FORM CD-451 (REV. 11/18) U.S. DEPARTMENT OF COMMERCE

X GRANT

COOPERATIVE AGREEMENT

AMENDMENT TO FINANCIAL ASSISTANCE AWARD

AWARD NUMBER 06-10-\$18006

CFDA NO. AND NAME

11.549 - State and Local Implementation Grant Program

PROJECT TITLE

2018 State and Local Implementation Grant Program (SLIGP)2.0

2018 State and Local Implementation Stant Flogram (SLIGF)2.0						
RECIPIENT NAME	AMENDMENT NUMBER					
California Office of Emergency Service		3				
STREET ADDRESS		EFFECTIVE DATE				
3650 Schriever Avenue						
CITY, STATE ZIP			EXTEND PERIOD OF PERFORMANCE TO (IF APPLICABLE)			
Mather, CA 95655-4203						
COSTS ARE REVISED AS FOLLOWS:	PREVIOUS ESTIMATED COST	ADD	DEDUCT	TOTAL ESTIMATED COST		
FEDERAL SHARE OF COST	\$1,120,000.00	\$0.00	\$23,411.08	\$1,096,588.92		
RECIPIENT SHARE OF COST	\$283,801.00	\$0.00	\$0.00	\$283,801.00		
TOTAL ESTIMATED COST	\$1,403,801.00	\$0.00	\$23,411.08	\$1,380,389.92		

REASON(S) FOR AMENDMENT

This grant is hereby amended to de-obligate the remaining Federal funds in the amount of \$-23,411.08 to close the ASAP account and closeout the award.

ALL TERMS AND CONDITIONS REMAIN IN EFFECT

THIS IS A UNILATERAL AMENDMENT; NO SIGNATURE FROM THE RECIPIENT IS REQUIRED

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.

SPECIFIC AWARD CONDITION(S)

LINE ITEM BUDGET

OTHER(S)

SIGNATURE OF DEPARTMENT OF COMMERCE GRANTS OFFICER	DATE
TYPED NAME, TYPED TITLE, AND SIGNATURE OF AUTHORIZED RECIPIENT OFFICIAL	DATE

Award Number: 06-10-S18006, Amendment Number 3

Federal Program Officer: Natalie Romanoff

Requisition Number: CS18006

Employer Identification Number: 680278801

Dun & Bradstreet No: 9474361760000

Recipient ID: 0652728 Requestor ID: 0652728

Award ACCS Information

Bureau Code	FCFY	Project-Task	Org Code	Obj Class	Obligation Amount
61	2018	8150000-000	11-00-0000-00-00-00	41-19-00-00	\$-22,296.27
61	2019	8150000-000	11-00-0000-00-00-00	41-19-00-00	\$-1,114.81

Award Contact Information

Contact Name	Contact Type	Email	Phone
Ms. Rose H Nguyen	Administrative	Rose.H.Nguyen@caloes.ca.gov	(916) 845-8646

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