FORM CD-451 (REV 10-98) LF DAO 203-26 U. S. DEPARTMENT OF COMMERCE			[X]GRANT []COOPERATIVE AGREEMENT		
			AWARD NUMBER NT10BIX5570103		
FINANCIAL ASSISTANCE AWARD					
RECIPIENT NAME Nevada Hospital Association			AMENDMENT NUMBER		
			6		
STREET ADDRESS 5250 Neil Rd., Ste 302			08/01/2013		
CITY, STATE, ZIP CODE Reno NV 89502-6568			EXTEND WORK COMPLETION TO 09/30/2014		
CFDA NO. AND PROJECT 11.557 Recovery Act Nevada	TITLE Broadband Telemedicine Initiativ	re	1		
	I	1		<u> </u>	1
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
incorporated by reference	project through 09/30/2014			pient's request dat	ed 07/29/2013 which is
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)					
[X] Other(s) FRN Vol 77, No. 242, page 74634, December 17, 2012					
SIGNATURE OF DEPARTMENT OF COMMERCE GRANTS OFFICER			TITLE		DATE
Larry Jenkins			Grants Offic	er	07/31/2013
TYPE NAME AND SIGNATURE OF AUTHORIZED RECIPIENT OFFICIAL I					DATE
Eva LaBarge			Vice Preside	ent of Operations	07/31/2013