X GRANT COOPERATIVE AGREEMENT

# AMENDMENT TO FINANCIAL ASSISTANCE AWARD

**AWARD NUMBER** 55-10-S13055

CFDA NO. AND NAME						
11.549 - State and Local Implement	tation Grant Program					
PROJECT TITLE						
2013 State and Local Implementation	Grant Program (SLIGP)					
RECIPIENT NAME			AMENDMENT NUMBER			
Wisconsin Department of Justice STREET ADDRESS			7 EFFECTIVE DATE			
						17 W. Main Street
CITY, STATE ZIP			EXTEND PERIOD OF PERFORMANCE TO (IF APPLICABLE)			
Madison, WI 53707-7857 COSTS ARE REVISED AS FOLLOWS:	PREVIOUS ESTIMATED COST	ADD	DEDUCT	TOTAL ESTIMATED COST		
FOLLOWS.	ESTIMATED COST			ESTIMATED COST		
FEDERAL SHARE OF COST	\$2,294,933.00	\$0.00	\$576,451.32	\$1,718,481.68		
RECIPIENT SHARE OF COST	\$573,821.00	\$0.00	\$45,333.23	\$528,487.77		
TOTAL ESTIMATED COST	\$2,868,754.00	\$0.00	\$621,784.55	\$2,246,969.45		
REASON(S) FOR AMENDMENT This grant is hereby amended to de-ol account and closeout the award. ALL TERMS AND CONDITIONS REM THIS IS A UNILATERAL AMENDMEN	IAIN IN EFFECT			the ASAP		
This Amendment Document (Form referenced Award, which may inclu agrees to comply with the Amendm incorporated into the Award. If not the Grants Officer may unilaterally SPECIAL AWARD CONDITION LINE ITEM BUDGET OTHER(S)	ude an obligation of Federa nent provisions checked b signed and returned witho withdraw this Amendment	al funding. By signi elow and attached, out modification by	ing this Form CD-451, the as well as previous prov the Recipient within 30 c	e Recipient isions lays of receipt,		
SIGNATURE OF DEPARTMENT OF	COMMERCE GRANTS OFF	ICER		<b>DATE</b> 6/14/2018		
TYPED NAME, TYPED TITLE, AND S	DATE					

Award Number: 55-10-S13055, Amendment Number 7 Federal Program Officer: Carolyn Dunn Requisition Number: CS13055 Employer Identification Number: 396006427 Dun & Bradstreet No: 809448061 Recipient ID: 1136837 Requestor ID: 1136837

### **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	\$-576,451.32

## **Award Contact Information**

Contact Name	Contact Type	Email	Phone
Ms. Bonnie Cyganek	Administrative	cyganekbl@doj.state.wi.us	608-267-1300
EROPERABILITY BOARD	Technical		

## **NIST Grants Officer:**

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