

## AMENDMENT TO FINANCIAL ASSISTANCE AWARD

AWARD NUMBER

55-10-S13055

**CFDA NO. AND NAME**

11.549 - State and Local Implementation Grant Program

**PROJECT TITLE**

2013 State and Local Implementation Grant Program (SLIGP)

**RECIPIENT NAME**

Wisconsin Department of Justice

**AMENDMENT NUMBER**

5

**STREET ADDRESS**

17 W. Main Street

**EFFECTIVE DATE**

**NOV 20 2015**

**CITY, STATE ZIP**

Madison, WI 53707-7857

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

COSTS ARE REVISED AS FOLLOWS:	PREVIOUS ESTIMATED COST	ADD	DEDUCT	TOTAL ESTIMATED COST
FEDERAL SHARE OF COST	\$2,294,933.00	\$0.00	\$0.00	\$2,294,933.00
RECIPIENT SHARE OF COST	\$573,821.00	\$0.00	\$0.00	\$573,821.00
<b>TOTAL ESTIMATED COST</b>	<b>\$2,868,754.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$2,868,754.00</b>

**REASON(S) FOR AMENDMENT**

This grant is hereby amended to: 1) acknowledge the receipt and approval of the Phase 2 budget modification submitted October 12, 2015 2) release the Phase 2 reserve of \$1,147,467.00 (50% of the federal funds), which was previously established in Special Award Condition(SAC) #6; 3) updates the recipient Authorized Representative listed under SAC #2; 4) updates Federal Program Officer listed under SAC #3; 5) and updates the Grants Officer information listed under SAC #4; 6) updates the Grants Specialist listed under SAC #5.

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**

11-20-2015

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

Bonnie Cyganec

**DATE**

11-24-2015

**Award Number: 55-10-S13055, Amendment Number 5**

**Federal Program Officer: Carolyn Dunn**

**Requisition Number: S13055**

**Employer Identification Number: 396006427**

**Dun & Bradstreet No: 809448061**

**Recipient ID: 1136837**

**Requestor ID: 1136837**

**Award ACCS Information**

<b>Bureau Code</b>	<b>FCFY</b>	<b>Project-Task</b>	<b>Org Code</b>	<b>Obj Class</b>	<b>Obligation Amount</b>
61	2013	8150000-000	11-00-0000-00-00-00-00	41-19-00-00	\$0.00

**Award Contact Information**

<b>Contact Name</b>	<b>Contact Type</b>	<b>Email</b>	<b>Phone</b>
Ms. Bonnie Cyganek	Administrative	cyganekbl@doj.state.wi.us	608-267-1300
Dennis Fortunato	Technical	fortunatodj@doj.state.wi.us	608-261-7996

**NIST Grants Officer:**

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