FORM CD-451 (REV. 12-14)

U.S. DEPARTMENT OF COMMERCE

X GRANT

COOPERATIVE AGREEMENT

AMENDMENT TO FINANCIAL ASSISTANCE AWARD

AWARD NUMBER 44-10-S18044

CFDA NO. AND NAME

11.549 - State and Local Implementation Grant Program

PROJECT TITLE

State of RI National Telecommunications and Information Administration State and Local Implementation Grant Program 2.0

RECIPIENT NAME AMENDMENT NUMBER

Rhode Island Emergency Management Agency

STREET ADDRESS

645 New London Avenue

11/27/2018

EFFECTIVE DATE

CITY, STATE ZIP

EXTEND PERIOD OF PERFORMANCE TO (IF APPLICABLE)

Cranston RI 02920-3003

COSTS ARE REVISED AS FOLLOWS:	PREVIOUS ESTIMATED COST	ADD	DEDUCT	TOTAL ESTIMATED COST
FEDERAL SHARE OF COST	\$249,669.00	\$377,614.00	\$0.00	\$627,283.00
RECIPIENT SHARE OF COST	\$61,836.00	\$95,154.00	\$0.00	\$156,990.00
TOTAL ESTIMATED COST	\$311,505.00	\$472,768.00	\$0.00	\$784,273.00

REASON(S) FOR AMENDMENT

This award is hereby amended to: [1] authorize the second increment funding in the amount of \$377,614 (see Special Award Condition #7 Multi-Year Award and Funding Limitations); [2] incorporate revised DoC Financial Assistance Standard Terms and Conditions, effective October 09, 2018 (see SAC # 5, 10, 12, 16, and 19); [3] indicate on the attached, those terms and conditions affected by these actions; and [4] acknowledge SPOC change indicated in Governor's letter dated 11/2/2018. With this amendment, this project is fully funded for the total project period.

ALL PREVIOUS TERMS AND CONDITIONS REMAIN IN EFFECT.

This Amendment Document (Form CD-451) signed by the Grants Officer constitutes an Amendment of the abovereferenced 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.

X SPECIAL AWARD CONDITIONS

LINE ITEM BUDGET

OTHER(S)

SIGNATURE OF DEPARTMENT OF COMMERCE GRANTS O

Digitally signed

DATE

Dean Iwasaki

by DEAN IWASAK Date: 2018.11.27

11/27/2018

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DATE

TYPED NAME, TYPED TITLE, AND SIGNATURE OF AUTHORIZED R