

FORM CD-451 (REV 10-98) LF DAO 203-26 U. S. DEPARTMENT OF COMMERCE AMENDMENT TO FINANCIAL ASSISTANCE AWARD		<input checked="" type="checkbox"/> GRANT <input type="checkbox"/> COOPERATIVE AGREEMENT		
		ACCOUNTING CODE		
		AWARD NUMBER NT10BIX5570029		
RECIPIENT NAME Education Networks of America, Inc.		AMENDMENT NUMBER 5		
STREET ADDRESS 1101 McGavock Street Suite 301		EFFECTIVE DATE 02/01/2010		
CITY, STATE, ZIP CODE Nashville TN 37203-3168		EXTEND WORK COMPLETION TO 02/28/2011		
CFDA NO. AND PROJECT TITLE 11.557 Recovery Act - Broadband Access & Equity for Indiana Community Anchor Institutions				
COSTS ARE REVISED AS FOLLOWS	PREVIOUS ESTIMATED COST	ADD	DEDUCT	TOTAL ESTIMATED COST
FEDERAL SHARE OF COST	\$14,257,172.00	\$0.00	\$14,257,172.00	\$0.00
RECIPIENT SHARE OF COST	\$4,094,293.00	\$0.00	\$4,094,293.00	\$0.00
TOTAL ESTIMATED COST	\$18,351,465.00	\$0.00	\$18,351,465.00	\$0.00
REASON(S) FOR AMENDMENT 1. To terminate for the convenience of Education Networks of America, Inc. pursuant to the recipient's request dated February 21, 2011. No costs under this award are being claimed by the recipient. Given unforeseen changes in the end-user market within our proposed funded service areas (PFSAs), ENA thinks it is best to terminate the grant and return the taxpayer dollars allocated to this grant.				
This Amendment approved by the Grants Officer is issued in triplicate and constitute an obligation of Federal funding. By signing the three documents, the Recipient agrees to comply with the Amendment provisions checked below and attached, as well as previous provisions incorporated into the Award. Upon acceptance by the Recipient, two signed Amendment documents shall be returned to the Grants Officer and the third document shall be retained by the Recipient. IF not signed and returned without modification by the Recipient within 30 days of receipt, the Grants Officer may unilaterally terminate this Amendment.				
<input type="checkbox"/> Special Award Conditions (Attachment B) <input type="checkbox"/> Line Item Budget (Attachment A) <input type="checkbox"/> Other(s)				
SIGNATURE OF DEPARTMENT OF COMMERCE GRANTS OFFICER Alan Conway		TITLE Grants Officer		DATE 03/02/2011
TYPE NAME AND SIGNATURE OF AUTHORIZED RECIPIENT OFFICIAL Lillian Kellogg		TITLE		DATE 03/02/2011