

FORM CD-450 (REV. 04/17) U.S. DEPARTMENT OF COMMERCE X GRANT COOPERATIVE AGREEMENT

FINANCIAL ASSISTANCE AWARD

FEDERAL AWARD ID NUMBER
69-10-S18069

RECIPIENT NAME
CNMI Homeland Security and Emergency Management

PERIOD OF PERFORMANCE
03/01/2018 - 02/29/2020 *

STREET ADDRESS
1313 Anatahan Drive

FEDERAL SHARE OF COST
\$200,000.00

CITY, STATE ZIP
Saipan, MP 96950-0000

RECIPIENT SHARE OF COST
\$0.00

AUTHORITY
P.L. 112-96

TOTAL ESTIMATED COST
\$200,000.00

CFDA NO. AND NAME
11.549 State and Local Implementation Grant Program

PROJECT TITLE:
CNMI FY 2018 SLIGP 2.0

This Award Document (Form CD-450) signed by the Grants Officer constitutes an obligation of Federal funding. By signing this Form CD-450, the Recipient agrees to comply with the Award provisions checked below and attached. Upon acceptance by the Recipient, the Form CD-450 must be signed by an authorized representative of the Recipient and returned to the Grants Officer. If not signed and returned without modifications by the Recipient within 30 days of receipt, the Grants Officer may unilaterally withdraw this Award offer and de-obligate the funds.

- DEPARTMENT OF COMMERCE FINANCIAL ASSISTANCE STANDARD TERMS AND CONDITIONS (31 March 2017)
- R & D AWARD
- FEDERAL-WIDE RESEARCH TERMS AND CONDITIONS, AS ADOPTED BY THE DEPT. OF COMMERCE
- SPECIAL AWARD CONDITIONS
- LINE ITEM BUDGET
- 2 CFR PART 200, UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS, AS ADOPTED PURSUANT TO 2 CFR § 1327.101
- 48 CFR PART 31, CONTRACT COST PRINCIPLES AND PROCEDURES
- MULTI-YEAR AWARD. PLEASE SEE THE MULTI-YEAR SPECIAL AWARD CONDITION.
- OTHER(S):*Refer to Special Award Condition #07

SIGNATURE OF DEPARTMENT OF COMMERCE GRANTS OFFICER
Date: 2018.05.01

DATE
5/1/2018

Nuria Martinez 13:55:36 -04'00'

PRINTED NAME, PRINTED TITLE, AND SIGNATURE OF AUTHORIZED RECIPIENT OFFICIAL
Brien S. Nicholas, Jr. - Grants Manager/Lead Planner, CNMI HSEM

DATE
5/8/2018

Award Number: 69-10-S18069, Amendment Number 0

Federal Program Officer: Natalie Romanoff

Requisition Number: S18069

Employer Identification Number: 986019463

Dun and Bradstreet Number: 8548561970000

Recipient ID:

Requestor ID:

Award ACCS Information

Bureau	FCFY	Project-Task	Organization	Object Class	Obligation Amount
61	2018	8150000-000	11-00-0000-00-00-00-00	41-19-00-00	\$200,000 00

Award Contact Information

Contact Type	Contact Name	Email	Phone
Administrative	Mr. Brien S Nicholas	bnicholas@cnmihsem.gov.mp	(670) 664-2216

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