FORM CD-451 (REV 10/98)	U.S. DEPARTMENT OF COMMERCE	X GRANT COOPERATIVE AGREEMEN
(**************************************		ACCOUNTING CODE
	AMENDMENT TO	**See Attached**
FINAN	CIAL ASSISTANCE AWARD	AWARD NUMBER
1 1147 (14	OME AGGIOTATIOE ATTAINS	36-42-B10588
RECIPIENT NAME		AMENDMENT NUMBER
SAINT REGIS MOHAW	K TRIBE	6
STREET ADDRESS		EFFECTIVE DATE
412 STATE ROUTE 37		<b>GU</b> L 0 2 2014
CITY, STATE ZIP		EXTEND WORK COMPLETION TO
HOGANSBURG, NY 13	655-3109	September 29, 2013

#### CFDA NO. AND PROJECT TITLE:

COSTS ARE REVISED AS FOLLOWS:	PREVIOUS ESTIMATED COST	ADD	DEDUCT	TOTAL ESTIMATED COST		
FEDERAL SHARE OF COST	\$641,750.00	\$0.00	\$65,281.00	\$576,469.00		
RECIPIENT SHARE OF COST	\$641,750.00	\$0.00	\$0.00	\$641,750.00		
TOTAL ESTIMATED COST	\$1,283,500.00	\$0.00	\$65,281.00	\$1,218,219.00		

### **REASON(S) FOR AMENDMENT**

This grant is hereby amended to deobligate the remaining Federal funds in the amount of \$65,281.00 to close the account.

ALL TERMS AND CONDITIONS REMAIN IN EFFECT.

SIGNATURE OF DEPARTMENT OF COMMERCE GRANTS OFFICER

THIS IS A UNILATERAL AMENDMENT; SIGNATURE IS NOT REQUIRED FROM THE RECIPIENT.

This Amendment approved by the Grants Officer is issued in triplicate and constitutes 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

X Line Item Budget

Other:

GIGHATORE OF DEATH OF GOMINIEROE SHARTO STYTOLIK	BAIL
Calvin Mitchell	7/2/2014
TYPED NAME, TYPED TITLE, AND SIGNATURE OF AUTHORIZED RECIPIENT OFFICIAL	DATE

DATE

Award Number: 36-42-B10588, Amendment Number 6

Federal Program Officer: Evelyn Tatum

Requisition Number: 10588

Employer Identification Number: 161007650

Dun & Bradstreet No: 79-78-16647

Recipient ID: 3612170 Requestor ID: 3612170

Treasury Account Symbol (TAS): 0554

## **Award ACCS Information**

Bureau Code	The Control of the Co		Org Code	Obj Class	Obligation Amount			
61	2010	4803011-300	06-10-0000-00-00-00-00	41-19-00-00	\$-65,281.00			

#### **Award Contact Information**

Contact Name	Contact Type	Email	Phone		
Mr. Jason Hall	Administrative	jason.hall@srmt-nsn.gov	(518) 358-2272		

# **NIST Grants Officer:**

Calvin Mitchell 100 Bureau Drive, MS 1650 Gaithersburg, MD 20899-1650 (301) 975-4585

## **NIST Grants Specialist:**

Tiffany Mannings 100 Bureau Drive, MS 1650 Gaithersburg, MD 20899-1650 (301) 975-8162

					A - BUDGET SUM			_			Approval No. 0348-0044
Grant Program Catalog of Federal Function Domestic Assistance			Estimated Unabligated Funds		New or Revised Budge				t	.,	
or Activity (a)	Number (b)		Federal (c)		Non-Federal (d)		Federal (e)		Non-Federal (f)		Total (g)
1. Leave Blank	Leave Blank	\$		\$		\$		\$		\$	0.00
2.											0.00
3.											0.00
4.											0.00
5. Totals		\$	0.00	\$	0.00	\$	0.00	\$	0.00	\$	0.00
			SECTIO		- BUDGET CATE						
<ol><li>Object Class Catego</li></ol>	ries	-			GRANT PROGRAM, FL						Total
		(1) \$		(2)		(3)		(4)		\$	(5)
a. Personnel				L		Ψ_	73,429.00	Ψ	77,148.00	Φ	150,577.00
b. Fringe Benefit	:s						17,596.00		20,079.00		37,675.00
c. Travel							0.00		0.00		0.00
d. Equipment							110,545.00		0.00		110,545.00
e. Supplies							227,870.00		0.00		227,870.00
f. Contractual							147,029.00		126,189.00		273,218.00
g. Construction							0.00		0.00		0.00
h. Other							0.00		418,334.00		418,334.00
i. Total Direct Ch	narges (sum of 6a-6h)		0.00		0.00		576,469.00		641,750.00		1,218,219.00
j. Indirect Charge	es										0.00
k. TOTALS (sum of 6i and 6j)		\$	0.00	\$	0.00	\$	576,469.00	\$	641,750.00	\$	1,218,219.00
7. Program Income		\$		\$		\$	0.00	\$	0.00	\$	0.00