

FORM CD-451
(REV 10-98) LF
DAO 203-26

U. S. DEPARTMENT OF COMMERCE

**AMENDMENT TO
FINANCIAL ASSISTANCE AWARD**

GRANT COOPERATIVE AGREEMENT

ACCOUNTING CODE

AWARD NUMBER

NT10BIX5570103

RECIPIENT NAME
Nevada Hospital Association

AMENDMENT NUMBER

10

STREET ADDRESS
5250 Neil Rd., Ste 302

EFFECTIVE DATE

10/01/2014

CITY, STATE, ZIP CODE
Reno NV 89502-6568

EXTEND WORK COMPLETION TO

08/31/2015

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

To extend the award period 11 months per the recipient's request dated 09/18/2014, 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.

Special Award Conditions (Attachment B)

Line Item Budget (Attachment A)

Other(s)

SIGNATURE OF DEPARTMENT OF COMMERCE GRANTS OFFICER

Alan Conway

TITLE

Grants Officer

DATE

09/18/2014

TYPE NAME AND SIGNATURE OF AUTHORIZED RECIPIENT OFFICIAL

Bill Welch

TITLE

President/CEO

DATE

09/19/2014