

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 NT10BIX5570094		
RECIPIENT NAME EXECUTIVE OFFICE OF THE STATE OF MISSISSIPPI		AMENDMENT NUMBER 8		
STREET ADDRESS 550 HIGH STREET SILLERS BUILDING STE 1900		EFFECTIVE DATE 10/01/2016		
CITY, STATE, ZIP CODE JACKSON MS 39201-1113		EXTEND WORK COMPLETION TO N/A		
CFDA NO. AND PROJECT TITLE 11.557 Recovery Act - Mississippi Education, Safety and Health Network				
COSTS ARE REVISED AS FOLLOWS	PREVIOUS ESTIMATED COST	ADD	DEDUCT	TOTAL ESTIMATED COST
FEDERAL SHARE OF COST	\$70,055,000.00	\$0.00	\$0.00	\$70,055,000.00
RECIPIENT SHARE OF COST	\$13,932,788.00	\$0.00	\$0.00	\$13,932,788.00
TOTAL ESTIMATED COST	\$83,987,788.00	(\$-0.00)	\$0.00	\$83,987,788.00
REASON(S) FOR AMENDMENT 1. This amendment provides for a six-month no cost extension of the Agreement through March 31, 2017 per the recipient's request dated September 13, 2017 which is incorporated by reference. 2. To incorporate DOC Financial Assistance Standard Terms and Conditions.				
<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 type="checkbox"/> Special Award Conditions (Attachment B)</p> <p><input type="checkbox"/> Line Item Budget (Attachment A)</p> <p><input checked="" type="checkbox"/> Other(s)</p>				
SIGNATURE OF DEPARTMENT OF COMMERCE GRANTS OFFICER Alan Conway		TITLE Grants Officer		DATE 09/14/2016
TYPE NAME AND SIGNATURE OF AUTHORIZED RECIPIENT OFFICIAL Theresa Abadie		TITLE		DATE 09/14/2016