FORM CD-451 (REV. 12-14)

X GRANT COOPERATIVE AGREEMENT

# AMENDMENT TO FINANCIAL ASSISTANCE AWARD

AWARD NUMBER 34-10-S13034

CFDA NO. AND NAME				
11.549 - State and Local Implement	tation Grant Program			
PROJECT TITLE				
New Jersey SLIGP Project				
RECIPIENT NAME			AMENDMENT NUMBE	R
State of New Jersey		7		
STREET ADDRESS			EFFECTIVE DATE DEC 1 0 20	
300 Riverview Plaza				
CITY, STATE ZIP			EXTEND PERIOD OF (IF APPLICABLE)	PERFORMANCE TO
Trenton, NJ 08625 COSTS ARE REVISED AS FOLLOWS:	PREVIOUS ESTIMATED COST	ADD	DEDUCT	TOTAL ESTIMATED COST
FEDERAL SHARE OF COST	\$2,711,928.00	\$0.00	\$0.00	\$2,711,928.00
RECIPIENT SHARE OF COST	\$681,725.00	\$0.00	\$0.00	\$681,725.00
TOTAL ESTIMATED COST	\$3,393,653.00	\$0.00	\$0.00	\$3,393,653.00
This grant is hereby amended to 1) and November 20, 2015; 2) release the Pl in Special Award Condition SAC #6; 3 ALL PREVIOUS TERMS AND COND	hase 2 reserve of \$1,355,964 a) update SAC #5 Grants Spe	4.00 (50% of the feder ecialist contact inform	ral funds), which was previ	
This Amendment Document (Form referenced Award, which may incl agrees to comply with the Amenda incorporated into the Award. If not the Grants Officer may unilaterally X SPECIAL AWARD CONDITION X LINE ITEM BUDGET OTHER(S)	ude an obligation of Federa ment provisions checked b signed and returned witho withdraw this Amendmen	al funding. By signir elow and attached, a out modification by t	ng this Form CD-451, the as well as previous provi the Recipient within 30 d	Recipient sions ays of receipt,
SIGNATURE OF DEPARTMENT OF Husai Rahman TYPED NAME, TYPED TITLE, AND S			ICIAL	DATE 12/17/2015 DATE
E. Steve Emanuel, State Cl	10, S/2			12/21/15

Award Number: 34-10-S13034, Amendment Number 7 Federal Program Officer: Yuki Miyamoto-Mendez Requisition Number: S13034 Employer Identification Number: 216000928 Dun & Bradstreet No: 807477898 Recipient ID: 3438742 Requestor ID: 3438742

## Award ACCS Information

Bureau Code	FCFY	Project-Task	Org Code	Obj Class	Obligation Amount
61	2013	8150000-000	11-00-0000-00-00-00-00	41-19-00-00	\$0.00

#### Award Contact Information

Contact Name	Contact Type	Email	Phone
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## NIST Grants Officer:

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# **NIST Grants Specialist:**

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