated into the Award. If not signed and returned without modification by the Recipient within 30 days of receipt, the Grants Officer may unilaterally withdraw this Amendment offer and de-obligate any associated funds.

SPECIAL AWARD CONDITIONS

LINE ITEM BUDGET

OTHER(S)

**SIGNATURE OF DEPARTMENT OF COMMERCE GRANTS OFFICER**

Husai Rahman

**DATE**

9/18/2015

**TYPED NAME, TYPED TITLE, AND SIGNATURE OF AUTHORIZED RECIPIENT OFFICIAL**

Mark S. CHILANOVIC, DIRECTOR

**DATE**

6/23/15