

FORM CD-451 (REV 10-98) LF DRO 203-26  U. S. DEPARTMENT OF COMMERCE  <p style="text-align: center;"><b>AMENDMENT TO FINANCIAL ASSISTANCE AWARD</b></p>		<input checked="" type="checkbox"/> GRANT <input type="checkbox"/> COOPERATIVE AGREEMENT ACCOUNTING CODE  AWARD NUMBER NT10BIX5570158		
RECIPIENT NAME Los Angeles Regional Interoperable Communications System Authority		AMENDMENT NUMBER 17		
STREET ADDRESS 2525 Corporate PL Ste 200		EFFECTIVE DATE 01/01/2016		
CITY, STATE, ZIP CODE Monterey Park CA 91754-7672		EXTEND WORK COMPLETION TO 03/31/2016		
CFDA NO. AND PROJECT TITLE 11.557 Recovery Act - The Los Angeles Public Safety Broadband Network: LA-SafetyNet				
COSTS ARE REVISED AS FOLLOWS	PREVIOUS ESTIMATED COST	ADD	DEDUCT	TOTAL ESTIMATED COST
FEDERAL SHARE OF COST	\$117,142,137.00	\$0.00	\$0.00	\$117,142,137.00
RECIPIENT SHARE OF COST	\$20,759,087.00	\$0.00	\$0.00	\$20,759,087.00
TOTAL ESTIMATED COST	\$137,901,224.00	(\$-0.00)	\$0.00	\$137,901,224.00
REASON(S) FOR AMENDMENT  This amendment provides for a 90 day no cost extension of the Agreement through March 31,2016 per the recipient's revised request dated February 24, 2016, which is incorporated by reference.				
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 Janet Russell		TITLE Grants Officer		DATE 02/25/2016
TYPE NAME AND SIGNATURE OF AUTHORIZED RECIPIENT OFFICIAL Gina Samy		TITLE Fiscal Officer		DATE 02/25/2016