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| FORM CD-451 (REV 10-98) LF DAO 203-26 U. S. DEPARTMENT OF COMMERCE <p style="text-align: center;">AMENDMENT TO FINANCIAL ASSISTANCE AWARD</p> | | <input checked="" type="checkbox"/> GRANT <input type="checkbox"/> COOPERATIVE AGREEMENT <hr/> ACCOUNTING CODE <hr/> AWARD NUMBER NT10BIX5570108 | | |
| RECIPIENT NAME Central Management Services, Illinois Department of | | AMENDMENT NUMBER 1 | | |
| STREET ADDRESS 120 W Jefferson St, FL 2 | | EFFECTIVE DATE 08/01/2011 | | |
| CITY, STATE, ZIP CODE Springfield IL 62702-5103 | | EXTEND WORK COMPLETION TO N/A | | |
| CFDA NO. AND PROJECT TITLE 11.557 Recovery Act - Illinois Broadband Opportunity Partnership East Central Region | | | | |
| COSTS ARE REVISED AS FOLLOWS | PREVIOUS ESTIMATED COST | ADD | DEDUCT | TOTAL ESTIMATED COST |
| FEDERAL SHARE OF COST | \$61,895,282.00 | \$0.00 | \$0.00 | \$61,895,282.00 |
| RECIPIENT SHARE OF COST | \$34,486,746.00 | \$0.00 | \$0.00 | \$34,486,746.00 |
| TOTAL ESTIMATED COST | \$96,382,028.00 | \$0.00 | \$0.00 | \$96,382,028.00 |
| REASON(S) FOR AMENDMENT To add BTOP Programmatic Special Award Condition. | | | | |
| <p><small>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.</small></p> <p><input checked="" type="checkbox"/> Special Award Conditions (Attachment B)</p> <p><input type="checkbox"/> Line Item Budget (Attachment A)</p> <p><input type="checkbox"/> Other(s)</p> | | | | |
| SIGNATURE OF DEPARTMENT OF COMMERCE GRANTS OFFICER Alan Conway | | TITLE Grants Officer | | DATE 08/29/2011 |
| TYPE NAME AND SIGNATURE OF AUTHORIZED RECIPIENT OFFICIAL Lori Sorenson | | TITLE | | DATE 09/08/2011 |