FORM CD-451 (REV 10-98) IF DAO 203-26 U. S. DEPARTMENT OF COMMERCE AMENDMENT TO FINANCIAL ASSISTANCE AWARD			[X]GRANT []COOPERATIVE AGREEMENT ACCOUNTING CODE AWARD NUMBER NT10BIX5570103								
						RECIPIENT NAME Nevada Hospital Association			AMENDMENT NUMBER 5		
						STREET ADDRESS 5250 Neil Rd., Ste 302			EFFECTIVE DATE 02/06/2013		
CITY, STATE, ZIP CODE Reno NV 89502-6568			EXTEND WORK COMPLETION TO N/A								
CFDA NO. AND PROJECT TITLE 11.557 Recovery Act Nevada Broadband Telemedicine Initiative											
COSTS ARE REVISED AS FOLLOWS	PREVIOUS ESTIMATED COST	ADD		DEDUCT	TOTAL ESTIMATED COST						
FEDERAL SHARE OF COST	\$19,643,717.00	\$0.00		\$0.00	\$19,643,717.00						
RECIPIENT SHARE OF COST	\$5,327,550.00	\$0.00		\$0.00	\$5,327,550.00						
TOTAL ESTIMATED COST	\$24,971,267.00	(\$-0.00)		\$0.00	\$24,971,267.00						
REASON(S) FOR AMENDMENT 1. To update DOC Standard Terms and Conditions.											
2. To revise NOAA Administrative Special Award Conditions.											
3. To address a Corrective Action Plan referenced in the amendment that requests resolution in issues with performance, budget, schedule and project oversight. (February 6th, 2013)											
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.											
[] Special Award Conditions (Attachment B)											
[] Line Item Budget (Attachment A)											
[] Other(s)											
SIGNATURE OF DEPARTMENT OF COMMERCE GRANTS OFFICER Larry Jenkins			TITLE Grants Office	er	DATE 02/12/2013						
TYPE NAME AND SIGNATURE OF AUTHORIZED RECIPIENT OFFICIAL Eva LaBarge on behalf of Bill Welch			TITLE President/Cl	EO	02/12/2013 DATE 02/15/2013						